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|                                                                                                                                                              |                                                                                                                                                                                                  |                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Form <b>990</b><br><br>Department of the Treasury<br>Internal Revenue Service | <b>Return of Organization Exempt From Income Tax</b><br><br><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b> | OMB No 1545-0047<br><div> <div>2009</div> <div>Open to Public Inspection</div> </div> |
|                                                                                                                                                              | The organization may have to use a copy of this return to satisfy state reporting requirements                                                                                                   |                                                                                       |

|                                                                                                                                                                                                                                                                                              |                                                                          |                                                                                                                                                |                                 |                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010</b>                                                                                                                                                                                                  |                                                                          |                                                                                                                                                |                                 |                                                                                                                        |
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>Please use IRS label or print or type. See Specific Instructions.</b> | <b>C Name of organization</b><br>West Penn Allegheny Health System Inc                                                                         |                                 | <b>D Employer identification number</b><br>25-0969492                                                                  |
|                                                                                                                                                                                                                                                                                              |                                                                          | Doing Business As                                                                                                                              |                                 | <b>E Telephone number</b><br>(412) 330-6022                                                                            |
|                                                                                                                                                                                                                                                                                              |                                                                          | Number and street (or P O box if mail is not delivered to street address)<br>C/O Tax Dept Two Allegheny Center                                 | Room/suite                      | <b>G Gross receipts \$</b> 1,320,282,293                                                                               |
|                                                                                                                                                                                                                                                                                              |                                                                          | City or town, state or country, and ZIP + 4<br>Pittsburgh, PA 15212                                                                            |                                 |                                                                                                                        |
|                                                                                                                                                                                                                                                                                              |                                                                          | <b>F Name and address of principal officer</b><br>Roy Santarella<br>30 Isabella Street<br>Pittsburgh, PA 15212                                 |                                 | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                                               |                                                                          | <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions) |                                 |                                                                                                                        |
| <b>J Website:</b> ▶ www.wpahs.org                                                                                                                                                                                                                                                            |                                                                          | <b>H(c)</b> Group exemption number ▶                                                                                                           |                                 |                                                                                                                        |
| <b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶                                                                                                           |                                                                          |                                                                                                                                                | <b>L Year of formation</b> 1848 | <b>M State of legal domicile</b> PA                                                                                    |

| Part I Summary              |                                                                                                                                                 |                                  |                     |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------|
| Activities & Governance     | <b>1</b> Briefly describe the organization's mission or most significant activities<br>See Form 990, Page 2, Part III                           |                                  |                     |
|                             | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets |                                  |                     |
|                             | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .                                                            | <b>3</b>                         | 2                   |
|                             | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .                                                | <b>4</b>                         | 1                   |
|                             | <b>5</b> Total number of employees (Part V, line 2a) . . . . .                                                                                  | <b>5</b>                         | 12,99               |
|                             | <b>6</b> Total number of volunteers (estimate if necessary) . . . . .                                                                           | <b>6</b>                         | 85                  |
|                             | <b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .                                                  | <b>7a</b>                        | 6,010,42            |
|                             | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .                                                               | <b>7b</b>                        | -945,38             |
| Revenue                     | <b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .                                                                                | <b>Prior Year</b>                | <b>Current Year</b> |
|                             | <b>9</b> Program service revenue (Part VIII, line 2g) . . . . .                                                                                 | 4,068,644                        | 2,448,809           |
|                             | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .                                                              | 1,102,029,445                    | 1,128,960,901       |
|                             | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                              | 13,549,972                       | 24,626,364          |
|                             | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .                                            | 32,479,692                       | 35,477,421          |
| Expenses                    | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .                                                           | 1,152,127,753                    | 1,191,513,495       |
|                             | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .                                                               |                                  |                     |
|                             | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                     | 372,776                          | 337,590             |
|                             | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .                                                              | 0                                | 0                   |
|                             | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 239,580                                  | 548,043,128                      | 491,091,346         |
|                             | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .                                                                | 0                                | 0                   |
|                             | <b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)                                                              | 614,171,162                      | 621,970,142         |
|                             | <b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .                                                                         | 1,162,587,066                    | 1,113,399,078       |
| Net Assets or Fund Balances |                                                                                                                                                 | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|                             | <b>20</b> Total assets (Part X, line 16) . . . . .                                                                                              | -10,459,313                      | 78,114,417          |
|                             | <b>21</b> Total liabilities (Part X, line 26) . . . . .                                                                                         |                                  |                     |
|                             | <b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .                                                                   | 1,063,197,068                    | 1,023,486,557       |
|                             |                                                                                                                                                 | 1,183,639,862                    | 1,239,508,664       |
|                             |                                                                                                                                                 | -120,442,794                     | -216,022,107        |

|                                 |                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II Signature Block</b>  |                                                                                                                                                                                                                                                                                                                                 |
| <b>Sign Here</b>                | 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             |
|                                 | <div> <div></div> <div>Signature of officer</div> </div> <div> <div></div> <div>2011-05-09</div> </div> <div> <div></div> <div>Date</div> </div>                                                                                                                                                                                |
|                                 | <div> <div></div> <div>David Kiehn WPAHS Chief Financial Officer</div> </div> <div> <div></div> <div>Type or print name and title</div> </div>                                                                                                                                                                                  |
| <b>Paid Preparer's Use Only</b> | <div> <div>Preparer's signature</div> <div> <div></div> <div>GRANT THORNTON LLP</div> </div> </div> <div> <div></div> <div>Date</div> </div> <div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> </div> <div> <div></div> <div>Preparer's identifying number (see instructions)</div> </div> |
|                                 | <div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div></div> <div>GRANT THORNTON LLP</div> </div> </div> <div> <div></div> <div>2001 MARKET STREET SUITE 3100</div> </div> <div> <div></div> <div>PHILADELPHIA, PA 19103</div> </div>                                                       |
|                                 | <div> <div>EIN</div> <div></div> </div> <div> <div>Phone no</div> <div>(215) 561-4200</div> </div>                                                                                                                                                                                                                              |

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

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

WEST PENN ALLEGHENY HEALTH SYSTEM, INC IS AN ORGANIZATION DEFINED BY OUR TALENTED PEOPLE AN ORGANIZATION COMMITTED TO EXCELLENCE, AN ORGANIZATION WITH ONE PURPOSE AND ONE MISSION OUR ONE PURPOSE IS TO IMPROVE THE HEALTH OF THE PEOPLE IN THE WESTERN PENNSYLVANIA REGION OUR ONE MISSION IS TO PRACTICE MEDICINE, EDUCATE AND CONDUCT RESEARCH AS AN INTEGRATED TEAM OF PHYSICIANS, NURSES AND SUPPORT PROFESSIONALS WHO ARE COMMITTED TO IMPROVING THE HEALTH OF OUR PATIENTS

2

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

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

3

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

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 562,378,034 including grants of \$ 94,163 ) (Revenue \$ 634,519,221 )

See Schedule O - West Penn Allegheny Health System, Inc - Allegheny General Hospital Division

4b

(Code ) (Expenses \$ 291,447,710 including grants of \$ 16,120 ) (Revenue \$ 316,229,050 )

See Schedule O - West Penn Allegheny Health System, Inc - The Western Pennsylvania Hospital Division

4c

(Code ) (Expenses \$ 144,759,527 including grants of \$ 6,000 ) (Revenue \$ 178,212,630 )

See Schedule O - West Penn Allegheny Health System, Inc - The Western Pennsylvania Hospital - Forbes Regional Campus Division

4d

Other program services (Describe in Schedule O )

(Expenses \$ 5,175,429 including grants of \$ 221,307 ) (Revenue \$ 0 )

4e

Total program service expenses \$ 1,003,760,700

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                                                                                         | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II                                                                                                                   | 4   | Yes |                                                                                           |     |  |  |  |
| 5                                                                                         | <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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 similar funds or 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   |     | No                                                                                        |     |  |  |  |
| 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V                                                                                         | 10  | Yes |                                                                                           |     |  |  |  |
| 11                                                                                        | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.                                                                                                     | 11  | Yes |                                                                                           |     |  |  |  |
|                                                                                           | ◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.                                                                                                                                                                                                |     |     |                                                                                           |     |  |  |  |
|                                                                                           | ◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.                                                                                                                              |     |     |                                                                                           |     |  |  |  |
|                                                                                           | ◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.                                                                                                                              |     |     |                                                                                           |     |  |  |  |
|                                                                                           | ◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.                                                                                                                                               |     |     |                                                                                           |     |  |  |  |
|                                                                                           | ◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.                                                                                                                                                                                                              |     |     |                                                                                           |     |  |  |  |
|                                                                                           | ◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.                                                                                               |     |     |                                                                                           |     |  |  |  |
| 12                                                                                        | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII                                                                                            | 12  |     | No                                                                                        |     |  |  |  |
| 12A                                                                                       | Was the organization included in consolidated, independent audited financial statements for the tax year? <table><tr><td>Yes</td><td>No</td></tr><tr><td> 12A</td><td>Yes</td></tr></table>                                                      | Yes | No  |  12A | Yes |  |  |  |
| Yes                                                                                       | No                                                                                                                                                                                                                                                                                                                                    |     |     |                                                                                           |     |  |  |  |
|  12A | Yes                                                                                                                                                                                                                                                                                                                                   |     |     |                                                                                           |     |  |  |  |
|                                                                                           | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional                                                                                                                                                                                                                                                                  |     |     |                                                                                           |     |  |  |  |
| 13                                                                                        | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                                                     | 13  |     | No                                                                                        |     |  |  |  |
| 14a                                                                                       | Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                                           | 14a | Yes |                                                                                           |     |  |  |  |
| b                                                                                         | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I                          | 14b | Yes |                                                                                           |     |  |  |  |
| 15                                                                                        | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II                                              | 15  |     | No                                                                                        |     |  |  |  |
| 16                                                                                        | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III                                                  | 16  |     | No                                                                                        |     |  |  |  |
| 17                                                                                        | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I                                                        | 17  |     | No                                                                                        |     |  |  |  |
| 18                                                                                        | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II                                                                   | 18  | Yes |                                                                                           |     |  |  |  |
| 19                                                                                        | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                                                                             | 19  |     | No                                                                                        |     |  |  |  |
| 20                                                                                        | Did the organization operate one or more hospitals? If "Yes," complete Schedule H                                                                                                                                                                | 20  | Yes |                                                                                           |     |  |  |  |

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                            |     |     |    |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                          | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                           | 22  | Yes |    |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . . | 24a | Yes |    |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                  | 24b | Yes |    |
| 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 |     | No |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                            | 24d |     | No |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                      | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .       | 25b |     | No |
| 26  | 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                    | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .            | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                              |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                | 28b |     | No |
| c   | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                           | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                  | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                        | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                      | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                      | 33  | Yes |    |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .                                                                                                                                         | 34  | Yes |    |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                                   | 35  | Yes |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                           | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .                                             | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                               | 38  | Yes |    |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

|                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                  |                                                                                 | Yes    | No  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------|-----|
| 1a                                                                                                                                                                                                                                                                                | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .                                                                                       | 1a                                                                              | 802    |     |
|                                                                                                                                                                                                                                                                                   | b                                                                                                                                                                                                                                                | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b     |     |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .                                                                                                              |                                                                                                                                                                                                                                                  |                                                                                 | 1c     | Yes |
| 2a                                                                                                                                                                                                                                                                                | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .                                                    | 2a                                                                              | 12,999 |     |
|                                                                                                                                                                                                                                                                                   | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) |                                                                                 |        |     |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .                                                                                                                                                 |                                                                                                                                                                                                                                                  |                                                                                 | 3a     | Yes |
| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                      |                                                                                                                                                                                                                                                  |                                                                                 | 3b     | Yes |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .                           |                                                                                                                                                                                                                                                  |                                                                                 | 4a     | Yes |
| b If "Yes," enter the name of the foreign country: <input type="text" value="CJ"/><br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts                                                            |                                                                                                                                                                                                                                                  |                                                                                 |        |     |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .                                                                                                                                                                    |                                                                                                                                                                                                                                                  |                                                                                 | 5a     | No  |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                                |                                                                                                                                                                                                                                                  |                                                                                 | 5b     | No  |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .                                                                                                                       |                                                                                                                                                                                                                                                  |                                                                                 | 5c     |     |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .                                                                                          |                                                                                                                                                                                                                                                  |                                                                                 | 6a     | No  |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .                                                                                                                         |                                                                                                                                                                                                                                                  |                                                                                 | 6b     |     |
| 7 Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                                                                   |                                                                                                                                                                                                                                                  |                                                                                 |        |     |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .                                                                                                                       |                                                                                                                                                                                                                                                  |                                                                                 | 7a     | Yes |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                                                       |                                                                                                                                                                                                                                                  |                                                                                 | 7b     | Yes |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .                                                                                                                                  |                                                                                                                                                                                                                                                  |                                                                                 | 7c     | No  |
| d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .                                                                                                                                                                                                     |                                                                                                                                                                                                                                                  |                                                                                 | 7d     |     |
| e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .                                                                                                                                     |                                                                                                                                                                                                                                                  |                                                                                 | 7e     | No  |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .                                                                                                                                                              |                                                                                                                                                                                                                                                  |                                                                                 | 7f     | No  |
| g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .                                                                                                                                                                |                                                                                                                                                                                                                                                  |                                                                                 | 7g     |     |
| h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .                                                                                                                                                 |                                                                                                                                                                                                                                                  |                                                                                 | 7h     |     |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . |                                                                                                                                                                                                                                                  |                                                                                 | 8      |     |
| 9 Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                  |                                                                                 |        |     |
| a Did the organization make any taxable distributions under section 4966? . . . . .                                                                                                                                                                                               |                                                                                                                                                                                                                                                  |                                                                                 | 9a     |     |
| b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .                                                                                                                                                                                |                                                                                                                                                                                                                                                  |                                                                                 | 9b     |     |
| 10 Section 501(c)(7) organizations. Enter                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                  |                                                                                 |        |     |
| a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .                                                                                                                                                                                              |                                                                                                                                                                                                                                                  |                                                                                 | 10a    |     |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                                                     |                                                                                                                                                                                                                                                  |                                                                                 | 10b    |     |
| 11 Section 501(c)(12) organizations. Enter                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                  |                                                                                 |        |     |
| a Gross income from members or shareholders . . . . .                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                  |                                                                                 | 11a    |     |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .                                                                                                                                           |                                                                                                                                                                                                                                                  |                                                                                 | 11b    |     |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                                    |                                                                                                                                                                                                                                                  |                                                                                 | 12a    |     |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                                                           |                                                                                                                                                                                                                                                  |                                                                                 | 12b    |     |

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

|    |                                                                                                                                                                                                                           |    |     |    |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
|    |                                                                                                                                                                                                                           |    | Yes | No |
| 1a | Enter the number of voting members of the governing body . . .                                                                                                                                                            | 1a | 21  |    |
| b  | Enter the number of voting members that are independent . . .                                                                                                                                                             | 1b | 15  |    |
| 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  |     | No |
| 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  |     | No |
| 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  |     | No |
| 6  | Does the organization have members or stockholders? . . . . .                                                                                                                                                             | 6  |     | No |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .                                                                                     | 7a |     | No |
| b  | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .                                                                                                             | 7b |     | No |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                          |    |     |    |
| a  | The governing body? . . . . .                                                                                                                                                                                             | 8a | Yes |    |
| b  | Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                           | 8b | Yes |    |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .    | 9  |     | No |

Section B. Policies

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

|     |                                                                                                                                                                                                                                                                                                          |     |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
|     |                                                                                                                                                                                                                                                                                                          |     | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                            | 10a |     | No |
| 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? . . . . .                                                                             | 10b |     |    |
| 11  | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                                       | 11  | Yes |    |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .                                                                                                                                                                                                    |     |     |    |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .                                                                                                                                                                                                       | 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?                                                                                     |     |     |    |
| a   | The organization's CEO, Executive Director, or top management official . . . . .                                                                                                                                                                                                                         | 15a | Yes |    |
| b   | Other officers or key employees of the organization . . . . .                                                                                                                                                                                                                                            | 15b | Yes |    |
|     | If "Yes" to line a or b, describe the process in Schedule O (See instructions )                                                                                                                                                                                                                          |     |     |    |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .                                                                                                                                          | 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 | Yes |    |

Section C. Disclosure

|    |                                                                                                                                                                                                                                                                                                                                                          |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 17 | List the States with which a copy of this Form 990 is required to be filed CA , NY , NC , PA                                                                                                                                                                                                                                                             |
| 18 | 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.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. DAVID KIEHN<br>TWO ALLEGHENY CENTER 11TH FLOOR<br>Pittsburgh, PA 15212<br>(412) 330-6005                                                                                                                                   |

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

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

Form **990** (2009)

|           |                        |            |           |   |
|-----------|------------------------|------------|-----------|---|
| <b>1b</b> | <b>Total</b> . . . . . | 15,586,776 | 3,746,139 | 0 |
|-----------|------------------------|------------|-----------|---|

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **300**

|          |                                                                                                                                                                                                                                               |              |           |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------|
|          |                                                                                                                                                                                                                                               | <b>Yes</b>   | <b>No</b> |
| <b>3</b> | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                        | <b>3</b> Yes |           |
| <b>4</b> | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | <b>4</b> Yes |           |
| <b>5</b> | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                                     | <b>5</b>     | 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)<br>Name and business address                                                  | (B)<br>Description of services | (C)<br>Compensation |
|-----------------------------------------------------------------------------------|--------------------------------|---------------------|
| Huron Consulting-DBA Wellspring Par<br>4795 Paysphere Circle<br>CHICAGO, IL 60674 | Consulting                     | 12,345,287          |
| ERA Med LLC<br>Lockbox 30884<br>NEW YORK, NY 30884                                | Helicopter Mgmt                | 2,899,877           |
| Clean Care<br>PO Box 40330<br>PITTSBURGH, PA 15201                                | Linen Services                 | 4,163,666           |
| Premier Medical Associates<br>3824 Northern Pike<br>MONROEVILLE, PA 15146         | Medical Services               | 3,626,665           |
| Allscripts LLC<br>24630 Network Place<br>CHICAGO, IL 60673                        | Software App Service           | 3,241,993           |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **93**

Part VIII

Statement of Revenue

|                                                           |                                           |                                                                                                                                              |                                                    | (A)<br>Total revenue                               | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512, 513, or<br>514 |  |  |
|-----------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------|--|--|
| Contributions, gifts, grants<br>and other similar amounts | 1a                                        | Federated campaigns . . .                                                                                                                    | 1a                                                 |                                                    |                                                    |                                         |                                                                                 |  |  |
|                                                           | b                                         | Membership dues . . . . .                                                                                                                    | 1b                                                 |                                                    |                                                    |                                         |                                                                                 |  |  |
|                                                           | c                                         | Fundraising events . . . . .                                                                                                                 | 1c                                                 | 74,743                                             |                                                    |                                         |                                                                                 |  |  |
|                                                           | d                                         | Related organizations . . . .                                                                                                                | 1d                                                 | 108,000                                            |                                                    |                                         |                                                                                 |  |  |
|                                                           | e                                         | Government grants (contributions)                                                                                                            | 1e                                                 |                                                    |                                                    |                                         |                                                                                 |  |  |
|                                                           | f                                         | All other contributions, gifts, grants, and<br>similar amounts not included above                                                            | 1f                                                 | 2,266,066                                          |                                                    |                                         |                                                                                 |  |  |
|                                                           | g                                         | Noncash contributions included in<br>lines 1a-1f \$ _____                                                                                    |                                                    |                                                    |                                                    |                                         |                                                                                 |  |  |
|                                                           | h                                         | Total. Add lines 1a-1f . . . . .                                                                                                             |                                                    | 2,448,809                                          |                                                    |                                         |                                                                                 |  |  |
| Program Service Revenue                                   |                                           |                                                                                                                                              | Business Code                                      |                                                    |                                                    |                                         |                                                                                 |  |  |
|                                                           | 2a                                        | PATIENT SERVICE REVENUE                                                                                                                      | 621,110                                            | 1,128,960,901                                      | 1,124,925,260                                      | 4,035,641                               |                                                                                 |  |  |
|                                                           | b                                         |                                                                                                                                              |                                                    |                                                    |                                                    |                                         |                                                                                 |  |  |
|                                                           | c                                         |                                                                                                                                              |                                                    |                                                    |                                                    |                                         |                                                                                 |  |  |
|                                                           | d                                         |                                                                                                                                              |                                                    |                                                    |                                                    |                                         |                                                                                 |  |  |
|                                                           | e                                         |                                                                                                                                              |                                                    |                                                    |                                                    |                                         |                                                                                 |  |  |
|                                                           | f                                         | All other program service revenue                                                                                                            |                                                    |                                                    |                                                    |                                         |                                                                                 |  |  |
|                                                           | g                                         | Total. Add lines 2a-2f . . . . .                                                                                                             |                                                    | 1,128,960,901                                      |                                                    |                                         |                                                                                 |  |  |
| Other Revenue                                             | 3                                         | Investment income (including dividends, interest<br>and other similar amounts) . . . . .                                                     |                                                    | 16,044,001                                         |                                                    |                                         | 16,044,001                                                                      |  |  |
|                                                           | 4                                         | Income from investment of tax-exempt bond proceeds . . .                                                                                     |                                                    | 3,803,861                                          | 3,803,861                                          |                                         |                                                                                 |  |  |
|                                                           | 5                                         | Royalties . . . . .                                                                                                                          |                                                    | 0                                                  |                                                    |                                         |                                                                                 |  |  |
|                                                           | 6a                                        | Gross Rents                                                                                                                                  | (i) Real                                           | (ii) Personal                                      |                                                    |                                         |                                                                                 |  |  |
|                                                           |                                           |                                                                                                                                              | 6,568,361                                          |                                                    |                                                    |                                         |                                                                                 |  |  |
|                                                           |                                           |                                                                                                                                              |                                                    |                                                    |                                                    |                                         |                                                                                 |  |  |
|                                                           |                                           |                                                                                                                                              | 6,568,361                                          |                                                    |                                                    |                                         |                                                                                 |  |  |
|                                                           | d                                         | Net rental income or (loss) . . . . .                                                                                                        |                                                    | 6,568,361                                          |                                                    | 1,915,858                               | 4,652,503                                                                       |  |  |
|                                                           | 7a                                        | Gross amount<br>from sales of<br>assets other<br>than inventory                                                                              | (i) Securities                                     | (ii) Other                                         |                                                    |                                         |                                                                                 |  |  |
|                                                           |                                           |                                                                                                                                              | 133,402,130                                        | 87,935                                             |                                                    |                                         |                                                                                 |  |  |
|                                                           |                                           |                                                                                                                                              | 128,711,563                                        |                                                    |                                                    |                                         |                                                                                 |  |  |
|                                                           |                                           |                                                                                                                                              | 4,690,567                                          | 87,935                                             |                                                    |                                         |                                                                                 |  |  |
|                                                           | d                                         | Net gain or (loss) . . . . .                                                                                                                 |                                                    | 4,778,502                                          |                                                    |                                         | 4,778,502                                                                       |  |  |
|                                                           | 8a                                        | Gross income from fundraising<br>events (not including<br>\$ 74,743<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . | a                                                  | 43,867                                             |                                                    |                                         |                                                                                 |  |  |
|                                                           |                                           |                                                                                                                                              | b                                                  | Less direct expenses . . . . .                     | 57,235                                             |                                         |                                                                                 |  |  |
|                                                           |                                           |                                                                                                                                              | c                                                  | Net income or (loss) from fundraising events . . . |                                                    | -13,368                                 |                                                                                 |  |  |
|                                                           | 9a                                        | Gross income from gaming activities<br>See Part IV, line 19 . . . .                                                                          | a                                                  |                                                    |                                                    |                                         |                                                                                 |  |  |
|                                                           |                                           |                                                                                                                                              | b                                                  | Less direct expenses . . . . .                     |                                                    |                                         |                                                                                 |  |  |
|                                                           |                                           |                                                                                                                                              | c                                                  | Net income or (loss) from gaming activities . . .  |                                                    | 0                                       |                                                                                 |  |  |
|                                                           | 10a                                       | Gross sales of inventory, less<br>returns and allowances . . . .                                                                             | a                                                  |                                                    |                                                    |                                         |                                                                                 |  |  |
| b                                                         |                                           |                                                                                                                                              | Less cost of goods sold . . . . .                  |                                                    |                                                    |                                         |                                                                                 |  |  |
| c                                                         |                                           |                                                                                                                                              | Net income or (loss) from sales of inventory . . . |                                                    | 0                                                  |                                         |                                                                                 |  |  |
| Miscellaneous Revenue                                     |                                           | Business Code                                                                                                                                |                                                    |                                                    |                                                    |                                         |                                                                                 |  |  |
| 11a                                                       | PARKING REVENUE                           | 621,110                                                                                                                                      | 5,716,195                                          | 5,716,195                                          |                                                    |                                         |                                                                                 |  |  |
| b                                                         | CAFETERIA SALES                           | 621,110                                                                                                                                      | 5,397,959                                          | 5,397,959                                          |                                                    |                                         |                                                                                 |  |  |
| c                                                         | VENDING MACHINE SALES                     | 621,110                                                                                                                                      | 121,507                                            | 121,507                                            |                                                    |                                         |                                                                                 |  |  |
| d                                                         | All other revenue . . . . .               |                                                                                                                                              | 17,686,767                                         | 17,627,837                                         | 58,930                                             |                                         |                                                                                 |  |  |
| e                                                         | Total. Add lines 11a-11d . . . . .        |                                                                                                                                              | 28,922,428                                         |                                                    |                                                    |                                         |                                                                                 |  |  |
| 12                                                        | Total revenue. See Instructions . . . . . |                                                                                                                                              | 1,191,513,495                                      | 1,157,592,619                                      | 6,010,429                                          | 25,475,006                              |                                                                                 |  |  |

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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                         | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to governments and organizations in the U S See Part IV, line 21                                                                                                                            | 318,818               | 318,818                         |                                        |                             |
| 2                                                                              | Grants and other assistance to individuals in the U S See Part IV, line 22                                                                                                                                              | 18,772                | 18,772                          |                                        |                             |
| 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 . . . . .                                                                                                                                      | 10,941,808            | 9,300,537                       | 1,641,271                              |                             |
| 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                                                                                                                                                                                                | 429,617,893           | 365,175,209                     | 64,233,725                             | 208,959                     |
| 8                                                                              | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .                                                                                                                 | 13,652,684            | 11,604,779                      | 2,047,905                              |                             |
| 9                                                                              | Other employee benefits . . . . .                                                                                                                                                                                       | 17,728,316            | 15,069,069                      | 2,659,247                              |                             |
| 10                                                                             | Payroll taxes . . . . .                                                                                                                                                                                                 | 19,150,645            | 16,278,048                      | 2,859,232                              | 13,365                      |
| 11                                                                             | Fees for services (non-employees)                                                                                                                                                                                       |                       |                                 |                                        |                             |
| a                                                                              | Management . . . . .                                                                                                                                                                                                    | 0                     |                                 |                                        |                             |
| b                                                                              | Legal . . . . .                                                                                                                                                                                                         | 5,828,728             | 4,954,419                       | 874,309                                |                             |
| c                                                                              | Accounting . . . . .                                                                                                                                                                                                    | 577,500               |                                 | 577,500                                |                             |
| d                                                                              | Lobbying . . . . .                                                                                                                                                                                                      | 326,214               | 326,214                         |                                        |                             |
| e                                                                              | Professional fundraising See Part IV, line 17 . . . . .                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| f                                                                              | Investment management fees . . . . .                                                                                                                                                                                    | 1,243,781             | 1,057,214                       | 186,567                                |                             |
| g                                                                              | Other . . . . .                                                                                                                                                                                                         | 53,819,778            | 48,825,794                      | 4,983,773                              | 10,211                      |
| 12                                                                             | Advertising and promotion . . . . .                                                                                                                                                                                     | 3,304,392             |                                 | 3,304,392                              |                             |
| 13                                                                             | Office expenses . . . . .                                                                                                                                                                                               | 6,448,582             | 5,803,724                       | 642,362                                | 2,496                       |
| 14                                                                             | Information technology . . . . .                                                                                                                                                                                        | 15,979,980            | 14,381,982                      | 1,597,998                              |                             |
| 15                                                                             | Royalties . . . . .                                                                                                                                                                                                     | 0                     |                                 |                                        |                             |
| 16                                                                             | Occupancy . . . . .                                                                                                                                                                                                     | 22,460,364            | 20,214,328                      | 2,245,107                              | 929                         |
| 17                                                                             | Travel . . . . .                                                                                                                                                                                                        | 1,801,547             | 1,621,392                       | 178,742                                | 1,413                       |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                | 0                     |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings . . . . .                                                                                                                                                                        | 1,445,743             | 1,301,169                       | 143,755                                | 819                         |
| 20                                                                             | Interest . . . . .                                                                                                                                                                                                      | 40,354,506            | 36,319,055                      | 4,035,451                              |                             |
| 21                                                                             | Payments to affiliates . . . . .                                                                                                                                                                                        | 4,066,518             | 3,659,866                       | 406,652                                |                             |
| 22                                                                             | Depreciation, depletion, and amortization . . . . .                                                                                                                                                                     | 62,662,425            | 56,396,182                      | 6,266,243                              |                             |
| 23                                                                             | Insurance . . . . .                                                                                                                                                                                                     | 13,463,377            | 13,463,377                      |                                        |                             |
| 24                                                                             | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )                                                     |                       |                                 |                                        |                             |
| a                                                                              | PATIENT CARE SUPPLIES                                                                                                                                                                                                   | 231,888,856           | 231,888,856                     |                                        |                             |
| b                                                                              | BAD DEBT EXPENSE                                                                                                                                                                                                        | 54,042,492            | 54,042,492                      |                                        |                             |
| c                                                                              | REPAIRS AND MAINTENANCE                                                                                                                                                                                                 | 68,877,724            | 61,989,952                      | 6,887,772                              |                             |
| d                                                                              | DIETARY                                                                                                                                                                                                                 | 6,662,009             | 5,995,808                       | 666,201                                |                             |
| e                                                                              | DUES & SUBSCRIPTIONS                                                                                                                                                                                                    | 4,482,317             | 4,034,085                       | 448,232                                |                             |
| f                                                                              | All other expenses                                                                                                                                                                                                      | 22,233,309            | 19,719,559                      | 2,512,362                              | 1,388                       |
| 25                                                                             | Total functional expenses. Add lines 1 through 24f                                                                                                                                                                      | 1,113,399,078         | 1,003,760,700                   | 109,398,798                            | 239,580                     |
| 26                                                                             | Joint costs. Check here <input type="checkbox"/> 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 |                       |                                 |                                        |                             |

Part X

Balance Sheet

|                             |                                                                                                                                           |                                                                                                                                                                               |     |             | (A)               |     | (B)           |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------|-------------------|-----|---------------|
|                             |                                                                                                                                           |                                                                                                                                                                               |     |             | Beginning of year |     | End of year   |
| Assets                      | 1                                                                                                                                         | Cash—non-interest-bearing . . . . .                                                                                                                                           |     |             | 73,347,660        | 1   | 70,101        |
|                             | 2                                                                                                                                         | Savings and temporary cash investments . . . . .                                                                                                                              |     |             | 117,557,292       | 2   | 225,138,364   |
|                             | 3                                                                                                                                         | Pledges and grants receivable, net . . . . .                                                                                                                                  |     |             | 457,624           | 3   | 1,105,147     |
|                             | 4                                                                                                                                         | Accounts receivable, net . . . . .                                                                                                                                            |     |             | 133,006,864       | 4   | 125,793,223   |
|                             | 5                                                                                                                                         | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .                  |     |             |                   | 5   |               |
|                             | 6                                                                                                                                         | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .     |     |             |                   | 6   |               |
|                             | 7                                                                                                                                         | Notes and loans receivable, net . . . . .                                                                                                                                     |     |             |                   | 7   |               |
|                             | 8                                                                                                                                         | Inventories for sale or use . . . . .                                                                                                                                         |     |             | 22,183,539        | 8   | 20,893,692    |
|                             | 9                                                                                                                                         | Prepaid expenses and deferred charges . . . . .                                                                                                                               |     |             | 10,736,552        | 9   | 11,261,420    |
|                             | 10a                                                                                                                                       | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                             | 10a | 866,211,089 |                   |     |               |
|                             | b                                                                                                                                         | Less accumulated depreciation . . . . .                                                                                                                                       | 10b | 601,360,027 | 357,521,847       | 10c | 264,851,062   |
|                             | 11                                                                                                                                        | Investments—publicly traded securities . . . . .                                                                                                                              |     |             | 221,200,909       | 11  | 230,813,240   |
|                             | 12                                                                                                                                        | Investments—other securities See Part IV, line 11 . . . . .                                                                                                                   |     |             | 13,910,038        | 12  | 16,623,228    |
|                             | 13                                                                                                                                        | Investments—program-related See Part IV, line 11 . . . . .                                                                                                                    |     |             |                   | 13  |               |
|                             | 14                                                                                                                                        | Intangible assets . . . . .                                                                                                                                                   |     |             | 19,368,088        | 14  | 18,225,793    |
|                             | 15                                                                                                                                        | Other assets See Part IV, line 11 . . . . .                                                                                                                                   |     |             | 93,906,655        | 15  | 108,711,287   |
|                             | 16                                                                                                                                        | Total assets. Add lines 1 through 15 (must equal line 34) . . . . .                                                                                                           |     |             | 1,063,197,068     | 16  | 1,023,486,557 |
| Liabilities                 | 17                                                                                                                                        | Accounts payable and accrued expenses . . . . .                                                                                                                               |     |             | 116,604,619       | 17  | 118,166,230   |
|                             | 18                                                                                                                                        | Grants payable . . . . .                                                                                                                                                      |     |             |                   | 18  |               |
|                             | 19                                                                                                                                        | Deferred revenue . . . . .                                                                                                                                                    |     |             | 43,623,237        | 19  | 55,845,517    |
|                             | 20                                                                                                                                        | Tax-exempt bond liabilities . . . . .                                                                                                                                         |     |             | 757,936,660       | 20  | 747,693,619   |
|                             | 21                                                                                                                                        | Escrow or custodial account liability Complete Part IV of Schedule D . . . . .                                                                                                |     |             |                   | 21  |               |
|                             | 22                                                                                                                                        | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . |     |             |                   | 22  |               |
|                             | 23                                                                                                                                        | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                      |     |             | 67,489,436        | 23  | 64,361,987    |
|                             | 24                                                                                                                                        | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                        |     |             |                   | 24  |               |
|                             | 25                                                                                                                                        | Other liabilities Complete Part X of Schedule D . . . . .                                                                                                                     |     |             | 197,985,910       | 25  | 253,441,311   |
|                             | 26                                                                                                                                        | Total liabilities. Add lines 17 through 25 . . . . .                                                                                                                          |     |             | 1,183,639,862     | 26  | 1,239,508,664 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |                                                                                                                                                                               |     |             |                   |     |               |
|                             | 27                                                                                                                                        | Unrestricted net assets . . . . .                                                                                                                                             |     |             | -277,523,869      | 27  | -376,844,944  |
|                             | 28                                                                                                                                        | Temporarily restricted net assets . . . . .                                                                                                                                   |     |             | 10,299,721        | 28  | 6,335,267     |
|                             | 29                                                                                                                                        | Permanently restricted net assets . . . . .                                                                                                                                   |     |             | 146,781,354       | 29  | 154,487,570   |
|                             | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.                          |                                                                                                                                                                               |     |             |                   |     |               |
|                             | 30                                                                                                                                        | Capital stock or trust principal, or current funds . . . . .                                                                                                                  |     |             |                   | 30  |               |
|                             | 31                                                                                                                                        | Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                     |     |             |                   | 31  |               |
|                             | 32                                                                                                                                        | Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                    |     |             |                   | 32  |               |
|                             | 33                                                                                                                                        | Total net assets or fund balances . . . . .                                                                                                                                   |     |             | -120,442,794      | 33  | -216,022,107  |
|                             | 34                                                                                                                                        | Total liabilities and net assets/fund balances . . . . .                                                                                                                      |     |             | 1,063,197,068     | 34  | 1,023,486,557 |

**Part XI Financial Statements and Reporting**

|                                                                                                                                                                                                                                                                                                                                                                   | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                        |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .                                                                                                                                                                                                                                                   |     | No |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .                                                                                                                                                                                                                                                             | Yes |    |
| <b>c</b> If "Yes," to 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . . | Yes |    |
| <b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis                     |     |    |
| <b>3a</b> 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? . . . . .                                                                                                                                                                                      | Yes |    |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .                                                                                                                               | Yes |    |

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
West Penn Allegheny Health System Inc

Employer identification number  
25-0969492

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (i)<br>Name of supported organization | (ii)<br>EIN | (iii)<br>Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv)<br>Is the organization in col (i) listed in your governing document? |    | (v)<br>Did you notify the organization in col (i) of your support? |    | (vi)<br>Is the organization in col (i) organized in the U S ? |    | (vii)<br>Amount of support? |
|---------------------------------------|-------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----|--------------------------------------------------------------------|----|---------------------------------------------------------------|----|-----------------------------|
|                                       |             |                                                                                                 | 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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in)                                                                                                                                                           | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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                                                                                                     |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3                                                                                                                                                                        |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6 Public Support. Subtract line 5 from line 4                                                                                                                                                         |          |          |          |          |          |           |

Section B. Total Support

| Calendar year (or fiscal year beginning in)                                                                                                                             | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4                                                                                                                                                   |          |          |          |          |          |           |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                        |          |          |          |          |          |           |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                                                                    |          |          |          |          |          |           |
| 10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets                                                                       |          |          |          |          |          |           |
| 11 Total support (Add lines 7 through 10)                                                                                                                               |          |          |          |          |          |           |
| 12 Gross receipts from related activities, etc (See instructions )                                                                                                      |          |          |          |          | 12       |           |
| 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here |          |          |          |          |          |           |

Section C. Computation of Public Support Percentage

|                                                                                                                                                                                                                                                                                                                                                                                            |    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))                                                                                                                                                                                                                                                                                                    | 14 |  |
| 15 Public Support Percentage for 2008 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                         | 15 |  |
| 16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization                                                                                                                                                                         |    |  |
| b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization                                                                                                                                                                    |    |  |
| 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization    |    |  |
| b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization |    |  |
| 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions                                                                                                                                                                                                                                                        |    |  |

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in)                                                                                                                               | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| 2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| 4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| 5The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| 6Total. Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| 7aAmounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| cAdd lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| 8Public Support (Subtract line 7c from line 6 )                                                                                                                           |          |          |          |          |          |           |

Section B. Total Support

| Calendar year (or fiscal year beginning in)                                                                                                                            | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 9Amounts from line 6                                                                                                                                                   |          |          |          |          |          |           |
| 10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                      |          |          |          |          |          |           |
| bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                               |          |          |          |          |          |           |
| cAdd lines 10a and 10b                                                                                                                                                 |          |          |          |          |          |           |
| 11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                          |          |          |          |          |          |           |
| 12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                      |          |          |          |          |          |           |
| 13Total support (Add lines 9, 10c, 11 and 12.)                                                                                                                         |          |          |          |          |          |           |
| 14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here |          |          |          |          |          |           |

Section C. Computation of Public Support Percentage

|                                                                                        |    |  |
|----------------------------------------------------------------------------------------|----|--|
| 15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) | 15 |  |
| 16Public support percentage from 2008 Schedule A, Part III, line 15                    | 16 |  |

Section D. Computation of Investment Income Percentage

|                                                                                                                                                                                                                                                                   |    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))                                                                                                                                                                       | 17 |  |
| 18Investment income percentage from 2008 Schedule A, Part III, line 17                                                                                                                                                                                            | 18 |  |
| 19a33 1/3% support tests—2009. 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         |    |  |
| b33 1/3% support tests—2008. 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 |    |  |
| 20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions                                                                                                                                          |    |  |

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:

Software Version:

EIN: 25-0969492

Name: West Penn Allegheny Health System Inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A)<br>Name and Title                                  | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------------|-------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                        |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| David McClenahan<br>Chairman of the Board              | 2 0                           | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Gerd Mueller<br>Director                               | 2 0                           | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| John Isherwood<br>Director                             | 2 0                           | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| David Burstin<br>Director                              | 2 0                           | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Alejandro Gonzalez MD<br>Director                      | 2 0                           | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Paul Dimmick<br>Director                               | 2 0                           | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Emanuel DiNatale<br>Director                           | 2 0                           | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Evan Frazier<br>Director                               | 2 0                           | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Robert Kampmeindert<br>Director                        | 2 0                           | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Basil Cox<br>Director                                  | 2 0                           | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| George Eichleay<br>Director                            | 2 0                           | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Theodore Neighbors<br>Director                         | 2 0                           | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Joseph Platt<br>Directors                              | 2 0                           | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Sandra Usher<br>Director                               | 2 0                           | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Russell Evans<br>Ex-Officio Director                   | 2 0                           | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Joseph Macarelli<br>Ex-Officio Director                | 2 0                           | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| David Parda MD<br>Director                             | 2 0                           | X                                      |                       |         |              |                              |        | 0                                                                    | 777,163                                                                   | 0                                                                                             |
| Patrick Demeo MD<br>Director                           | 2 0                           | X                                      |                       |         |              |                              |        | 0                                                                    | 997,331                                                                   | 0                                                                                             |
| George Magovern MD<br>Director                         | 2 0                           | X                                      |                       |         |              |                              |        | 0                                                                    | 615,385                                                                   | 0                                                                                             |
| Tony Farah MD<br>Director & AGH CMO                    | 40 0                          | X                                      |                       |         |              |                              |        | 0                                                                    | 589,457                                                                   | 0                                                                                             |
| Thomas McClure MD<br>Director                          | 2 0                           | X                                      |                       |         |              |                              |        | 0                                                                    | 309,449                                                                   | 0                                                                                             |
| Christopher Olivia MD<br>Health System President & CEO | 40 0                          | X                                      |                       | X       |              |                              |        | 1,879,499                                                            | 0                                                                         | 0                                                                                             |
| Roy Santarella<br>Treasurer                            | 40 0                          |                                        |                       | X       |              |                              |        | 1,217,922                                                            | 0                                                                         | 0                                                                                             |
| Thomas Albanesi<br>Assistant Treasurer                 | 40 0                          |                                        |                       | X       |              |                              |        | 313,976                                                              | 0                                                                         | 0                                                                                             |
| Judy Hlafcsak<br>Secretary                             | 40 0                          |                                        |                       | X       |              |                              |        | 612,759                                                              | 0                                                                         | 0                                                                                             |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A)<br>Name and Title                                | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position (check all<br>that apply) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099-<br>MISC) | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|------------------------------------------------------|----------------------------------------|-------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                                      |                                        | Individual trustee<br>or director         | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                   |                                                                                            |                                                                                                                 |
| Sharon Loftus<br>Assistant Secretary                 | 40 0                                   |                                           |                       | X       |              |                                 |        | 282,552                                                                           | 0                                                                                          | 0                                                                                                               |
| Deborah Olszewski<br>Assistant Secretary             | 40 0                                   |                                           |                       | X       |              |                                 |        | 207,729                                                                           | 0                                                                                          | 0                                                                                                               |
| John Foley<br>WPAHS Chief Information Officer        | 40 0                                   |                                           |                       |         | X            |                                 |        | 422,475                                                                           | 0                                                                                          | 0                                                                                                               |
| David Kiehn<br>WPAHS Chief Financial Officer         | 40 0                                   |                                           |                       |         | X            |                                 |        | 510,090                                                                           | 0                                                                                          | 0                                                                                                               |
| Sanford Kurtz MD<br>Physician Org Pres & CEO         | 40 0                                   |                                           |                       |         | X            |                                 |        | 348,267                                                                           | 0                                                                                          | 0                                                                                                               |
| Dawn Gideon<br>EVP & Chief Hospital Operator         | 40 0                                   |                                           |                       |         | X            |                                 |        | 835,133                                                                           | 0                                                                                          | 0                                                                                                               |
| Michael DeVita MD<br>EVP of Medical Affairs          | 40 0                                   |                                           |                       |         | X            |                                 |        | 256,677                                                                           | 0                                                                                          | 0                                                                                                               |
| William Edmondson<br>EVP of Strategic Planning       | 40 0                                   |                                           |                       |         | X            |                                 |        | 297,464                                                                           | 0                                                                                          | 0                                                                                                               |
| Jim Woods<br>VP of Real Estate & Facilities          | 40 0                                   |                                           |                       |         | X            |                                 |        | 332,106                                                                           | 0                                                                                          | 0                                                                                                               |
| Margaret McCormick Barron<br>EVP of External Affairs | 40 0                                   |                                           |                       |         | X            |                                 |        | 323,393                                                                           | 0                                                                                          | 0                                                                                                               |
| Janice James<br>AGH Interim President & CEO          | 40 0                                   |                                           |                       |         | X            |                                 |        | 372,000                                                                           | 0                                                                                          | 0                                                                                                               |
| Gary Strong<br>WPH-FRH President & CEO               | 40 0                                   |                                           |                       |         | X            |                                 |        | 291,778                                                                           | 0                                                                                          | 0                                                                                                               |
| Augustine Lopez<br>Vice President                    | 40 0                                   |                                           |                       |         | X            |                                 |        | 494,863                                                                           | 0                                                                                          | 0                                                                                                               |
| James Kanuch<br>WPH-FRH VP of Finance                | 40 0                                   |                                           |                       |         | X            |                                 |        | 163,099                                                                           | 0                                                                                          | 0                                                                                                               |
| Denzil Rupert<br>AGH Chief Operating Officer         | 40 0                                   |                                           |                       |         | X            |                                 |        | 278,476                                                                           | 0                                                                                          | 0                                                                                                               |
| Sherry Zisk<br>WPH Chief Operating Officer           | 40 0                                   |                                           |                       |         | X            |                                 |        | 349,311                                                                           | 0                                                                                          | 0                                                                                                               |
| Thomas Moser<br>WPH-FRH Chief Operating Office       | 40 0                                   |                                           |                       |         | X            |                                 |        | 325,489                                                                           | 0                                                                                          | 0                                                                                                               |
| David Lerberg MD<br>WPH Chief Medical Officer        | 40 0                                   |                                           |                       |         | X            |                                 |        | 217,670                                                                           | 0                                                                                          | 0                                                                                                               |
| Mark Rubino MD<br>WPH-FRH Chief Medical Officer      | 40 0                                   |                                           |                       |         | X            |                                 |        | 0                                                                                 | 457,354                                                                                    | 0                                                                                                               |
| Judy Zedreck<br>VP & Chief Nursing Executive         | 40 0                                   |                                           |                       |         | X            |                                 |        | 252,556                                                                           | 0                                                                                          | 0                                                                                                               |
| Sheran Shipley<br>VP - Perioperative Services        | 40 0                                   |                                           |                       |         | X            |                                 |        | 211,813                                                                           | 0                                                                                          | 0                                                                                                               |
| Pamela Gallagher<br>VP of Finance - FRH              | 40 0                                   |                                           |                       |         | X            |                                 |        | 60,090                                                                            | 0                                                                                          | 0                                                                                                               |
| Gregory Burfitt<br>AGH & WPH President and CEO       | 40 0                                   |                                           |                       |         | X            |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| Reese Jackson<br>WPH-FRH Interim Pres & CEO          | 40 0                                   |                                           |                       |         | X            |                                 |        | 0                                                                                 | 0                                                                                          | 0                                                                                                               |
| John Lister MD<br>Physician                          | 40 0                                   |                                           |                       |         |              | X                               |        | 749,871                                                                           | 0                                                                                          | 0                                                                                                               |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                            | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------|-------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                  |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| Venkatraman Srinivasan MD<br>Physician           | 40 0                          |                                        |                       |         |              | X                            |        | 821,445                                                              | 0                                                                         | 0                                                                                             |
| Robert Mendicino MD<br>Physician                 | 40 0                          |                                        |                       |         |              | X                            |        | 774,949                                                              | 0                                                                         | 0                                                                                             |
| Syed Husaini MD<br>Physician                     | 40 0                          |                                        |                       |         |              | X                            |        | 784,195                                                              | 0                                                                         | 0                                                                                             |
| Jerry Fedele<br>Health System President & CEO    |                               |                                        |                       |         |              |                              | X      | 252,175                                                              | 0                                                                         | 0                                                                                             |
| Dawn Javersack<br>Treasurer                      |                               |                                        |                       |         |              |                              | X      | 102,025                                                              | 0                                                                         | 0                                                                                             |
| James Rosenberg<br>WPAHS Chief Operating Officer |                               |                                        |                       |         |              |                              | X      | 417,065                                                              | 0                                                                         | 0                                                                                             |
| Philip Caushaj MD<br>Physician                   |                               |                                        |                       |         |              |                              | X      | 827,864                                                              | 0                                                                         | 0                                                                                             |

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

| <i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i> | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|----------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| PATIENT CARE SUPPLIES                                                            | 231,888,856           | 231,888,856                     |                                        |                             |
| BAD DEBT EXPENSE                                                                 | 54,042,492            | 54,042,492                      |                                        |                             |
| REPAIRS AND MAINTENANCE                                                          | 68,877,724            | 61,989,952                      | 6,887,772                              |                             |
| DIETARY                                                                          | 6,662,009             | 5,995,808                       | 666,201                                |                             |
| DUES & SUBSCRIPTIONS                                                             | 4,482,317             | 4,034,085                       | 448,232                                |                             |

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

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public  
Inspection

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

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization  
West Penn Allegheny Health System Inc

Employer identification number

25-0969492

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

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$
- 3

Volunteer hours

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

- 1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 

☐ Yes ☐ No
- 4a

Was a correction made? 

☐ Yes ☐ No
- b

If "Yes," describe in Part IV

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

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year? 

☐ Yes ☐ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A

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

A

Check

☒

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   | (a) Filing<br>Organization's<br>Totals                   | (b) Affiliated<br>Group<br>Totals  |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------|------------------------------------|--------------------|------------------------------|-----------------------------------------|-------------------------------------------------|-------------------------------------------|---------------------------------------------------|--------------------------------------------|--------------------------------------------------|-------------------|-------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   | 0                                                        | 0                                  |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| b Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   | 295,049                                                  | 418,483                            |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| c Total lobbying expenditures (add lines 1a and 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   | 295,049                                                  | 418,483                            |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| d Other exempt purpose expenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   | 1,113,104,029                                            | 1,648,957,517                      |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| e Total exempt purpose expenditures (add lines 1c and 1d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   | 1,113,399,078                                            | 1,649,376,000                      |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                   | 1,000,000                                                | 1,000,000                          |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> |                                                   | If the amount on line 1e, column (a) or (b) is:          | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The lobbying nontaxable amount is:                |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 20% of the amount on line 1e                      |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$100,000 plus 15% of the excess over \$500,000   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$175,000 plus 10% of the excess over \$1,000,000 |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$225,000 plus 5% of the excess over \$1,500,000  |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$1,000,000                                       |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| g Grassroots nontaxable amount (enter 25% of line 1f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   | 250,000                                                  | 250,000                            |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| h Subtract line 1g from line 1a If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| i Subtract line 1f from line 1c If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> 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 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period         |           |           |           |           |           |
|--------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|
| Calendar year (or fiscal year beginning in)                  | (a) 2006  | (b) 2007  | (c) 2008  | (d) 2009  | (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<br>(150% of line 2a, column(e))    |           |           |           |           | 6,000,000 |
| c Total lobbying expenditures                                | 568,458   | 613,479   | 585,102   | 418,483   | 2,185,522 |
| d Grassroots non-taxable amount                              | 250,000   | 250,000   | 250,000   | 250,000   | 1,000,000 |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) |           |           |           |           | 1,500,000 |
| f Grassroots lobbying expenditures                           | 0         | 0         | 0         | 0         | 0         |

Part II-B

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

|                                                                                                                                                                                                                                | (a) |    | (b)    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|                                                                                                                                                                                                                                | Yes | No | Amount |
| 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 |     |    |        |
| a Volunteers?                                                                                                                                                                                                                  |     |    |        |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                 |     |    |        |
| c Media advertisements?                                                                                                                                                                                                        |     |    |        |
| d Mailings to members, legislators, or the public?                                                                                                                                                                             |     |    |        |
| e 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 similar means?                                                                                                                                    |     |    |        |
| i Other activities? If "Yes," describe in Part IV                                                                                                                                                                              |     |    |        |
| j Total lines 1c through 1i                                                                                                                                                                                                    |     |    |        |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                               |     |    |        |
| b 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                                                                                                                                   |     |    |        |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                 |     |    |        |

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

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

|                                                                                                                                                                                                                                              |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 1 Dues, assessments and similar amounts from members                                                                                                                                                                                         | 1  |  |
| 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).                                                                                |    |  |
| a 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 (see instructions)                                                                                                                                                                   | 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 1. Also, complete this part for any additional information.

| Identifier            | Return Reference                                                     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Lobbying Expenditures | Form 990, Schedule C, Page 2, Part II-A, Line 1b, Column (a) and (b) | West Penn Allegheny Health System, Inc. (WPAHS) has made the IRC Section 501(h) election. WPAHS employs an Executive Vice President for External Affairs to lobby issues of importance to the System and all of its members. WPAHS also elected to engage the services of outside consultants to assist us in lobbying issues of importance. WPAHS directly paid all lobbying expenditures of \$418,483 as reflected on Schedule C, Page 2, Part II-A, column (b). The lobbying expenditures of \$295,049 attributed to WPAHS on Schedule C, Page 2, Part II-A, column (a) reflect expenditures allocated to WPAHS. The difference between total lobbying expenditures of \$418,483 and the WPAHS allocated expenditures of \$295,049 are reflected on the Form 990, Schedule C, Page 2, Part II-A, column (a) of the affiliated organizations filing Form 990 Schedule C. |

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
► **Attach to Form 990. ► See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
West Penn Allegheny Health System Inc

Employer identification number  
25-0969492

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) Donor advised funds                                                                                                                                                                                                                                                                                                                | (b) Funds and other accounts |
| 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                           |                              |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

|    |                             |
|----|-----------------------------|
|    | Held at the End of the Year |
| 2a |                             |
| 2b |                             |
| 2c |                             |
| 2d |                             |

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►\_\_\_\_\_

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►\_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►\$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i) 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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

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

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

|                                                            | (a)Current Year | (b)Prior Year | (c)Two Years Back | (d)Three Years Back | (e)Four Years Back |
|------------------------------------------------------------|-----------------|---------------|-------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     | 157,081,075     | 214,329,180   |                   |                     |                    |
| b Contributions . . . . .                                  | 1,806,358       | 3,967,020     |                   |                     |                    |
| c Investment earnings or losses . . . . .                  | 15,402,952      | -28,171,702   |                   |                     |                    |
| d Grants or scholarships . . . . .                         |                 |               |                   |                     |                    |
| e Other expenditures for facilities and programs . . . . . | 13,396,153      | 32,430,060    |                   |                     |                    |
| f Administrative expenses . . . . .                        | 71,395          | 613,362       |                   |                     |                    |
| g End of year balance . . . . .                            | 160,822,837     | 157,081,076   |                   |                     |                    |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 96.000 %

c

Term endowment ▶ 4.000 %

3a

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

|                                       | Yes       | No |
|---------------------------------------|-----------|----|
| (i) unrelated organizations . . . . . | 3a(i) Yes |    |
| (ii) related organizations . . . . .  | 3a(ii)    | No |

b

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

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment                                                                    | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|----------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land . . . . .                                                                            | 0                                    | 10,091,959                     |                              | 10,091,959     |
| b Buildings . . . . .                                                                        |                                      | 440,726,500                    | 330,119,338                  | 110,607,162    |
| c Leasehold improvements . . . . .                                                           |                                      | 46,308,960                     | 30,310,542                   | 15,998,418     |
| d Equipment . . . . .                                                                        |                                      | 333,960,253                    | 229,213,641                  | 104,746,612    |
| e Other . . . . .                                                                            |                                      | 35,123,416                     | 11,716,505                   | 23,406,911     |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ |                                      |                                |                              | 264,851,062    |



Part XI

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

|    |                                                                                 |    |  |
|----|---------------------------------------------------------------------------------|----|--|
| 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 per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

| Identifier                                               | Return Reference                                           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WPAHS, Inc. Inclusion In The Consolidated Audit of WPAHS | Form 990, Schedule D, Part X Question 2, Part XII and XIII | West Penn Allegheny Health System, Inc. does not receive its own independent audit. It is a member of a regional healthcare system named West Penn Allegheny Health System. West Penn Allegheny Health System receives a consolidated audit that includes the operations of West Penn Allegheny Health System, Inc. The following analysis represents the reconciliation between the financial statement net income and the net income as reported on Form 990, Page 1, line 19: Net income per financial statements \$10,340,695. Less: Income and expense reclassified from restricted net assets on the financial statements to unrestricted income and expense on Form 990 (1,545,671). Less: Unrealized Loss on Securities reflected in unrestricted income on the financial statements and reclassified to net assets on Form 990 (1,045,609). Plus: Fixed Asset Impairment Loss reflected in the Audited Financial Statements as unrestricted but reclassified to net assets on the IRS Form 990 70,365,002. Net income per Form 990 \$78,114,417. The following is the footnote to the audited consolidated financial statements of the West Penn Allegheny Health System for FASB ASC 740: "WPAHS adopted FASB ASC 740, Income Taxes, which clarifies the accounting for uncertainty in income taxes recognized in an enterprise's financial statements. FASB ASC 740 prescribes a more-likely-than-not recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken. Under FASB ASC 740, tax positions will be evaluated for recognition, derecognition, and measurement using consistent criteria and will provide more information about the uncertainty in income tax assets and liabilities. Based on an analysis prepared by WPAHS, it was determined that the application of FASB ASC 740 had no material effect on the recorded tax assets and liabilities of WPAHS." |

Additional Data

Software ID:

Software Version:

EIN: 25-0969492

Name: West Penn Allegheny Health System Inc

Form 990, Schedule D, Part IX, - Other Assets

| (a) Description                | (b) Book value |
|--------------------------------|----------------|
| DUE FROM AFFILIATES            | 87,868,992     |
| INVEST - SWST SURG CENTER LLC  | 15,000         |
| INVEST - PREMIER GPO           | 3,570          |
| MR FICA REFUND RECEIVABLE      | 15,521,961     |
| LETTER OF CREDIT               | 449,000        |
| INVEST - ROSS DEVELOPMENT      | 886,815        |
| INVEST - NORTH SHORE ENDOSCOPY | 594,444        |
| THE PHYSICIAN CONTRACT         | 1,052,143      |
| 3RD PARTY SETTLEMENTS          | 2,319,362      |

Form 990, Schedule D, Part X, - Other Liabilities

| 1 (a) Description of Liability           | (b) Amount  |
|------------------------------------------|-------------|
| ACCRUED PENSION LIABILITY                | 213,518,261 |
| INVESTMENT - MCCANDLESS ENDOSCOPY CENTER | 11,657      |
| INSURANCE LIABILITIES                    | 29,928,526  |
| INVESTMENT - ALLEGHENY IMAGING LLC       | 3,520       |
| ASBESTOS RETIREMENT OBLIGATION           | 3,882,724   |
| PIRATE ADV                               | 43,153      |
| THREE RIVERS ONCOLOGY LIABILIT           | 3,066,457   |
| ECLIPSYS PURCHASE LIABILITY              | 875,563     |
| CAPITAL LEASES                           | 2,111,450   |



[illegible]**Schedule F (Form 990) 2009**

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

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

[illegible]

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization  
West Penn Allegheny Health System Inc

Employer identification number  
25-0969492

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|------------------------------------------------------------------|---------------------------------------------------|
|                                               |               | Yes                                                            | No |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
|                                               |               |                                                                |    |                                   |                                                                  |                                                   |
| Total . . . . . ▶                             |               |                                                                |    |                                   |                                                                  |                                                   |

3

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| Revenue         |    | (a) Event #1                                                           | (b) Event #2 | (c) Other Events    | (d) Total Events                 |
|-----------------|----|------------------------------------------------------------------------|--------------|---------------------|----------------------------------|
|                 |    | David Gergen<br>(event type)                                           | (event type) | 0<br>(total number) | (Add col (a) through<br>col (c)) |
|                 | 1  | Gross receipts . . . .                                                 | 118,610      |                     | 118,610                          |
|                 | 2  | Less Charitable<br>contributions . . . .                               | 74,743       |                     | 74,743                           |
|                 | 3  | Gross income (line 1<br>minus line 2) . . . .                          | 43,867       |                     | 43,867                           |
| Direct Expenses | 4  | Cash prizes . . . .                                                    |              |                     |                                  |
|                 | 5  | Non-cash prizes . . . .                                                |              |                     |                                  |
|                 | 6  | Rent/facility costs . . . .                                            | 6,100        |                     | 6,100                            |
|                 | 7  | Food and beverages . . . .                                             | 15,919       |                     | 15,919                           |
|                 | 8  | Entertainment . . . .                                                  | 348          |                     | 348                              |
|                 | 9  | Other direct expenses . . . .                                          | 34,868       |                     | 34,868                           |
|                 | 10 | Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶ |              |                     |                                  |
|                 | 11 | Net income summary Combine lines 3, column d, and line 10. . . . . ▶   |              |                     |                                  |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue         |   | (a) Bingo                                                                   | (b) Pull tabs/Instant<br>bingo/progressive bingo                    | (c) Other gaming                                                    | (d) Total gaming                                                    |
|-----------------|---|-----------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|
|                 |   |                                                                             |                                                                     |                                                                     | (Add col (a) through<br>col (c))                                    |
| Direct Expenses | 1 | Gross revenue . . . . .                                                     |                                                                     |                                                                     |                                                                     |
|                 | 2 | Cash prizes . . . . .                                                       |                                                                     |                                                                     |                                                                     |
|                 | 3 | Non-cash prizes . . . . .                                                   |                                                                     |                                                                     |                                                                     |
|                 | 4 | Rent/facility costs . . . . .                                               |                                                                     |                                                                     |                                                                     |
|                 | 5 | Other direct expenses . . . . .                                             |                                                                     |                                                                     |                                                                     |
|                 | 6 | Volunteer labor . . . . .                                                   | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
|                 | 7 | Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶      |                                                                     |                                                                     |                                                                     |
|                 | 8 | Net gaming income summary Combine lines 1, column d, and line 7 . . . . . ▶ |                                                                     |                                                                     |                                                                     |

|     |                                                                                                                                                                    | Yes | No |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 9   | Enter the state(s) in which the organization operates gaming activities _____                                                                                      |     |    |
| a   | Is the organization licensed to operate gaming activities in each of these states? . . . . .                                                                       | 9a  |    |
| b   | If "No," Explain<br>_____<br>_____                                                                                                                                 |     |    |
| 10a | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?                                                               | 10a |    |
| b   | If "Yes," Explain<br>_____<br>_____                                                                                                                                |     |    |
| 11  | Does the organization operate gaming activities with nonmembers? . . . . .                                                                                         | 11  |    |
| 12  | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity<br>formed to administer charitable gaming? . . . . . | 12  |    |

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

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

**Name of the organization**  
West Penn Allegheny Health System Inc

**Employer identification number**  
25-0969492

Part I

Charity Care and Certain Other Community Benefits at Cost

|                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |    |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----|
|                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes    | No |
| 1a                                                                                                                                           | Does the organization have a charity care policy? If "No," skip to question 6a . . . . .                                                                                                                                                                                                                                                                                                                                                                 | 1a Yes |    |
| b                                                                                                                                            | If "Yes," is it a written policy? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                              | 1b Yes |    |
| 2                                                                                                                                            | If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals<br><div><input checked="" type="checkbox"/> Applied uniformly to all hospitals<br/><input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div>                                                          |        |    |
| 3                                                                                                                                            | Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients                                                                                                                                                                                                                                                                                                                    |        |    |
| a                                                                                                                                            | Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care<br><div><input type="checkbox"/> 100%<input type="checkbox"/> 150%<input checked="" type="checkbox"/> 200%<input type="checkbox"/> Other _____</div>                                                    | 3a Yes |    |
| b                                                                                                                                            | Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . .<br><div><input type="checkbox"/> 200%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input checked="" type="checkbox"/> 400%<input type="checkbox"/> Other _____</div> | 3b Yes |    |
| c                                                                                                                                            | If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care                                                                                                               |        |    |
| 4                                                                                                                                            | Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . .                                                                                                                                                                                                                                                                                                                                                    | 4 Yes  |    |
| 5a                                                                                                                                           | Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . .                                                                                                                                                                                                                                                                                                                                         | 5a Yes |    |
| b                                                                                                                                            | If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .                                                                                                                                                                                                                                                                                                                                                             | 5b Yes |    |
| c                                                                                                                                            | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .                                                                                                                                                                                                                                                           | 5c     | No |
| 6a                                                                                                                                           | Does the organization prepare an annual community benefit report? . . . . .                                                                                                                                                                                                                                                                                                                                                                              | 6a Yes |    |
| 6b                                                                                                                                           | If "Yes," does the organization make it available to the public? . . . . .                                                                                                                                                                                                                                                                                                                                                                               | 6b Yes |    |
| Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |    |

7

Charity Care and Certain Other Community Benefits at Cost

| Charity Care and Means-Tested Government Programs                                                     | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Charity care at cost (from Worksheets 1 and 2) . . . .                                              |                                                 |                               | 3,184,787                           |                               | 3,184,787                         | 0 290 %                      |
| b Unreimbursed Medicaid (from Worksheet 3, column a) . . . .                                          |                                                 |                               | 123,563,315                         | 89,407,956                    | 34,155,359                        | 3 070 %                      |
| c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .    |                                                 |                               |                                     |                               |                                   |                              |
| d <b>Total</b> Charity Care and Means-Tested Government Programs . . . . .                            |                                                 |                               | 126,748,102                         | 89,407,956                    | 37,340,146                        | 3 360 %                      |
| <b>Other Benefits</b>                                                                                 |                                                 |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from Worksheet 4) . . . . . |                                                 |                               | 995,449                             |                               | 995,449                           | 0 090 %                      |
| f Health professions education (from Worksheet 5) . . . .                                             |                                                 |                               | 86,204,010                          | 23,934,391                    | 62,269,619                        | 5 590 %                      |
| g Subsidized health services (from Worksheet 6) . . . .                                               |                                                 |                               | 300,503,321                         | 285,648,867                   | 14,854,454                        | 1 330 %                      |
| h Research (from Worksheet 7)                                                                         |                                                 |                               |                                     |                               |                                   |                              |
| i Cash and in-kind contributions to community groups (from Worksheet 8) . . . .                       |                                                 |                               | 356,613                             |                               | 356,613                           | 0 030 %                      |
| j <b>Total</b> Other Benefits . . . .                                                                 |                                                 |                               | 388,059,393                         | 309,583,258                   | 78,476,135                        | 7 040 %                      |
| k <b>Total.</b> Add lines 7d and 7j . . . .                                                           |                                                 |                               | 514,807,495                         | 398,991,214                   | 115,816,281                       | 10 400 %                     |

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

|                                                            | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|------------------------------------------------------------|-------------------------------------------------|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1Physical improvements and housing                         |                                                 |                               | 10,000                               |                               | 10,000                             |                              |
| 2Economic development                                      |                                                 |                               |                                      |                               |                                    |                              |
| 3Community support                                         |                                                 |                               | 83,891                               |                               | 83,891                             | 0 010 %                      |
| 4Environmental improvements                                |                                                 |                               |                                      |                               |                                    |                              |
| 5Leadership development and training for community members |                                                 |                               |                                      |                               |                                    |                              |
| 6Coalition building                                        |                                                 |                               | 108,750                              |                               | 108,750                            | 0 010 %                      |
| 7Community health improvement advocacy                     |                                                 |                               | 63,508                               |                               | 63,508                             |                              |
| 8Workforce development                                     |                                                 |                               |                                      |                               |                                    |                              |
| 9Other                                                     |                                                 |                               |                                      |                               |                                    |                              |
| 10Total                                                    |                                                 |                               | 266,149                              |                               | 266,149                            | 0 020 %                      |

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

|                                                                                                                                                                                                                                                                                                            |   | Yes        | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------|----|
| 1Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?                                                                                                                                                                             | 1 | Yes        |    |
| 2Enter the amount of the organization's bad debt expense (at cost)                                                                                                                                                                                                                                         | 2 | 13,351,847 |    |
| 3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy                                                                                                                                                | 3 | 6,082,641  |    |
| 4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit. |   |            |    |

Section B. Medicare

|                                                                                                                                                                                                                                                                             |   |             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------|--|
| 5Enter total revenue received from Medicare (including DSH and IME)                                                                                                                                                                                                         | 5 | 180,736,272 |  |
| 6Enter Medicare allowable costs of care relating to payments on line 5                                                                                                                                                                                                      | 6 | 203,378,748 |  |
| 7Subtract line 6 from line 5. This is the surplus or (shortfall)                                                                                                                                                                                                            | 7 | -22,642,476 |  |
| 8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used. |   |             |  |
| <input checked="" type="checkbox"/> Cost accounting system                                                                                                                                                                                                                  |   |             |  |
| <input type="checkbox"/> Cost to charge ratio                                                                                                                                                                                                                               |   |             |  |
| <input type="checkbox"/> Other                                                                                                                                                                                                                                              |   |             |  |

Section C. Collection Practices

|                                                                                                                                                                                                                          |    |     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|--|
| 9aDoes the organization have a written debt collection policy?                                                                                                                                                           | 9a | Yes |  |
| 9bIf "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI. | 9b | Yes |  |

Part IVManagement Companies and Joint Ventures

| (a) Name of entity    | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership% | (e) Physicians' profit % or stock ownership % |
|-----------------------|-----------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------|
| 1Premier Purch Part   | Bulk Purchasing                               | 1 049 %                                          | 0 %                                                                               | 0 %                                           |
| 25148 Lib Ave Assoc   | Property Rental                               | 50 000 %                                         | 0 %                                                                               | 0 %                                           |
| 3Open MRI Wash County | MRI Imaging                                   | 50 000 %                                         | 0 %                                                                               | 0 %                                           |
| 4Optima Imaging Inc   | Medical Imaging                               | 20 000 %                                         | 0 %                                                                               | 0 %                                           |
| 5Forbes Reg Urologic  | Equipment Rental                              | 20 000 %                                         | 0 %                                                                               | 0 %                                           |
| 6North Shore Endoscop | Endoscopy Services                            | 50 000 %                                         | 0 %                                                                               | 45 000 %                                      |
| 7McCandless Endoscopy | Endoscopy Services                            | 50 000 %                                         | 0 %                                                                               | 49 000 %                                      |
| 8Alleg Imaging of McC | Imaging Services                              | 45 000 %                                         | 0 %                                                                               | 0 %                                           |
| 9                     |                                               |                                                  |                                                                                   |                                               |
| 10                    |                                               |                                                  |                                                                                   |                                               |
| 11                    |                                               |                                                  |                                                                                   |                                               |
| 12                    |                                               |                                                  |                                                                                   |                                               |
| 13                    |                                               |                                                  |                                                                                   |                                               |
| 14                    |                                               |                                                  |                                                                                   |                                               |

Name and address

**Schedule H (Form 990) 2009**

Part VI

Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

See additional data

3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

See additional data

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

See additional data

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

West Penn Allegheny Health System, Inc community building activities promote and enhance the health of the community by providing readily available resources to patients and all community members for the identification of needed healthcare services In addition, West Penn Allegheny Health System, Inc also has a voice in many worth community associations, groups and boards that directly contribute to the health and well-being of communities in which we serve

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )

See additional data

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

See additional data

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Additional Data

Software ID:

Software Version:

EIN: 25-0969492

Name: West Penn Allegheny Health System Inc

Form 990 Schedule H, Part V - Facility Information

| Name and address                                                                          | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) |
|-------------------------------------------------------------------------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|
| Allegheny General Hospital<br>320 East North Avenue<br>Pittsburgh, PA 15224               | X                 | X                          |                     | X                 | X                        | X                 | X           |          |                  |
| The Western Pennsylvania Hospital<br>4800 Friendship Avenue<br>Pittsburgh, PA 15224       | X                 | X                          |                     | X                 | X                        | X                 | X           |          |                  |
| Forbes Regional Hospital<br>2570 Haymaker Road<br>Monroeville, PA 15146                   | X                 | X                          |                     | X                 |                          |                   | X           |          |                  |
| Suburban General Hospital<br>100 South Jackson Avenue<br>Pittsburgh, PA 15202             | X                 | X                          |                     |                   |                          |                   | X           |          |                  |
| Forbes Regional Hosp Physician Practices<br>2566 Haymaker Road<br>Monroeville, PA 15146   |                   | X                          |                     |                   |                          |                   |             |          |                  |
| Forbes Hospice<br>4800 Friendship Avenue<br>Pittsburgh, PA 15224                          |                   | X                          |                     |                   |                          |                   |             |          |                  |
| Employee Health<br>1307 Federal Street<br>Pittsburgh, PA 15212                            |                   | X                          |                     |                   |                          |                   |             |          |                  |
| Allegheny Center for Digestive Health<br>1307 Federal Street<br>PITTSBURGH,PA 15212       |                   | X                          |                     |                   |                          |                   |             |          |                  |
| AGH O utpatient Facility<br>133 Church Hill Road<br>McKees Rocks, PA 15136                |                   | X                          |                     |                   |                          |                   |             |          |                  |
| Sewickley Surgical Associates<br>133 Church Hill Road<br>McKees Rocks, PA 15237           |                   | X                          |                     |                   |                          |                   |             |          |                  |
| AGH Radiation Oncology<br>314 South Kimberly Avenue<br>Somerset, PA 15501                 |                   | X                          |                     |                   |                          |                   |             |          |                  |
| DaVita Dialysis Center<br>1136 Thorn Run Road<br>Moon Township, PA 15108                  |                   | X                          |                     |                   |                          |                   |             |          |                  |
| Century III Medical Associates<br>2027 Lebanon Church Road<br>West Mifflin, PA 15122      |                   | X                          |                     |                   |                          |                   |             |          |                  |
| AGH Neurosurgery<br>420 Wood Street<br>Clarion, PA 16214                                  |                   | X                          |                     |                   |                          |                   |             |          |                  |
| AGH McCandless Endoscopy Center<br>9335 McKnight Road<br>Pittsburgh, PA 15237             |                   | X                          |                     |                   |                          |                   |             |          |                  |
| Joslin Diabetes Center<br>100 Forest Hills Plaza<br>Pittsburgh, PA 15131                  |                   | X                          |                     |                   |                          |                   |             |          |                  |
| Forbes Hospice<br>2139 Broadhead Road<br>Aliquippa, PA 15001                              |                   | X                          |                     |                   |                          |                   |             |          |                  |
| Community Eye Care Associates<br>2027 Lebanon Church Road<br>West Mifflin, PA 15122       |                   | X                          |                     |                   |                          |                   |             |          |                  |
| Human Motion Rehabilitation<br>500 Blazier Drive<br>Wexford, PA 15090                     |                   | X                          |                     |                   |                          |                   |             |          |                  |
| Allegheny Orthopaedic Associates<br>59 Fort Couch Road<br>Pittsburgh, PA 15241            |                   | X                          |                     |                   |                          |                   |             |          |                  |
| Allegheny Orthopaedic Associates<br>400 Southpointe Boulevard<br>Canonsburg, PA 15317     |                   | X                          |                     |                   |                          |                   |             |          |                  |
| Human Motion Rehabilitation<br>133 Church Hill Road<br>Robinson Township, PA 15136        |                   | X                          |                     |                   |                          |                   |             |          |                  |
| Human Motion Rehabilitation<br>5140 Liberty Avenue<br>Pittsburgh, PA 15224                |                   | X                          |                     |                   |                          |                   |             |          |                  |
| Joslin Diabetes Center<br>5140 Liberty Avenue<br>Pittsburgh, PA 15224                     |                   | X                          |                     |                   |                          |                   |             |          |                  |
| Sports Medicine Services<br>5375 Route 8<br>Gibsonia, PA 15044                            |                   | X                          |                     |                   |                          |                   |             |          |                  |
| Human Motion Rehabilitation<br>2550 Mosside Boulevard<br>Monroeville, PA 15146            |                   | X                          |                     |                   |                          |                   |             |          |                  |
| AGH Outreach Laboratories<br>651 Holiday Drive<br>Pittsburgh, PA 15201                    |                   | X                          |                     |                   |                          |                   |             |          |                  |
| Pine Richland Radiology Outreach<br>5375 Wm Flynn Highway<br>Gibsonia, PA 15044           |                   | X                          |                     |                   |                          |                   |             |          |                  |
| AGH Imaging<br>500 Blazier Drive<br>Wexford, PA 15090                                     |                   | X                          |                     |                   |                          |                   |             |          |                  |
| AGH Imaging of Robinson<br>133 Church Hill Road<br>McKees Rocks, PA 15136                 |                   | X                          |                     |                   |                          |                   |             |          |                  |
| Century Medical Associates<br>133 Church Hill Road<br>McKees Rocks, PA 15136              |                   | X                          |                     |                   |                          |                   |             |          |                  |
| AGH Laboratory Patient Service Center<br>1307 Federal Street<br>Pittsburgh, PA 15212      |                   | X                          |                     |                   |                          |                   |             |          |                  |
| Allegheny General Hsp Physican Practices<br>490 East North Avenue<br>Pittsburgh, PA 15212 |                   | X                          |                     |                   |                          |                   |             |          |                  |
| AGH Laboratory Patient Sevice Center<br>5318 Ranalli Drive<br>Gibsonia, PA 15044          |                   | X                          |                     |                   |                          |                   |             |          |                  |
| Allegheny Imaging of McCandless<br>9335 McKnight Road<br>Pittsburgh, PA 15237             |                   | X                          |                     |                   |                          |                   |             |          |                  |
| West Penn Hospital Physician Practices<br>4815 Liberty Avenue<br>Pittsburgh, PA 15224     |                   | X                          |                     |                   |                          |                   |             |          |                  |
| Allegheny General Hpt Physician Practice<br>420 East North Avenue<br>Pittsburgh, PA 15212 |                   | X                          |                     |                   |                          |                   |             |          |                  |
| Institute For Pain Management<br>5124 Liberty Avenue<br>Pittsburgh, PA 15224              |                   | X                          |                     |                   |                          |                   |             |          |                  |
| Sleep Disorders - Sleep Lab<br>5140 Liberty Avenue<br>Pittsburgh, PA 15221                |                   | X                          |                     |                   |                          |                   |             |          |                  |
| AGH Outreach Laboratory<br>2550 Mosside Boulevard<br>Monroeville, PA 15146                |                   | X                          |                     |                   |                          |                   |             |          |                  |

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

West Penn Allegheny Health System, Inc does not issue separate audited financial statements, and therefore, a footnote does not exist. Bad debt expense is accounted for on a charge basis in our internal financial statements. A cost to charge ratio is applied to the internal figures to convert the charge to cost. It is the opinion of West Penn Allegheny Health System, Inc. management that because patients are often reluctant to complete the required charity care paperwork that an unquantifiable amount of charity care results in bad debt. Thus, it is our opinion that bad debt expense can be considered a justifiable component of uncompensated care.

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

West Penn Allegheny Health System, Inc takes the shortfall in Medicare into consideration in its provision of charity care and below cost services to the community The primary service area for West Penn Allegheny Health System, Inc is Allegheny County Allegheny County has the third largest percentage of adults age 65 or older in the United States The shortfall in Medicare subsidized by West Penn Allegheny Health System, Inc is a direct reflection of our commitment to the community and is a benefit to the community we serve The costing methodology used to determine the amount on line 6 is the Medicare Cost Report

**Form 990 Schedule H, Part VI - Supplemental Information, Line 2**

West Penn Allegheny Health System, Inc management and staff utilize multiple strategies to continually monitor and assess the health care needs of the communities it serves One approach to assessing needs involves surveying community members about health needs related to national and state health goals West Penn Allegheny Health System, Inc also acts on expressed community needs by responding to direct community requests for health screenings, outreach events and other health-related activities and by maintaining longstanding programs that are well attended and positively evaluated by community participants In addition, West Penn Allegheny Health System, Inc gathers community input through participation in area rotaries, chambers of commerce and through partnerships with community organizations Another means is through reviewing and taking appropriate actions on feedback gathered from the following sources routine market assessments, patient and family satisfaction surveys, Press Ganey surveys, patient, patient family and staffs' suggestions for improving patient safety, medical staff input and physician surveys

**Form 990 Schedule H, Part VI - Supplemental Information, Line 3**

West Penn Allegheny Health System, Inc displays signage that describes the charity care policy and process at each of our registration sites We also include information related to charity care in the patient brochures available at the registration sites A summary of our charity care policy is available on our internet page [www.wpahs.org](http://www.wpahs.org), as well as the actual application In addition, our internet page provides toll free telephone numbers that are available for patient inquiries concerning charity care Our counselors can assist individuals with the process of applying for charity care Our counselors can also assist patients in obtaining governmental assistance by helping identifying areas of assistance that they may qualify to obtain If we are unsuccessful in helping the patient qualify, we use outside consultants to work with the patients to further help the qualification process This is provided at no charge to the patient

**Form 990 Schedule H, Part VI - Supplemental Information, Line 4**

West Penn Allegheny Health System, Inc consists of four Hospital Campus locations Three campus locations are in the City of Pittsburgh, located in the North Side, Bloomfield and Bellevue and the fourth location is in the Municipality of Monroeville Collectively, we provide health care services to the residents of Pittsburgh and Monroeville The City of Pittsburgh has approximately 311,647 residents according to the latest U S Census Bureau measurement and the Municipality of Monroeville has approximately 28,000 residents All four Hospital campuses are located in Allegheny County Allegheny County consists of approximately 1,218,000 residents living in a land area of approximately 730 square miles The median housing value in Allegheny County is \$84,200

**Form 990 Schedule H, Part VI - Supplemental Information, Line 6**

West Penn Allegheny Health System, Inc promotes the health of the communities we service through the provision of a 24 hour emergency department located at every hospital available 7 days a week for everyone regardless of their ability to pay Allegheny General Hospital's lifeflight provides regional emergency helicopter and critical care ground transportation services for critically ill and injured individuals who need immediate specialized care Lifeflight is available 24 hours a day, 7 days a week The Pennsylvania Trauma Systems Foundation has designated Allegheny General Hospital as a Level I regional resource trauma center and the Western Pennsylvania Hospital as a Level II regional resource trauma center Both centers have capabilities in patient care, research and education of future medical professions A trauma surgeon is available 24 hours a day, 7 days a week to respond to patient needs We specialize in many forms of highly skilled and technical medical treatment These services are necessary to advance the healthcare of the communities we serve, therefore we undertake and subsidize the services with the understanding that they will result in a financial loss Our Hospitals have open medical staffs and the Board of Directors of West Penn Allegheny Health System, Inc is comprised of a majority of independent community members Further, we apply all surplus funds into the advancement of healthcare for the communities we serve The Hospitals also provide community benefits by contributing support to the community groups as described in the Community Benefit Report contained in Schedule O Please refer to the Community Benefit Report for further information

**Form 990 Schedule H, Part VI - Supplemental Information, Line 7**

West Penn Allegheny Health System (WPAHS) is comprised of some of the oldest and best-known names in health care in western Pennsylvania. From their inception, the system's hospitals have been in the vanguard of patient care, medical research and health sciences education. Comprised of two tertiary and four community hospitals, WPAHS includes Allegheny General Hospital and The Western Pennsylvania Hospital, both in Pittsburgh, Alle-Kiski Medical Center in Natrona Heights, Canonsburg General Hospital in Canonsburg, The Western Pennsylvania Hospital - Forbes Regional Campus in Monroeville, and Allegheny General Hospital - Suburban Campus in Bellevue. Offering a comprehensive range of medical and surgical services, the hospitals serve Pittsburgh and the surrounding five-state area, house nearly 2,000 beds and employ more than 11,000 people. Together, the WPAHS hospitals admit nearly 74,000 patients, log over 196,000 emergency visits and deliver more than 4,500 newborns each year. Combined, the hospitals are among the leaders in percentages of total surgeries, cardiac surgeries, neurosurgeries and cardiac catheterization procedures performed throughout the region. West Penn Allegheny Health System, Inc. serves as the flagship for the West Penn Allegheny Health System. Through our Allegheny General, Western Pennsylvania and Forbes Regional Campuses we provide exceptional education to the aspiring healthcare professionals of tomorrow. We fund research that is conducted through the research arm of the health system, known as Allegheny Singer Research Institute. We specialize in areas such as Burn Care at the West Penn Campus and our affiliation with other national organizations such as the Joslin Diabetes Center and the Jones Institute for Reproductive Medicine guarantees the best possible treatment for our patients.

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
West Penn Allegheny Health System Inc

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Employer identification number  
25-0969492

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------|---------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| See Additional Data Table                          |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |

2

Enter total number of section 501(c)(3) and government organizations . . . . .

15

3

Enter total number of other organizations . . . . .

0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|------------------------------------------------------|---------------------------------------|
| Scholarships                   | 15                      | 18,772                  |                                  |                                                      |                                       |
| See Additional Data Table      |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |

Part IV

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

| Identifier                                                 | Return Reference             | Explanation                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Procedures for Monitoring the use of Grant Funds In the US | Form 990, Schedule I, Page 1 | West Penn Allegheny Health System, Inc upper management analyzes requests for charitable disbursements on an ongoing basis Disbursements are rewarded to organizations that demonstrate a charitable purpose, a community benefit and who will put the use of the funds towards the charitable mission on which West Penn Allegheny Health System, Inc was founded |
|                                                            |                              |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                            |                              |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                            |                              |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                            |                              |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                            |                              |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                            |                              |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                            |                              |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                            |                              |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                            |                              |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                            |                              |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                            |                              |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                            |                              |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                            |                              |                                                                                                                                                                                                                                                                                                                                                                    |
|                                                            |                              |                                                                                                                                                                                                                                                                                                                                                                    |

Software ID:  
Software Version:  
EIN: 25-0969492  
Name: West Penn Allegheny Health System Inc

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

| (a) Name and address of organization or government                                  | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                    |
|-------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-------------------------------------------------------|
| Allegheny General Hospital Auxiliary320 East North Avenue Pittsburgh, PA 15212      | 23-2993372 | 501(c)(3)                          | 20,000                   |                                   |                                                       |                                        | To further the charitable mission of the organization |
| Forbes Health Foundation 2570 Haymaker Road Monroeville, PA 15146                   | 25-1798379 | 501(c)(3)                          | 5,875                    |                                   |                                                       |                                        | To further the charitable mission of the organization |
| American Heart Association 5455 North High Street Columbus, OH 43214                | 13-5613797 | 501(c)(3)                          | 50,500                   |                                   |                                                       |                                        | To further the charitable mission of the organization |
| Friends of Hopital Albert Schweitzer Haiti6740 Reynolds Street Pittsburgh, PA 15206 | 25-1841564 | 501(c)(3)                          | 12,500                   |                                   |                                                       |                                        | To further the charitable mission of the organization |
| Health Hope Network110 Liberty Avenue Pittsburgh, PA 152224240                      | 31-1748043 | 501(c)(3)                          | 6,450                    |                                   |                                                       |                                        | To further the charitable mission of the organization |
| Lupus Foundation of America 2000 L Street Washington, DC 20036                      | 43-1131436 | 501(c)(3)                          | 10,000                   |                                   |                                                       |                                        | To support the charitable mission of the organization |
| March of Dimes Foundation 5168 Campbells Run Road Pittsburgh, PA 15205              | 13-1846366 | 501(c)(3)                          | 23,000                   |                                   |                                                       |                                        | To support the charitable mission of the organization |
| National Ovarian Cancer Coalition6507 Wilkins Avenue Pittsburgh, PA 15217           | 65-0628064 | 501(c)(3)                          | 5,500                    |                                   |                                                       |                                        | To support the charitable mission of the organization |
| Pittsburgh Symphony Orchestra600 Penn Avenue Pittsburgh, PA 15222                   | 25-0986052 | 501(c)(3)                          | 15,000                   |                                   |                                                       |                                        | To support the charitable mission of the organization |
| Pirates Charities115 Federal Street Pittsburgh, PA 15212                            | 25-1840370 | 501(c)(3)                          | 12,000                   |                                   |                                                       |                                        | To support the charitable mission of the organization |

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

| (a) Name and address of organization or government                                      | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                          |
|-----------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------|
| Pittsburgh Parks Conservancy2000 Technology Drive Pittsburgh, PA 15219                  | 23-2882145 | 501(c)(3)                          | 6,000                    |                                   |                                                        |                                        | To support the charitable mission of the organization                       |
| Susan G Komen Breast Cancer Foundation1133 South Braddock Avenue Pittsburgh, PA 15218   | 13-1673104 | 501(c)(3)                          | 10,500                   |                                   |                                                        |                                        | To support the charitable mission of the organization                       |
| Leukemia & Lymphoma Society333 East Carson Street Pittsburgh, PA 15219                  | 25-1470766 | 501(c)(3)                          | 12,575                   |                                   |                                                        |                                        | To support the charitable mission of the organization                       |
| University of Pittsburgh Health Policy Institute130 Desoto Street Pittsburgh, PA 15261  | 25-0965591 | 501(c)(3)                          | 10,000                   |                                   |                                                        |                                        | To support the charitable mission of the organization                       |
| The Western Pennsylvania Hospital Foundation4800 Friendship Avenue Pittsburgh, PA 15224 | 25-1470766 | 501(c)(3)                          | 8,000                    |                                   |                                                        |                                        | To support The Healing Journey - a charitable undertaking of the Foundation |

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

West Penn Allegheny Health System Inc

Employer identification number

25-0969492

Part I

Questions Regarding Compensation

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |     |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes | No  |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |     |
|    | <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> |     |     |
| b  | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1b  | Yes |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2   | Yes |
| 3  | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |     |
|    | <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>                                                                                                                                                            |     |     |
| 4  | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |     |
| a  | Receive a severance payment or change-of-control payment?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4a  | Yes |
| b  | Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4b  | No  |
| c  | Participate in, or receive payment from, an equity-based compensation arrangement?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4c  | No  |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |     |
|    | Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |     |
| 5  | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |     |
| a  | The organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5a  | No  |
| b  | Any related organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5b  | No  |
|    | 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 organization pay or accrue any compensation contingent on the net earnings of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |     |
| a  | The organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6a  | No  |
| b  | Any related organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6b  | No  |
|    | 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 organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7   | No  |
| 8  | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III                                                                                                                                                                                                                                                                                                                                                                                                                                            | 8   | Yes |
| 9  | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9   | Yes |

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

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.

| Identifier                         | Return Reference     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Additional Compensation Disclosure | Form 990, Schedule J | <p>The following represents additional disclosure for Schedule J, line 1a pertaining to officers and key employees listed in Form 990, Part VII, Section A, Line 1a. During the June 30, 2010 fiscal year, multiple executives were provided tax gross-up payments and multiple executives received country club dues and a country club initiation fee. In all cases, these amounts were included in each individual's IRS Form W-2 and are reflected in the compensation amounts listed on Form 990, Part VII and Schedule J. The following represents additional disclosure for Schedule J, line 4a pertaining to officers and key employees listed in Form 990, Part VII, Section A, Line 1a receiving severance pay during the calendar year ended within the June 30, 2010 fiscal year end: Jerry Fedele \$252,175; Dawn Javersack \$102,025; James Rosenberg \$377,545; Philip Caushaj, MD \$369,547; Augustine Lopez \$43,750. The following represents additional disclosure for Schedule J, line 8 pertaining to amounts reported in Form 990, Part VII subject to the initial contract exception. During the June 30, 2010 fiscal year, multiple executives received compensation based upon their initial contract signed with West Penn Allegheny Health System. The amounts reported in Form 990, Part VII for these executives represent compensation paid subject to the initial contract exception described in Regs. Section 53.4958-4(a)(3). The following list represents Officers, Directors, or Key Employees of West Penn Allegheny Health System, Inc. listed on Form 990, Part VII who did not serve a full consecutive twelve month tenure for the year ended June 30, 2010 along with the dates served: Director: Evan Frazier 07-01-2009 - 11-01-2009; Officers: Sharon Loftus 07-01-2009 - 12-31-2009; Deborah Olszewski 01-28-2010 - 06-30-2010; Key Employees: Janice James 07-01-2009 - 09-30-2009; Augustine Lopez 07-01-2009 - 11-12-2009; Michael DeVita, MD 07-01-2009 - 11-30-2009; Gary Strong 07-01-2009 - 04-13-2010; Pamela Gallagher 10-12-2009 - 06-30-2010; Sanford Kurtz, MD 10-15-2009 - 06-30-2010; Gregory Burfitt 02-01-2010 - 06-30-2010; Reese Jackson 05-04-2010 - 06-30-2010. The following is additional information regarding disclosure on IRS Form 990, Part VII and Schedule J, Part II: Philip Caushaj, MD is a former employed physician of West Penn Allegheny Health System, Inc. He was not employed during the calendar year 2009, but the reportable compensation received by Philip Caushaj, MD in calendar year 2009 amounted to one of the five highest paid employees. He is disclosed in IRS Form 990, Part VII and Schedule J, Part II as both a former employee and one of the five highest paid employees of West Penn Allegheny Health System, Inc.</p> |

Software ID:

Software Version:

EIN: 25-0969492

Name: West Penn Allegheny Health System Inc

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

| (A) Name                  |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                          | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---------------------------|------|----------------------------------------------------|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|------------------------------------------------------------|
|                           |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other compensation |                           |                         |                                 |                                                            |
| David Parda MD            | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                           | (ii) | 691,803                                            | 85,000                              | 360                      | 11,862                    | 16,009                  | 805,034                         | 0                                                          |
| Patrick Demeo MD          | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                           | (ii) | 865,529                                            | 131,250                             | 552                      | 12,881                    | 12,209                  | 1,022,421                       | 0                                                          |
| George Magovern MD        | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                           | (ii) | 614,353                                            | 0                                   | 1,032                    | 14,188                    | 13,359                  | 642,932                         | 0                                                          |
| Tony Farah MD             | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                           | (ii) | 588,905                                            | 0                                   | 552                      | 11,658                    | 13,408                  | 614,523                         | 0                                                          |
| Thomas McClure MD         | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                           | (ii) | 273,971                                            | 34,446                              | 1,032                    | 13,128                    | 13,211                  | 335,788                         | 0                                                          |
| Christopher Olivia MD     | (i)  | 1,261,933                                          | 500,000                             | 117,566                  | 12,435                    | 15,604                  | 1,907,538                       | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Roy Santarella            | (i)  | 765,721                                            | 325,000                             | 127,201                  | 13,965                    | 19,822                  | 1,251,709                       | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Thomas Albanesi           | (i)  | 272,366                                            | 41,250                              | 360                      | 10,725                    | 10,829                  | 335,530                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Judy Hlafcsak             | (i)  | 424,098                                            | 143,160                             | 45,501                   | 10,744                    | 6,212                   | 629,715                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Sharon Loftus             | (i)  | 281,643                                            | 0                                   | 909                      | 13,004                    | 2,472                   | 298,028                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Jerry Fedele              | (i)  | 0                                                  | 0                                   | 252,175                  | 1,133                     | 0                       | 253,308                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Dawn Javersack            | (i)  | 0                                                  | 0                                   | 102,025                  | 0                         | 0                       | 102,025                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| James Rosenberg           | (i)  | 0                                                  | 0                                   | 417,065                  | 172,779                   | 7,139                   | 596,983                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Deborah Olszewski         | (i)  | 165,729                                            | 41,400                              | 600                      | 10,403                    | 1,666                   | 219,798                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| John Foley                | (i)  | 337,115                                            | 85,000                              | 360                      | 10,697                    | 17,993                  | 451,165                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| David Kiehn               | (i)  | 430,093                                            | 67,500                              | 12,497                   | 9,800                     | 9,753                   | 529,643                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Sanford Kurtz MD          | (i)  | 204,133                                            | 100,000                             | 44,134                   | 0                         | 1,898                   | 350,165                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Dawn Gideon               | (i)  | 710,008                                            | 57,500                              | 67,625                   | 9,800                     | 11,395                  | 856,328                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Michael DeVita MD         | (i)  | 241,263                                            | 15,000                              | 414                      | 230,217                   | 5,954                   | 492,848                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| William Edmondson         | (i)  | 297,104                                            | 0                                   | 360                      | 10,591                    | 12,976                  | 321,031                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Jim Woods                 | (i)  | 332,106                                            | 0                                   | 0                        | 0                         | 0                       | 332,106                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Margaret McCormick Barron | (i)  | 232,893                                            | 90,000                              | 500                      | 10,394                    | 13,975                  | 347,762                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Janice James              | (i)  | 372,000                                            | 0                                   | 0                        | 0                         | 0                       | 372,000                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Gary Strong               | (i)  | 212,972                                            | 70,000                              | 8,806                    | 0                         | 6,649                   | 298,427                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Augustine Lopez           | (i)  | 451,002                                            | 0                                   | 43,861                   | 1,094                     | 2,909                   | 498,866                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| James Kanuch              | (i)  | 136,886                                            | 26,105                              | 108                      | 5,877                     | 8,010                   | 176,986                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Denzil Rupert             | (i)  | 246,914                                            | 31,250                              | 312                      | 8,651                     | 9,446                   | 296,573                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Sherry Zisk               | (i)  | 310,286                                            | 38,726                              | 299                      | 15,516                    | 13,560                  | 378,387                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Thomas Moser              | (i)  | 274,546                                            | 50,583                              | 360                      | 10,514                    | 3,709                   | 339,712                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| David Lerberg MD          | (i)  | 215,159                                            | 0                                   | 2,511                    | 15,234                    | 12,281                  | 245,185                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Mark Rubino MD            | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                           | (ii) | 453,320                                            | 3,482                               | 552                      | 11,250                    | 11,115                  | 479,719                         | 0                                                          |
| Judy Zedreck              | (i)  | 223,918                                            | 28,150                              | 488                      | 10,504                    | 13,959                  | 277,019                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| John Lister MD            | (i)  | 548,839                                            | 200,000                             | 1,032                    | 11,519                    | 7,883                   | 769,273                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Venkatraman Srinivasan MD | (i)  | 696,249                                            | 124,164                             | 1,032                    | 15,580                    | 12,502                  | 849,527                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Robert Mendicino MD       | (i)  | 705,483                                            | 69,106                              | 360                      | 11,863                    | 14,809                  | 801,621                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Syed Husaini MD           | (i)  | 667,480                                            | 115,683                             | 1,032                    | 15,579                    | 12,209                  | 811,983                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Philip Caushaj MD         | (i)  | 0                                                  | 0                                   | 827,864                  | 0                         | 0                       | 827,864                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| Sheran Shipley            | (i)  | 164,671                                            | 45,355                              | 1,787                    | 13,285                    | 11,067                  | 236,165                         | 0                                                          |
|                           | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |

|                          |                                                                                                                                                                                                                                                                                                      |  |                           |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------|
| Schedule K<br>(Form 990) | <div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).<br/>▶ Attach to Form 990. ▶ See separate instructions.</div> |  | OMB No 1545-0047          |
|                          |                                                                                                                                                                                                                                                                                                      |  | 2009                      |
|                          |                                                                                                                                                                                                                                                                                                      |  | Open to Public Inspection |

|                                                                   |                                              |
|-------------------------------------------------------------------|----------------------------------------------|
| Department of the Treasury<br>Internal Revenue Service            |                                              |
| Name of the organization<br>West Penn Allegheny Health System Inc | Employer identification number<br>25-0969492 |

Part I Bond Issues

| (a) Issuer Name                                   | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Price | (f) Description of Purpose | (g) Defeased |    | (h) On Behalf of Issuer |    |
|---------------------------------------------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|
|                                                   |                |             |                 |                 |                            | Yes          | No | Yes                     | No |
| A Allegheny County Hospital Development Authority | 25-1327925     | 01728AG83   | 06-19-2007      | 758,726,273     | See Schedule O             |              | X  |                         | X  |

Part II Proceeds

| 1  | Total proceeds of issue                                                                                | A           |    | B |  | C |  | D |  | E |  |
|----|--------------------------------------------------------------------------------------------------------|-------------|----|---|--|---|--|---|--|---|--|
|    |                                                                                                        | 758,726,273 |    |   |  |   |  |   |  |   |  |
| 2  | Gross proceeds in reserve funds                                                                        | 54,350,425  |    |   |  |   |  |   |  |   |  |
| 3  | Proceeds in refunding or defeasance escrows                                                            | 605,198,542 |    |   |  |   |  |   |  |   |  |
| 4  | Other unspent proceeds                                                                                 | 59,939,342  |    |   |  |   |  |   |  |   |  |
| 5  | Issuance costs from proceeds                                                                           | 15,174,525  |    |   |  |   |  |   |  |   |  |
| 6  | Working capital expenditures from proceeds                                                             | 0           |    |   |  |   |  |   |  |   |  |
| 7  | Capital expenditures from proceeds                                                                     | 76,902,704  |    |   |  |   |  |   |  |   |  |
| 8  | Year of substantial completion                                                                         | 2011        |    |   |  |   |  |   |  |   |  |
|    |                                                                                                        | Yes         | No |   |  |   |  |   |  |   |  |
| 9  | Were the bonds issued as part of a current refunding issue?                                            | X           |    |   |  |   |  |   |  |   |  |
| 10 | Were the bonds issued as part of an advance refunding issue?                                           | X           |    |   |  |   |  |   |  |   |  |
| 11 | Has the final allocation of proceeds been made?                                                        |             | X  |   |  |   |  |   |  |   |  |
| 12 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X           |    |   |  |   |  |   |  |   |  |

Part III Private Business Use

|                                                                                                                              | A   |    | B   |    | C   |    | D   |    | E   |    |
|------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|-----|----|
|                                                                                                                              | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? |     | X  |     |    |     |    |     |    |     |    |
| 2 Are there any lease arrangements with respect to the financed property which may result in private business use?           | X   |    |     |    |     |    |     |    |     |    |

Part III

Private Business Use (Continued)

|    |                                                                                                                                                                                                                                      | A       |    | B   |    | C   |    | D   |    | E   |    |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----|-----|----|-----|----|-----|----|-----|----|
|    |                                                                                                                                                                                                                                      | Yes     | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts with respect to the financed property which may result in private business use?                                                                                                        | X       |    |     |    |     |    |     |    |     |    |
| 3b | Are there any research agreements with respect to the financed property which may result in private business use?                                                                                                                    |         | X  |     |    |     |    |     |    |     |    |
| 3c | Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?                                                 | X       |    |     |    |     |    |     |    |     |    |
| 4  | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government                                                                      | 0 890 % |    |     |    |     |    |     |    |     |    |
| 5  | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government |         |    |     |    |     |    |     |    |     |    |
| 6  | Total of lines 4 and 5                                                                                                                                                                                                               | 0 890 % |    |     |    |     |    |     |    |     |    |
| 7  | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?                                                                                          | X       |    |     |    |     |    |     |    |     |    |

Part IV

Arbitrage

|    |                                                                                                                                          | A                   |    | B   |    | C   |    | D   |    | E   |    |
|----|------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----|-----|----|-----|----|-----|----|-----|----|
|    |                                                                                                                                          | Yes                 | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1  | Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? |                     | X  |     |    |     |    |     |    |     |    |
| 2  | Is the bond issue a variable rate issue?                                                                                                 |                     | X  |     |    |     |    |     |    |     |    |
| 3a | Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?              |                     | X  |     |    |     |    |     |    |     |    |
| b  | Name of provider                                                                                                                         |                     |    |     |    |     |    |     |    |     |    |
| c  | Term of hedge                                                                                                                            |                     |    |     |    |     |    |     |    |     |    |
| 4a | Were gross proceeds invested in a GIC?                                                                                                   | X                   |    |     |    |     |    |     |    |     |    |
| b  | Name of provider                                                                                                                         | HYPO Public Finance |    |     |    |     |    |     |    |     |    |
| c  | Term of GIC                                                                                                                              | 3                   |    |     |    |     |    |     |    |     |    |
| d  | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?                                              | X                   |    |     |    |     |    |     |    |     |    |
| 5  | Were any gross proceeds invested beyond an available temporary period?                                                                   | X                   |    |     |    |     |    |     |    |     |    |
| 6  | Did the bond issue qualify for an exception to rebate?                                                                                   |                     | X  |     |    |     |    |     |    |     |    |

SCHEDULE O

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public  
Inspection

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

| Identifier                                   | Return Reference           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| Statement of Program Service Accomplishments | Form 990, Page 2, Part III | <p>INTRODUCTION TO WEST PENN ALLEGHENY HEALTH SYSTEM, INC West Penn Allegheny Health System, Inc (WPAHS, Inc ) is part of the West Penn Allegheny Health System (WPAHS) Organized in 2000, WPAHS (w w w w p a h s o r g) is comprised of West Penn Allegheny Health System, Inc (WPAH S, Inc ), Alle-Kiski Medical Center (AKMC), Canonsburg General Hospital (CGH), Allegheny M edical Practice Netw ork (AMPN), Allegheny Specialty Practice Netw ork (ASPN), Allegheny-Sin ger Research Institute (ASRI), West Penn Physician Practice Netw ork (WPPPN), West Penn All egheny Oncology Netw ork (WPAON) Canonsburg General Hospital Ambulance Service, Inc (CGH A mbulance), Alle-Kiski Medical Center Trust (AKMC Trust), Forbes Health Foundation (FHF) an d The Western Pennsylvania Hospital Foundation (WPHF) This affiliation ensures that WPAHS , Inc area residents have access to a complete continuum of health care services Through appropriate integration across the System both clinically and operationally, our Hospital s are able to remain a high quality, low -cost provider w ith linkages to the latest medical research and advanced technology WPAHS was created on January 1, 2008 as a result of the merger of West Penn Allegheny Health System, Inc , EIN 25-1848306 and Allegheny General Hospital, EIN 25-1322626 w ith and into The Western Pennsylvania Hospital, EIN 25-0969492 Immediately follow ing the merger the Western Pennsylvania Hospital changed its name to West Penn Allegheny Health System, Inc West Penn Allegheny Health System, Inc consists of the follow ing four hospital campuses Allegheny General Hospital (WPAHS, Inc - AGC), Sub urban General Hospital (WPAHS, Inc -SGC), The Western Pennsylvania Hospital - Forbes Regi onal Campus (WPAHS, Inc - FRC) and the Western Pennsylvania Hospital (WPAHS, Inc - WPC) Because each hospital does numerous charitable activities for the communities w e serve, w e feel best served by presenting the Statement of Program Service Accomplishments for each hospital separately For this disclosure w e have incorporated the charitable w ork of the WPAHS, Inc - SGC into the Statement of Program Service Accomplishments for WPAHS, Inc - AGC due to the close w orking relationship both hospital campuses enjoy In total, w e w ill present the Statement of Program Service Accomplishments for WPAHS, Inc - AGC, WPAHS, Inc - WPC and WPAHS, Inc - FRC PURPOSE AND MISSION West Penn Allegheny Health System, Inc is an organization defined by our talented people We are an organization committed to ex cellence, an organization w ith one purpose and one mission Our purpose is to improve the health of the people in the Western Pennsylvania region Our mission is to practice medic i ne, educate and conduct research as an integrated team of physicians, nurses and support p rofessionals w ho are committed to improving the health of our patients SUPPORT OF EDUCATI ON The hospitals of WPAHS, Inc , are extremely dedicated to providing financial support fo r the education of healthcare professionals During Fiscal 2010, in addition to the health professions education activities highlighted later in this document, \$61,626,878 was unde rw ritten by WPAHS, Inc in support of education Among the activities supported w ere the t raining of medical interns and residents, the operation of tw o nursing schools and trainin g programs for students enrolled in the schools of respiratory, radiology and pharmacy WP AHS, Inc also upholds an affiliation w ith both Temple University and the Drexel Universit y College of Medicine in an effort to ensure the solid education of our healthcare profess ionals of the future UNCOMPENSATED CARE To enhance the health status of the community in w hich it operates and consistent w ith its tax-exempt status, WPAHS, Inc provides needed h ealth care services to individuals regardless of their ability to pay for all or part of t he services rendered These services include both inpatient and outpatient services as w ell as an emergency room that is available 24 hours a day Consistent w ith the filing of Sch edule H, the components of uncompensated care include charity care at cost and unreimburse d Medicaid WPAHS, Inc provided uncompensated care at a cost of \$37,340,146 in Fiscal 201 0 broken dow n as follow s Unreimbursed Medicaid \$34,155,359 Charity Care 3,184,787 _____ Total \$37,340,146 SUBSIDIZED HEALTH SERVICES Subsidized health services represent tho se programs provided to the community by WPAHS, Inc despite the fact the Hospitals incur a financial loss to do so WPAHS, Inc recognizes the need of its community and voluntaril y subsidizes these programs in support of its charitable m ission Among the subsidized hea lth services provided by WPAHS, Inc is the operation of the emergency department, lifefl ight operation and drug and alcohol abuse treatment Consistent w ith the filing of Schedule H, WPAHS, Inc provided subsidized health services at a cost of \$14,854,454 in Fiscal 201 0 INTRODUCTION TO ALLEGHENY GENERAL HOSPITAL Foun</p> |

| Identifier                                   | Return Reference           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| Statement of Program Service Accomplishments | Form 990, Page 2, Part III | <p>ded in 1885 on Pittsburgh's historic North Side, West Penn Allegheny Health System, Inc - Allegheny General Hospital Campus (WPAHS, Inc - AGC) has earned an international reputat ion for excellence and innovation in the care of patients, medical education and research Serving Pittsburgh and the surrounding five-state area, the 720 bed (combined campus) aca demic health center offers a wide array of medical and surgical services as well as an eme rgency room open 24 hours a day 7 days a week open to everyone regardless of their ability to pay WPAHS, Inc - AGC has historically won and continues to win both national and inte rnational recognition and awards for its programs in numerous specialty areas As one of t he largest tertiary facilities in the region, the 661 bed WPAHS, Inc - AGC main campus and its 59 bed Suburban Campus in nearby Bellevue offers the most advanced care available in other specialty areas as well, including colorectal surgery, diagnostic and interventiona l radiology, emergency medicine, endocrinology, gastroenterology, general surgery, allergy /immunology, anesthesiology/pain medicine, internal medicine, bariatric/w eight loss surger y, minimally invasive surgery, neonatology, nephrology, gynecology, cardiology, cardiothor acic surgery, ophthalmology, otorhinolaryngology, pediatrics, psychiatry, critical care me dicine, infectious disease, oncology, pathology and laboratory medicine, reproductive medi cine and infertility, vascular surgery, urogynecology, maternal and fetal medicine, pulmon ary medicine, radiation oncology, rheumatology, transplant surgery, oral and maxillofacial surgery, dental medicine and nutrition The hospital's highly acclaimed physicians are le aders in a vast array of specialty areas WPAHS, Inc - AGC specialists in cardiology and cardiothoracic surgery have been recognized among the nation's best for their experience and achievements in providing superior heart care With the opening of Gerald McGinnis Card iovascular Institute, these specialists can now offer a more streamlined pathway of care f or treating cardiac and vascular diseases Patients can receive the latest and most innova tive therapies, as well as diagnostic and educational services, in one convenient location</p> |

| Identifier                                               | Return Reference           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| Statement of Program Service Accomplishments - Continued | Form 990, Page 2, Part III | <p>Neurologists and neurosurgeons at WPAHS, Inc - AGC are advancing groundbreaking, effective treatments for stroke, epilepsy, movement disorders and disorders of the peripheral nerves and muscles. The Hospital's neuroscience programs were collectively recognized as a Neuroscience Center of Excellence. Designated as a Primary Stroke Center by the Joint Commission, WPAHS, Inc - AGC offers a dedicated Stroke Unit that serves as the primary destination for stroke patients admitted to the hospital, providing highly specialized acute care for ischemic and hemorrhagic stroke, including the post-operative care of patients who undergo interventional stroke procedures. The WPAHS, Inc - AGC Cancer Center is one of the nation's most advanced facilities, offering patients access to state-of-the-art programs for the complete spectrum of malignant disease, including centers for lung, esophageal, prostate, breast, colon and rectal, liver, brain, pancreatic, gynecologic, head and neck, and blood-borne cancers. WPAHS, Inc - AGC is the gateway to some of the most prominent research into breast and colorectal cancer treatment and prevention through studies conducted by the National Surgical Adjuvant Breast and Bowel Project. The cancer research initiative, supported by the National Cancer Institute, is based on the WPAHS, Inc - AGC and coordinates the efforts of more than 6,000 medical professionals in the study of breast and bowel cancer. WPAHS, Inc - AGC was the first in the region to receive designation as a Level I Shock Trauma Center, which is the highest designation available, and its Life Flight aeromedical service was the first to fly in the northeastern United States. WPAHS, Inc - AGC Bariatric Surgery Center was named a Center for Excellence by the American Society of Bariatric Surgery - a designation that recognizes surgical programs with a demonstrated track record of favorable outcomes in bariatric surgery. Health care industry experts consider the hospital among the country's best in orthopedics for patient care and for being on the forefront of design, development and introduction of new orthopedic technology. During 2010 WPAHS, Inc - AGC was named a Highmark Blue Distinction Center for spine surgery by Highmark Blue Cross/Blue Shield as well as a Highmark Blue Distinction Center for hip and knee replacement surgery. The Hospital's highly regarded sports medicine program serves as the official medical provider for the Pittsburgh Pirates professional baseball club. The Hospital also supports and directs numerous scholastic sports medicine programs. During FY 2010 inpatient obstetrical services at WPAHS, Inc - AGC was transitioned to WPAHS, Inc - Western Pennsylvania Campus (WPC) and all deliveries are performed at WPC. AGC continues to provide gynecological services and outpatient obstetrical services. Also during FY2010, the AGC inpatient psychiatry services were transitioned to WPAHS, Inc - FRC which has 40 beds. Outpatient psychiatry remains at AGC as well as inpatient psychiatry consult service. AGC has a longstanding successful partnership with the Northside Community and celebrated its 20th anniversary in 2010. AGC provides many programs, services and community benefit activities to Pittsburgh's Northside in the areas of reinvestment, mortgage and marketing, workforce home benefit, education programs and health improvement programs. WPAHS, Inc - SGC is a 59 bed acute care community hospital that offers its services in a community setting. WPAHS, Inc - SGC medical programs include a strong spectrum of primary care services, as well as cardiology gastroenterology and pulmonary services. Surgical specialties are well represented with physician specialists in such areas as general surgery, orthopedics, ophthalmology, otolaryngology, urology, and plastic surgery. The hospital has an active emergency room, seeing over 20,000 patients per year. WPAHS, Inc - SGC also houses inpatient pediatric services, the Institute for Advanced Pain Medicine, and an imaging center offering radiological services, bone densitometry, CT and other imaging services. In addition, the Hospital offers occupational, physical and speech therapies.</p> |

| Identifier                                               | Return Reference           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| Statement of Program Service Accomplishments - Continued | Form 990, Page 2, Part III | <p>Suburban General Hospital (WPAHS, Inc - SGC) provides multiple health screening and educational programs for the Bellevue and surrounding Northern Pittsburgh communities. Physicians and other healthcare providers facilitate sessions aimed at improving health and injury prevention. Sessions are offered at the Suburban General Hospital (WPAHS, Inc - SGC) as well as in collaboration with other local community groups and partners. A long-standing commitment to education and research remains a cornerstone of WPAHS, Inc - AGC philosophy, as evidenced by it serving as a regional campus of the Philadelphia-based Drexel University College of Medicine and ongoing, innovative research studies in the neurosciences, medical oncology, human genetics, cardiovascular and pulmonary diseases, orthopedics and trauma. During FY 2010, WPAHS, Inc - AGC and WPAHS, Inc - SGC combined to admit over 27,000 patients and logs over 50,000 emergency visits and 26,000 surgical procedures. Over 800 physicians and 4,500 employees share the hospital's commitment to excellence in patient care, medical education and research.</p> <p><b>COMMUNITY ASSESSMENT</b> Community Health Improvement Services and Community Benefit Operations. Community health improvement services and community benefit operations include activities carried out to improve community health. They extend beyond patient care to include activities that are subsidized by the Hospital. The activities range from community health clinics and screenings to health education programs designed to raise community awareness of various healthcare topics and issues. As a division of WPAHS, Inc and consistent with the filing of the WPAHS, Inc Schedule H, WPAHS, Inc - AGC provided these services at a cost of \$164,364 in Fiscal 2010.</p> <p><b>WOMEN, INFANTS &amp; CHILDREN Walk to Win Program</b> - The Walk to Win program aims to promote physical activity in grade school children and teach them about the dangers of childhood obesity and the beneficial effect of walking for exercise. The program's goal is simple - promote more physical activity in youths. At the conclusion of the program, each participating elementary school is presented with an educational grant to be used in support of physical education.</p> <p><b>Women's Health Awareness Day</b> - WPAHS, Inc - AGC hosts an informative and educational morning of lectures highlighting women's health and how to maintain an active and satisfying lifestyle at any age. Stroke risk and blood pressure screenings were conducted free of charge at this event.</p> <p><b>National Nutrition Month</b> - WPAHS, Inc - AGC Registered Dietitians designed educational events throughout the month of March focusing on the theme of "Nutrition from the Ground Up" for patients, and other Hospital visitors. Patients received educational materials two times a week on their breakfast trays throughout the month and a guessing game was featured in the Cafeteria and patrons were asked to guess the calories in a jar of Trail Mix. A supermarket tour took place at a local grocery store to emphasize tips to shop for nutrient dense foods. Approximately 150 individuals benefited from this activity.</p> <p><b>High School Open Heart Surgery Observation Program</b> - More than 1,000 area high school students and their teachers have participated in the McGinnis Open Heart Surgery Observation program. The program provides students with an opportunity to view real-time open heart surgery, meet with cardiac surgeons and other health care professionals in the operating room, and solidify many students' interest in the field of medicine and surgery, including becoming a physician, anesthesiologist, nurse, physician's assistant, perfusionist or operating room technician.</p> |

| Identifier                                               | Return Reference           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Statement of Program Service Accomplishments - Continued | Form 990, Page 2, Part III | <p>Mr. Skeleton &amp; The Five Senses - A kindergarten class at a local elementary school participated in a three day field trip to WPAHS, Inc - AGC. The students rotated through various hands-on activity stations to promote learning of the human skeleton and the five senses. This program complimented the material the students were studying in class. Students were given a coloring book illustrating the day's learning. This program was offered free of charge to the school.</p> <p>North Fayette Township Kids Summer Camp - WPAHS, Inc - AGC promotes a kids summer camp in a near-by township. This event also allows public safety organizations such as police and fire departments to interact with the children. The goal is to introduce positive role models into the children's lives and give them an opportunity to meet, interact and learn about the role these individuals play in the community.</p> <p>North Huntingdon Kids Safety Day - Kids Safety Day is a free injury and illness prevention program for Children age 0-13 presented by North Huntingdon Rescue Services in conjunction with WPAHS, Inc - AGC, North Huntingdon Township Parks and Recreation, North Huntingdon Fire and Police Departments and the Westmoreland County Department of Public Safety. Participants will learn about many topics including home fire safety, internet safety, stranger danger and many others.</p> <p>Student Disability Tour - The WPAHS, Inc - AGC Director of Food &amp; Nutrition Services &amp; the Food and Nutrition Production Manager, provided information and a tour of the Department to a group of high school students with disabilities. In addition to the tour, a description of services provided to patients &amp; employees was provided.</p> <p>Start on Success Program - WPAHS, Inc - AGC served as a mentor for a local High School Student as part of the "Start on Success" program. The student spends a total of two days with individuals at WPAHS, Inc - AGC.</p> <p>COMMUNITY HEALTH EDUCATION Regional and National Event Participation - WPAHS, Inc - AGC participated in local and national events by maintaining a booth and handing out educational materials and free merchandise. The events we participated in include the following: American Heart Association Heart Walk, Senior Expo at Washington Crown Center, Hearts in the Park, Go Red Luncheon, Race for a Cure, Big Blue Quest, St. Patrick's Day Festival and Parade, Peters Township Community Day, Canonsburg 4th of July Parade, Charters Community Days, African American Kingdom Health Fair and the Health &amp; Safety Fair at Consol Energy Center.</p> <p>4th Annual Stroke Survivor &amp; Caregiver Symposium - This annual symposium is presented by the Health Hope Network for stroke professionals, survivors, caregivers. A WPAHS, Inc - AGC physician participates in the Symposium as well as participating as board member and planning committee member.</p> |

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| Statement of Program Service Accomplishments - Continued | Form 990, Page 2, Part III | <p>Diabetes Mellitus The Silent Killer - WPAHS, Inc - AGC physician was the leader of a discussion on diabetes The discussion included detecting risk factors, treatment options and the health consequences of untreated diabetes Lecture will be followed by an informal question and answer period Dollar Savings Bank - Lecture - A Lunch and Learn lecture program was provided for Dollar Savings Bank on health promotion, trauma prevention and stress management Eleven employees and the HR manager attended the lecture provided at no cost to Dollar Savings Bank Real Solutions For Real Pain - A WPAHS, Inc - AGC physician leads the discussion geared towards optimizing current pain therapies Following the discussion, the physician along with a panel of clinical nurse specialists board certified in pain management, are available for questions Stress Management - A WPAHS, Inc - AGC physician discusses stress, its effect on mental and physical health, and strategies for managing your stress Beverages were provided free of charge to the 32 people in attendance for this lecture Annual Transplant Seminar - A registered dietitian affiliated with the WPAHS, Inc - AGC dialysis centers discussed the role of the dietitian when working with Renal Transplant candidates and the most common recommended dietary changes Dean Ornish Program Maintenance Class - A WPAHS, Inc - AGC registered dietitian facilitated a class to review the Diabetic Diet and Medications to treat diabetes and the effect of diet and medications in reducing cardiovascular risk factors Living with Neurological Disorders - A WPAHS, Inc - AGC registered dietitian reviewed nutrition concerns of neurological disorders and recommended interventions and dietary modifications to ensure adequate nutrition and hydration as the disorders progress Smart Food Choices When Eating Away From Home - Members of the WPAHS, Inc - AGC dietary department facilitated a class titled "Intelligent versus Emotional Food Selections when Eating Away from Home " Class participants were asked to work in three teams and to design a meal plan using three popular restaurant menus that met calorie and protein goals consistent with the diets they follow at home The goal of the activity was to demonstrate possible healthy menu choices are available when dining away from home if individuals plan menus in advance Healthy Holiday Eating - WPAHS, Inc - AGC employees discuss strategies for getting through the holidays, including some healthier substitutions for your favorite recipes A question and answer period follows the presentation Understanding Diabetes - This lecture includes discussion of who is at risk, screening methods, the importance of early detection, and treatment options for diabetes An informal question and answer period follows the lecture 20 Weeks To A Better You - Do You Have The Life You Want - In this overview of health and wellness, a WPAHS, Inc - AGC Registered Nurse will discuss all aspects of wellness and health, the mind-body connection, and happiness Participants will discover healthy habits they are already practicing and determine habits they would like to establish This program will assist participants to develop a road map for how to get from present state to desired life This program is offered at no cost and is open to any interested member of the community What The Heck Is Integrated Medicine - A WPAHS, Inc - AGC physician provided a presentation to discuss Integrated Medicine, how it is used and who can benefit An informal question and answer period was provided following the lecture Health &amp; Wellness - Where Are You Going - This class, presented by a WPAHS, Inc - AGC Registered Nurse will examine how good goals can push you forward and bad ones set you back Class participants will choose goals and decide on different ways to measure success This program is offered at no cost and is open to any interested member of the community H2O The Nutritional Secret Weapon - This lecture, presented by a WPAHS, Inc - AGC physician will discuss the crucial role water plays in the function of major organs of the body This program is offered at no cost and is open to any interested member of the community</p> |

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| Statement of Program Service Accomplishments - Continued | Form 990, Page 2, Part III | <p>Fall Prevention &amp; Home Safety - Injury Prevention Program - This lecture includes a virtual tour of the home and discussion by a licensed therapist of hazards that are often overlooked, but easy to fix. This lecture was offered at no cost to any interested member of the community and was provided at the Lutheran Services Society Prime Time Senior Center.</p> <p>Reading Food Labels 101 - A WPAHS, Inc. - AGC physician provides this lecture regarding clarification and education of the nutrition information listed on food labels and discussion of how to use this information to make healthy selections in the grocery store.</p> <p>Stress is Relaxation Backward - This lecture was given by a WPAHS, Inc. - AGC employee and it pertains to the potential dangers and hazards of stress in your life. This program was offered at no cost and open to the public.</p> <p>20 Week Challenge - Measurement Session - Participants were provided with free vital statistic measurement sessions to record height, weight, BMI, waist measurement, blood pressure, respirations, Mood Index, and Cognitive Profile. Community members were provided with educational seminars on health behaviors, encouraged to practice these behaviors, and then to attend measurement sessions at five week intervals throughout the program to track progress. This service was provided at no cost for participants.</p> <p>Matters of the Heart - This lecture, presented by a WPAHS, Inc. - AGC physician included discussion of heart disease, signs and symptoms of heart attack, and prevention strategies. The program is provided at no cost.</p> <p>Dietary Supplements - This lecture includes general guidelines for supplement use, information about the most commonly used supplements, and discussion of the supplements almost everyone would benefit from taking. This program is offered at no cost and is open to any interested member of the community.</p> <p>How You Eat Matters - Recognizing how and why you eat are essential to changing your mindset about food and your eating habits. Healthy people do think differently about food - learn how. This program is offered at no cost and is open to any interested member of the community.</p> <p>Healthier Eating Habits - Many of us are trying to make healthy food choices, but the food industry makes it hard. Learn about the most common mistakes people make in their food choices and eating habits and how you can make a few easy changes that will help you shed pounds, feel better, and live healthier. This program is offered at no cost and is open to any interested adult in the community.</p> <p>Stroke Awareness Presentation - A WPAHS, Inc. - AGC rehabilitation manager gave this presentation which included a discussion of who is at risk for stroke, signs and symptoms of stroke, and what can be expected of the Rehabilitation process following a stroke. This program is offered at no cost and is open to any interested member of the community.</p> <p>Stroke - Time Is Brain - This presentation, given by a WPAHS, Inc. - AGC Rehabilitation Manager included discussion of who is at risk for stroke, signs and symptoms of stroke, and what can be expected from the rehabilitation process following a stroke. This presentation is offered at no cost and is open to any interested member of the community.</p> <p>Healthy Living - This presentation will provide an assessment screen to help you determine if you are at risk for stroke, discuss signs of symptoms of stroke, and discuss what can be expected from the rehabilitation process following a stroke. This program is offered at no cost and is open to any interested member of the community.</p> <p>20 Weeks To A Better You - We often lose steam a few weeks into making healthy changes. Learn some tips and strategies to boost your enthusiasm, stay motivated, and achieve what you set out to do. This program is offered at no cost and is open to any interested member of the community.</p> <p>Doctor's Advice On Managing Your Prescription Medications - The lecture was provided at the request of a Senior Center by a WPAHS, Inc. - AGC physician on the topic of "Doctor's Advice on Managing Your Prescription Medications". This lecture is provided at no cost and is open to any interested adult in the community.</p> <p>What Did I Come Here For - This presentation will identify and describe the difference between normal aging, mild cognitive impairment and dementia. Additionally, methods for promoting a healthy lifestyle and protecting against cognitive decline will be discussed. This program is offered at no cost and is open to any interested member of the community.</p> <p>Not All Activities Are Created Equal - In this presentation, a WPAHS, Inc. - AGC Registered Nurse will discuss how to match your exercise activities to your exercise goals. Some activities are better suited for different outcomes. This program is offered at no cost and is open to any interested member of the community.</p> <p>Discover The Exercise You Love - In this class, participants will take a self assessment to discover which types of exercise they will</p> |

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| Statement of Program Service Accomplishments - Continued | Form 990, Page 2, Part III | <p>most enjoy A WPAHS, Inc - AGC Registered Nurse will also discuss how to select the type of exercise that matches your goals This class is offered at no cost and is open to any interested member of the community Components of a Good Exercise Program- This presentation was provided in order to discuss what you can do to the most benefit from your exercise program Fidelity Bank Employee Wellness Program - A WPAHS, Inc - AGC physician will lead a discussion on the leading causes of death in America today and good health habits and prevention strategies to avoid these diseases Back Pain - Causes and Solutions - A WPAHS, Inc - AGC physician will provide a presentation on various causes of back pain, and operative and non-operative treatment A question and answer period followed the lecture Stress - Fact vs Fiction - Healthy Living Guest Lecture Series - A WPAHS, Inc - AGC physician will discuss stress, its effect on mental and physical health, and strategies for managing your stress A question and answer period followed the lecture</p> |

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| Statement of Program Service Accomplishments - Continued | Form 990, Page 2, Part III | <p>Exercise, Let's Keep It Simple - This lecture included a discussion of basic principals to follow to insure a safe and effective exercise program This lecture was offered at no cost and was open to the community</p> <p>Relaxation and the Stress Response - A WPAHS, Inc - AGC physician will lead a discussion on the role relaxation plays in a good health regime and how it can benefit you There will be a demonstration of various relaxation techniques that can be done almost anywhere, at no cost, in as little as five minutes</p> <p>Swine Flu - What You Need To Know - A WPAHS, Inc - AGC Registered Nurse reviewed the most recent information about the new Swine Flu (H1N1), vaccination recommendations and what to do if you or a loved one gets sick A question and answer period was provided following the presentation</p> <p>Lumbar Spinal Stenosis - A WPAHS, Inc - AGC physician provided a presentation on lumbar spinal stenosis, its symptoms, causes, and solutions - both operative and non-operative A one hour question and answer session was provided following the lecture</p> <p>Ask The Doctor - Participants in this lecture were given the opportunity to ask questions of two WPAHS, Inc - AGH physicians questions regarding diet, exercise, nutrition, and relaxation</p> <p>AGH-SC - Staying Healthy 2010 - Healthy Living Guest Lecture Series - A WPAHS, Inc physician led an informal discussion of the health practices individuals should put in place to ensure good health The presentation was followed by an informal question and answer period This program was provided at no cost and was open to any interested member of the community</p> <p>Love Your Heart - This presentation included discussion of heart disease and steps you can take to protect yourself The presentation was followed by an informal question and answer session This program was offered at no cost and was open to any interested member of the community</p> <p>HEALTH FAIRS AND SCREENINGS Women's Heart Health - A Registered Dietician participated in a forum that discusses heart healthy diets to control weight, reduce lipid levels and prevent heart disease Approximately 100 people attended this free event</p> <p>Expressions of Hope Cancer Awareness Expo - A WPAHS, Inc - AGC Registered Dietician offered information regarding nutrition and cancer prevention and also weighed individuals and alerted them of their BMI and offered suggestions to reduce weight Healthy snacks were also offered free of charge to participants</p> <p>Hearts in the Park Walk and Rx for a Healthy Heart - An annual heart walk is organized to increase community awareness on the beneficial effect of exercise on heart disease In addition, free blood pressure screenings, as well as information on fitness and preventive heart care measures are provided to members of the community at no cost</p> <p>Northside Leadership Conference- Farmers Market - A WPAHS, Inc - AGC registered dietician facilitated a cooking and nutrition demonstration to education participants to prepare local produce in a healthy manner to reduce calories, sodium, cholesterol and fat intake</p> <p>13th Annual Sister to Sister Power Now Seminar - The WPAHS, Inc - AGC stroke program partnered with the McGinnis Cardiovascular Institute at the Sister to Sister Seminar Stroke Center staff performed stroke risk screenings and provided literature regarding reducing stroke and cardiovascular disease risk to all interested attendees</p> <p>Diabetic Screening - A WPAHS, Inc - AGC dietitian, at a local community gathering encouraged participants to take a risk factor quiz for diabetes and provided tips to reduce body weight, blood sugars and lipid levels Recipes were also distributed to promote healthy eating for individuals with diabetes</p> <p>Somerset prostate screening - A WPAHS, Inc - AGC physician screened individuals for prostate cancer at a local community gathering The results are discussed with the individual and if there is an indication of cancer they are referred to their primary care physician for further evaluation Any cancer caught early is a benefit for the patient, and some of these patients would not be tested if there was not a screening</p> <p>Heart to Soles Event - The WPAHS, Inc - AGC Department of Nursing organized a coat drive, asking for gently used or new blankets, and socks for the Hearts to Soles event Approximately 60 coats for adults and children were distributed as well as socks donated to the cause Approximately 30 blankets were also distributed at the event</p> <p>Nurses worked with the dietary department to provide food and beverage, the pharmacy department provided assistance with medications and the stroke department provided free blood pressure screenings</p> <p>Annual Pumpkin Patch Festival - The WPAHS, Inc - AGC Dental Medicine Department participated in this annual children's event One dentist and two dental residents hosted a dental educational table open to all children This community event had approximately 1,400 children attend Dental Medicine had children's activit</p> |

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| Statement of Program Service Accomplishments - Continued | Form 990, Page 2, Part III | ies and each child received a bag containing a child's tooth brush, tooth paste, inflatabl e tube of toothpaste and educational dental materials that support good oral hygiene and i nstructional information for proper tooth brushing and flossing techniques Parents could ask a dentist for advice concerning questions they may have regarding their children's tee th and children w ere provided w ith take-home dental supplies and educational materials Ce lebration in the Park - The WPAHS, Inc - AGC Dental Medicine Department participates in t his community event Tw o employees from dental medicine hosted a dental educational table There w ere children activities and approximately 200 children attended this event Each c hild w as given a bag containing a child's tooth brush, tooth paste, and educational materi als and instructional information concerning proper tooth brushing and flossing techniques This take home material supports healthy oral hygiene |

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| Statement of Program Service Accomplishments<br>- Continued | Form 990,<br>Page 2, Part III | <p>CANCER AGH-SC - Challenges of Identifying Breast Cancer Early and Treatment - A WPAHS, Inc - AGC physician provided a lecture focusing on who is at risk for cancer, the importance of early diagnosis, how breast cancer is identified, and treatment options The lecture was followed by an informal question and answer period Many Faces of Breast Cancer - A WPAHS, Inc - AGC employee participated in the panel for the Many Faces of Breast Cancer Survivorship Program and also presented information on cancer genetics and high risk population for breast cancer survivors Salvation Army Breast Cancer Luncheon - WPAHS, Inc - AGC presented an educational program about the early detection of breast cancer at the Salvation Army Breast Cancer luncheon American Cancer Society Daffodil Days - The American Cancer Society Daffodil Days is an annual fundraiser for the ACS AGH employees have always supported this event through their individual purchase of daffodils The sale has been organized and coordinated by the Manager of the Breast Care Center In addition, the hospitals within the WPAHS have received bunches of daffodils called Bunches of Hope that are donated to be distributed to our Oncology patients The Manager of the Breast Care Center also orchestrates the delivery of those flowers Breast Cancer From Screening to Diagnosis - This lecture includes discussions of who is at risk, screening methods, the importance of early detection, and treatment options An informal question and answer period will follow the lecture Beverage service was provided to all in attendance at no cost ELDERLY Masonic Village Healthy Living Lecture Series - A community health education lecture was provided for residents of the Masonic Village and their guests on the topic of "Heat Stroke" by a WPAHS, Inc - AGC physician This lecture was provided at no cost to the participants Understanding Diabetes- A WPAHS, Inc - AGC physician led a discussion on diabetes including risk factors, treatment options and the health consequences of untreated diabetes An informal question and answer period followed the lecture More than 50 residents of a Retirement Community attended the lecture The lecture was filmed on closed - circuit TV for broadcast to 300 plus residents of the Retirement Community Options For Managing Your Chronic Pain - This lecture, presented by a WPAHS, Inc - AGC physician includes the discussion of the numerous options available for minimizing chronic low back, neck, joint, and other common and not-so-common, sources of pain Over 50 residents of a Retirement Community attended this lecture The lecture was filmed for broadcast on closed circuit TV for all members who could not attend The Changing Face of Today's Healthcare - A community education lecture was provided to a local church group by a WPAHS, Inc - AGC physician on the topic of "The Changing Face of Today's Health Care" This lecture was provided at no cost and 27 community members attended How to Get the Most From Your Doctor's Visit - This lecture on how to get the most from your doctor's visit, presented by a WPAHS, Inc - AGC physician is provided month at the Lutheran Senior Center This program is offered at no cost and is open to any interested member of the community TLC For the Spine - This lecture presented by a WPAHS, Inc - AGC physician at a local Retirement Community focused on the topic of spinal care This lecture included a discussion of therapeutic interventions for back pain, a typical physical therapy treatment following back surgery, as well as things you can do to strengthen and protect the spine This program is offered at no cost and is open to any interested individual</p> |

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| Statement of Program Service Accomplishments - Continued | Form 990, Page 2, Part III | <p>Building a Healthy Diet - A WPAHS, Inc - AGC Registered Dietician (RD) conducted a presentation for the residents of a senior high rise. Using the USDA Food Pyramid, the RD led a discussion on how to build a healthy diet using nutrient-rich foods from each of the food groups. The lecture was followed by a question and answer period.</p> <p>Stroke - A Brain Attack - This lecture was provided by a WPAHS, Inc - AGC physician on the topic of "Stroke - A Brain Attack" to the residents of a Retirement Community. This program is offered at no cost to the individuals.</p> <p>2010 New Year Health Resolutions - A WPAHS, Inc - AGC physician led an informal discussion of health practices for the new year. The presentation was followed by an informal question and answer period. This presentation was open to any interested individual and was held at a community retirement home. The lecture was also made available to residents that were unable to attend via closed circuit TV.</p> <p>Awareness &amp; Prevention Lecture - A WPAHS, Inc - AGC physician conducted a lecture centered on preventative measures and the benefits early detection can have. The leading causes of disease-related deaths in America today are preventable. The WPAHS, Inc - AGC physician discussed health habits you can put into practice today to take control of your future good health.</p> <p>MASS MEDIA COMMUNICATION Medical Frontiers Radio Talk Show - An interactive radio talk show named Medical Frontiers features various WPAHS, Inc - AGC physicians discussing different health topics. These talk shows provide patient education and public health awareness. Among the topics covered during the talk shows include maternal fetal medicine, cardiovascular disease, colorectal cancer, spine injuries, epilepsy, breast cancer, joint replacement, lung disease.</p> <p>Television Interviews and News Reports - WPAHS, Inc - AGC provides health information via mass media by making its physicians available for interviews and helping to develop health related news reports. Included in the topics discussed on local television include hormone replacement therapy risk for women, tips to stay healthy during extremely hot temperatures, advice about staying healthy during the allergy season and breast cancer, transplant surgery recoveries, aneurysms and the surgical observation program for high school students.</p> <p>Regional and Neighborhood Periodicals - WPAHS, Inc - AGC provided health related educational articles in local newspapers either in print or on-line and neighborhood periodicals. The topics covered include bypass surgery, opportunity for high school students to view an open heart surgery, stenting, double organ transplants, kidney transplants, and transplant recovery.</p> <p>OTHER ACTIVITIES American Liver Foundation "Tribute to Excellence" - WPAHS, Inc - AGC along with the American Liver Foundation (ALF) took part in an event titled "Tribute to Excellence". This event helped the ALF mission to facilitate, advocate and promote education, research and support for the prevention, treatment and cure of liver disease.</p> <p>Donate Life Educational Assessment - WPAHS, Inc - AGC participated in the Donate Life Educational Assessment, which supports initiatives to increase organ, eye and tissue availability through donor registration and action.</p> <p>Trio Celebration of Life Dinner - WPAHS, Inc - AGC supported the Trio Celebration of Life dinner, which honors transplant donor families and recipients and promotes organ donation.</p> |

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| Statement of Program Service Accomplishments - Continued | Form 990, Page 3, Part III | <p>Health Professions Education WPAHS, Inc - AGC provides aspiring health professionals with many educational opportunities to further their career in healthcare. In addition to the educational support we provide to interns, residents, fellows, nurses and other allied health professionals, WPAHS, Inc - AGC provides health-profession education to the community in a variety of ways and forums. As a division of West Penn Allegheny Health System, Inc (WPAHS, Inc) and consistent with the filing of the WPAHS, Inc Schedule H, WPAHS, Inc - AGC provided these services in addition to the educational support provided to interns, residents, fellows, nurses and other allied health professionals at a cost of \$348,910 in Fiscal 2010.</p> <p><b>NURSING EDUCATION Nursing Symposium</b> - The Nursing Symposium is a forum which allows nurses to present unique experiences, specialized care and special patients experiences to fellow nurses. The symposium is offered twice a year and an invitation is extended to nursing students. A patient and their family presented with the nurses from one of the units. They also attended the 8 hour education day. Nursing students get an opportunity to see what is new and exciting in nursing while also seeing their experiences with patients and families.</p> <p><b>Greater Pgh Nursing Research Conference</b> - A presentation is given to nurses on how to search for research and evidence based practice information to support nursing research projects.</p> <p><b>Nurse Externs</b> - 16 Junior and/or senior nursing students have the opportunity to experience nursing at the bedside. It enhances and builds upon what they have learned in nursing school.</p> <p><b>MEDICAL TECHNICIANS Safety Patch</b> - WPAHS, Inc - AGC conducted a Landing Zone Safety class designed to provide information on when to utilize an emergency aircraft, how to prepare the landing zone, radio communications and how to load the patient safely.</p> <p><b>Emergency Medical Technician Grand Rounds</b> - WPAHS, Inc is involved in the training of emergency medical technicians (EMS) throughout the region. In an effort to ensure our region has the most efficient EMS technicians possible, we conduct a variety of continuing education and case reviews for our area EMS providers.</p> <p><b>Managing the Post Arrest Patient</b> - WPAHS, Inc - AGC provided an information session regarding the appropriate techniques to use when dealing with post-arrested patients. This class was geared toward emergency medical workers and responders.</p> <p><b>Burn Victim Lecture</b> - A WPAHS, Inc - AGC physician provided a lecture geared toward the recognition of types of burns and the treatment of the wounds.</p> <p><b>Health Information Technology Student</b> - CCAC - Allow hands on experience to college students that often have had no prior experience in a Hospital Medical Records Department. Exposes student to all aspects of the job helping them apply knowledge learned to actual work processes. Broadening their exposure to different processes that they can apply to future classes or employment and furthering the profession in Health Information Management.</p> |

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| Statement of Program Service Accomplishments - Continued | Form 990, Page 3, Part III | <p>OTHER HEALTH PROFESSIONS EDUCATION Jew ish Healthcare Foundation's Consumer Health Informat ion - WPAHS, Inc - AGC provided a training session for public librarians in finding and u sing consumer health information This activity benefits the community by having a trained librarian w ho can educate individuals in finding reliable and appropriate health informat ion LifeFlight Safety Program- LifeFlight personnel presented a class to emergency medic al technician (EMS) students about how and w hen to call LifeFlight for an emergency respon se, safety around the helicopter, and w hat to do if LifeFlight has an emergency The train ing consisted of a classroom Pow erPoint presentation as well as a tour and interaction w it h the LifeFlight helicopter and crew members Chestnut Ridge Open House - WPAHS, Inc - AGC held an open house at one of their facilities for all community public safety personnel t o attend The event allow ed safety personnel to interact w ith WPAHS, Inc - AGC physicians , nurses and staff in an effort to educate and answe r any questions they may have Westmor eland County Airport Authority Open House - WPAHS, Inc - AGC aircraft and Lifeflight crew brought the helicopter to the Westmoreland County Airport for display and interaction w it h public and public safety personnel Student Affiliations - Physical therapy (PT) and phy sical therapist assistant (PTA) students spend time in the clinical setting observing, tra ining, and participating in the evaluation and treatment of patients, under the direct sup ervision of a licensed Physical Therapist or Physical Therapist Assistant (for PTA student ) Also provided was a Head Injury Conference for 28 students presented by 3 staff members for 3 hours each to the Duquesne University PT program This provided education on how to treat various levels of head injured patients Student affiliations - Occupational Therap ist students complete required observation and training in the evaluation and treatment of patients under the direct supervision of a licensed Occupational Therapist Community Colle ge of Allegheny County Health Information Management - WPAHS, Inc - AGC allow s hands on experience to college students that often do not have any prior experience in a Hospital M edical Records Department This experience exposes student to all aspects of the job and h elps them apply know ledge learned to actual w ork processes, thus broadening their exposure to different processes that they can apply to future classes or employment and furthering the profession in Health Information Management and related departments Adagio Health Di etetic Internship Dietetic Seminar - Tw o nutrition seminars were provided for the Adagio H ealth Dietetic Interns The first focused on Renal Nutrition and the registered dieticians (RD) spoke of the importance of diet therapy in treating patients w ith end stage kidney d isease The second seminar addressed Bariatric Surgery and Nutrition The RD discussed the types of bariatric surgeries and the nutrition implications and interventions Physical T herapy Student mentoring - A WPAHS, Inc - AGC physical therapist mentored a Physical ther apy student from Duquesne University This prepares the student for career as physical the rapist w hich w ill provide the community w ith a skilled healthcare provider</p> |

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| Statement of Program Service Accomplishments - Continued | Form 990, Page 2, Part III | <p>Financial Contributions This category includes cash and in-kind services donated to individuals and the community at large. In-kind services include hours donated by staff to the community during hospital work hours, overhead expenses of meeting and other space donated to not-for-profit community groups, and the free provision of food, equipment, supplies and giveaways items as well as monetary donations. As a division of West Penn Allegheny Health System, Inc. (WPAHS, Inc.) and consistent with the filing of the WPAHS, Inc. Schedule H, WPAHS, Inc. - AGC provided these services at a cost of \$322,472 in Fiscal 2010. Cash Donations - WPAHS, Inc. - AGC supports the community through cash contributions made at the discretion of the Hospital and its directors, benefiting not only the non-profit recipient but also ultimately the community as a whole. During the fiscal year ended June 30, 2010, WPAHS, Inc. - AGC made cash donations to the following organizations: Allegheny County Medical Society, Allegheny General Hospital Auxiliary, American Heart Association, Brothers Brother Foundation, Cribs for Kids, Epilepsy Foundation, Gilda's Club, Leukemia &amp; Lymphoma Society, Lupus Foundation, March of Dimes, National Ovarian Cancer Coalition, National Pancreas Foundation, Pancreatic Cancer Action Network, Pittsburgh Symphony Orchestra, Pirates Charities, Pittsburgh Parks Conservancy, Susan G. Komen Breast Cancer Foundation, Uniontown Hospital, University of Pittsburgh Health Policy Institute, Woodlands Foundation, YWCA of Greater Pittsburgh.</p> <p>In-kind Donations - In addition to the cash contributions, WPAHS, Inc. - WPC also made in-kind donations of time and resources to help support various community functions. These donations included the following:</p> |

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| Statement of Program Service Accomplishments - Continued | Form 990, Page 2, Part III | <p>Driver Safety Refresher Course - WPAHS, Inc - AGC donates space for this four hour driver safety course renewal course Students review defensive driving techniques, new traffic laws, and rules of the road Through interaction with one another, they learn how to safely adjust their driving to compensate for age-related changes in vision, hearing and reaction time Refreshments are provided at no cost to the participant Free Printing for Neighborhood Groups - WPAHS, Inc - AGC allows many worthy community groups use our printing and copying facilities free of charge in order to get their message out to the public and continue with their mission Donated Food and Beverage - WPAHS, Inc - AGC supports many worthy community activities, events and initiatives by supplying food and beverages to the participants in an effort to make the experience better Community Building Activities Community Building Activities include activities engaged in for the purpose of improving or protecting the health, future and wellbeing of the community As a division of West Penn Allegheny Health System, Inc (WPAHS, Inc) and consistent with the filing of the WPAHS, Inc Schedule H, WPAHS, Inc - AGC provided these services at a cost of \$202,851 in Fiscal 2010 East Allegheny Pumpkinfest - WPAHS, Inc - AGC donated 3 cases of hot dogs in addition to staffing and health and wellness screenings for the benefit of those attending the East Allegheny Pumpkinfest The event is fun and educational for over 1,000 children and youth of the Northside Northside Youth Summer Guide - WPAHS, Inc - AGC and the Northside Partnership (NSHIP) created and distributed a summer guide for youth, which is a free listing of all summer activities aimed at our youth The Northside Chronicle prints and circulates the guide to Northside residents and Northside schools The goal is to offer parents and guardians options to keep their children engaged in healthy and educational activities all summer</p> |

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| Statement of Program Service Accomplishments - Continued | Form 990, Page 2, Part III | <p>Hearts in the Park Walk and Walk to Win - WPAHS, Inc - AGC offers staff support for the AGH Heart Institute Hearts in the Park Walk This is an annual event held in a neighborhood community park The Partnership Coordinator also provides staff time to support Walk to Win, a program for Northside elementary school students encouraging them to be more active on a daily basis Fresh Fridays at Northside Farmers Market - WPAHS, Inc - AGC provided printing and staff time to Fresh Fridays at the Northside Farmers Market events The goal of Fresh Fridays is to promote healthy and local eating to the Northside residents who shop at the Farmers Market Northside Holiday Party - WPAHS, Inc - AGC provides staffing for the annual Northside Holiday Party, where disadvantaged Northside youth receive a gift The party also provides food, activities and crafts for the children in attendance Coordinating Committee - WPAHS, Inc - AGC has formed a coordinating committee to discuss ongoing and upcoming Northside initiatives and the best ways to see these activities through Northside Health Improvement Partnership Meetings - WPAHS, Inc - AGC donates space and refreshments for the monthly Northside Partnership (NSHIP) committee meetings NSHIP is comprised of various Northside stakeholders in addition to several AGH staff members Partnership Coordinator salary and operating cost - WPAHS, Inc - AGC provides to the Northside Leadership Conference (NSLC) the funds necessary to pay the salary of the Partnership Coordinator as well as the operating costs associated with the position Start On Success Mentoring Program- Twenty-one AGH employees mentor Pittsburgh Public School Students daily throughout the school year These students learn basic workforce skills and job readiness training Project Move Mentoring Program- WPAHS, Inc - AGC staff members mentor Pittsburgh Public School sophomores in job training and workplace readiness over a 6 week period 5th Annual FontanaFest - The AGH Partnership supported the 5th Annual FontanaFest, a community appreciation event with State Senator Wayne Fontana, by staffing a hand washing table to prepare people for protection against the H1N1 virus</p> |

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| Statement of Program Service Accomplishments - Continued | Form 990, Page 2, Part III | <p>Disability Mentoring Day - WPAHS, Inc - AGC supported the United Way Disability Mentoring Day with the support of four staff members, providing information and support to the students regarding medical careers</p> <p>Closure - WPAHS, Inc - AGC provided staff support as well as food and physical space for the program "Closure" Closure was an education symposium focused on end of life care for the African American community, particularly on the Northside This program brought together representatives from the medical field, caregivers and other interested people for meetings held once a month for six months</p> <p>Gwen's Girls Job Shadow - WPAHS, Inc - AGC employees hosted a group of students from the Gwen's Girls program to offer job shadowing, interview preparation and brief training assistance</p> <p>East Commons Tree Maintenance - WPAHS, Inc - AGC provided maintenance funds for a portion of Allegheny Commons Park known as East Commons Funds are used for tree maintenance, including directional pruning</p> <p>Board of Director Representation - WPAHS, Inc - AGC staff, executives and physicians hold positions on the Boards of Directors and committees of local organizations dedicated to improving the overall wellbeing of the communities we serve</p> <p>Organizations in which we have representation includes the Health Hope Network, Allegheny Commons Initiative and American Heart Association</p> <p>Health Hope Network Annual Gala - Health Hope Network Annual Gala honoring local clinical specialists in stroke care, benefiting regional stroke survivors and their families</p> <p>An AGH employee participates as a board member of this organization and is recognized for his contribution to regional stroke care at this event</p> <p>Sci Tech Days - The WPAHS, Inc - AGC Neuroscience and Stroke program participated in SciTech days at Carnegie Science Center to promote and demonstrate research in Neuroscience</p> <p>The aim of the event is to promote careers in research and stroke awareness as well as prevention strategies to the middle school and high school age groups</p> <p>Poster demonstrations along with hands on demonstrations were featured at the event</p> <p>Job Fairs - WPAHS, Inc - AGC participated in various job fairs that have included community sponsored fairs in conjunction with organizations such as the NAACP Diversity Job Fair, SNAP Convention, Military LLC, North Shore Community Alliance Job Fair and Pittsburgh Hires</p> <p>Lifelight Safety Presentations - WPAHS, Inc - AGC Lifelight crew gave several community lectures and demonstrations with regard to appropriate safety habits and precautions</p> <p>Included in the presentations were helicopter tours and mock crash simulations</p> <p>The purpose of the events was to instruct the community with the appropriate safety measures to take in the case of an emergency with the hope that if the need would ever arise, the participants would be better equipped to handle an emergency situation as a result of the lectures and demonstrations</p> <p>Bicycle Safety Discussions - WPAHS, Inc - AGC takes part in various discussions and presentations surrounding bicycle safety</p> <p>Included in the discussion is a focus on the need to wear a helmet in order to protect your head in the case of a crash</p> <p>The goal is to teach the individuals appropriate safety precautions and attire to consider when riding a bicycle</p> |

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| Statement of Program Service Accomplishments - Continued | Form 990, Page 2, Part III | <p>INTRODUCTION TO WEST PENN ALLEGHENY HEALTH SYSTEM, INC - WEST PENN CAMPUS (WPAHS, Inc - WPC) Founded in 1848 as Pittsburgh's first chartered public hospital, West Penn Allegheny Health System, Inc - West Penn Campus (WPAHS, Inc - WPC) has earned an international reputation for excellence and innovation in the care of patients, medical education and research. Today, WPAHS, Inc - WPC is an academic medical center that serves Pittsburgh and the surrounding five-state area. WPAHS, Inc - WPC is comprised of 479 licensed beds and operates an emergency room open 24 hours a day and 7 days a week that is available to everyone regardless of their ability to pay. WPAHS, Inc - WPC was awarded Magnet recognition status from the American Nurses Credentialing Center (ANCC). WPAHS, Inc - WPC is the first and only hospital in western Pennsylvania to receive this prestigious designation and is now among the top 4 percent of all healthcare facilities in the world recognized by the ANCC. The Magnet Recognition Program was developed by the ANCC to recognize healthcare organizations that provide not only excellence in nursing, but also the highest quality of patient care at all levels throughout the hospital. A Magnet hospital attracts and retains professional nurses who experience a high degree of professional and personal satisfaction in their practice. Magnet hospitals exhibit improved patient outcomes, enhanced nursing practice, increased staff morale and improved recruitment and retention. The Magnet Recognition Program provides consumers with the ultimate benchmark to measure the quality of care that they can expect to receive. As one of the largest tertiary facilities in the region, WPAHS, Inc - WPC offers the most advanced care available in the following specialty areas: allergy, anesthesiology, bariatric surgery, bone marrow/stem cell transplant, burn care, cardiology, cardiothoracic surgery, colorectal surgery, critical care medicine, diagnostic and interventional radiology, emergency medicine, endocrinology, family medicine, gastroenterology, general surgery, gynecology, gynecologic oncology, hematology/oncology, infectious diseases, internal medicine, maternal and fetal medicine, medical oncology, minimally invasive surgery, neonatology, nephrology, neurology, neurosurgery, obstetrics, oncology, ophthalmology, oral/maxillofacial surgery, orthopedic surgery, otorhinolaryngology, pain medicine, pathology and laboratory medicine, pediatrics, plastic and reconstructive surgery, physical medicine and rehabilitation, primary care medicine, psychiatry, pulmonary medicine, radiation oncology, reproductive medicine and infertility, rheumatology, surgical oncology, urology, urogynecology, and vascular surgery. The Hospital also has specialized centers for breast diagnostic imaging and surgical treatment of breast disease, bariatric surgery, orthopedic surgery and joint care, diabetes care, foot and ankle surgery, infant apnea, lung and thoracic disease, minimally invasive surgery, pain medicine, physical rehabilitation, reproductive medicine and infertility, and sleep disorders.</p> |

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| Statement of Program Service Accomplishments - Continued | Form 990, Page 2, Part III | <p>WPAHS, Inc - WPC has made tremendous strides in burn treatment and care. The West Penn Burn Center was the first and is the only burn program in the region to receive verification honors by the American College of Surgeons and the American Burn Association. The Hospital's obstetrics program is one of the busiest in the region and its neonatal intensive care unit is one of the region's largest referral resources for sick newborns. WPAHS, Inc - WPC is also the home to the patient offices for the Jones Institute at West Penn Allegheny Health System (WPAHS), an affiliate of the renowned Jones Institute for Reproductive Medicine of the Eastern Virginia Medical School. The Western Pennsylvania Cancer Institute provides the most advanced diagnostic and treatment services for all types of cancer, including lung, esophageal, breast, gynecologic, prostate, colorectal and blood-borne cancers. The Institute has earned national recognition for its bone marrow transplant program, one of the largest in Pennsylvania. It also boasts leading-edge radiation oncology services and was the second cancer center in the world to offer Intensity Modulated Radiation Therapy. In 2006, WPAHS, Inc - WPC became the first cancer program in the region to offer TomoTherapy, the most advanced radiation delivery system available. Patients have access to the latest treatment protocols through the Institute's participation in national research groups such as the Cancer and Leukemia Group B, American College of Surgeons Oncology Group, and Radiation Therapy Oncology Group. A long-standing commitment to education and research remains a cornerstone of WPAHS, Inc - WPC's mission. The Hospital sponsors 15 medical residency and fellowship programs and provides clinical training to third- and fourth-year medical students of the Philadelphia-based Temple University School of Medicine. The Hospital also offers a School of Nursing diploma program as well as educational opportunities in respiratory therapy, radiology technology and nursing through affiliations with Indiana University of Pennsylvania, Pennsylvania State University and Clarion University. WPAHS, Inc - WPC admits over 16,000 patients annually, treats over 151,000 outpatient cases, logs over 27,000 emergency visits, and performs more than 10,000 surgical procedures each year. Approximately 800 physicians and 1,800 employees share the Hospital's commitment to excellence in patient care, education and research.</p> |

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| Statement of Program Service Accomplishments<br>- Continued | Form 990,<br>Page 2, Part III | <p>COMMUNITY ASSESSMENT Community Health Improvement Services and Community Benefit Operations Community health improvement services and community benefit operations include activities carried out to improve community health. They extend beyond patient care to include activities that are subsidized by the Hospital. The activities range from community health clinics and screenings to health education programs designed to raise community awareness of various healthcare topics and issues. As a division of West Penn Allegheny Health System, Inc. (WPAHS, Inc.) and consistent with the filing of the WPAHS, Inc. Schedule H, WPAHS, Inc. - WPC provided these services at a cost of \$717,975 in Fiscal 2010.</p> <p>BURN CARE Burn Center - The Western Pennsylvania Hospital provides exceptional, specialized patient care to burn victims in its Burn Center. This internationally recognized treatment center for burn victims not only deals with the immediate crisis of the burn injury, but also the important psychosocial dynamics of a burn victim's rehabilitation and return to the community. The Burn Center admitted 322 patients in Fiscal 2010, and of these, 68 were under the age of 18. Approximately 2,000 new patients were seen as outpatients. The following details highlight the Center's efforts toward burn care.</p> <p>Burn Care and Prevention Program - The Hospital sponsors a Burn Care and Prevention Program. The outreach coordinator provides educational programs to the surrounding communities. In fiscal year 2010, the outreach coordinator and/or staff conducted multiple burn prevention presentations at 7 sites, and provided 6 health fairs and exhibitions. The programs covered Allegheny, Beaver, Chautauqua, Fayette, Lawrence, and Westmoreland counties in Pennsylvania and New York. Approximately 3,400 children and adults attended the programs, with countless others attending the health fairs.</p> <p>Summer Burn Camp - A five-day summer camp, sponsored by Alumnum Cans for Burned Children (A CBC), is held each year to provide young campers with an opportunity to share their concerns about having been burned and talk about difficult issues involved in their recovery. Twenty-four children attended camp in Fiscal 2010. The Hospital provides the multidisciplinary staff for the camp, which includes registered nurses, child life specialists and other staff from the burn center along with other volunteers from the Hospital and community. There were 18 volunteer counselors throughout the week. There is no charge for children to attend summer camp.</p> <p>Back-to-School Program for Burn Victims - Returning to school can be difficult for a child who has been burned. Teachers and classmates may not understand what the child has been through, why his or her appearance is altered, or why he or she needs to wear pressure garments. The result can be fear, over protection, teasing or avoidance. In the Back-to-School Program, the staff from the Burn Center visits the child's school. During the program, age-appropriate materials and activities are used to share the child's story, explore feelings and concerns, and build support for the child among his or her peers. Fire safety and burn prevention is also an important part of the program.</p> |

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| Statement of Program Service Accomplishments - Continued | Form 990, Page 2, Part III | <p>COMMUNITY HEALTH EDUCATION Cardiology Lectures - Cardiologists representing WPAHS, Inc - WPC participated in several community lectures and workshops throughout the fiscal year Topics covered included Acute Coronary Syndrome, Stroke Prevention, Congestive Heart Failure and Hypertension Blood pressure screenings were also available at some of the lectures free of charge Diabetes Education - The Joslin Diabetes Center at WPAHS, Inc - WPC participated in the Diabetes Expo sponsored by the American Diabetes Association Approximately 500 community members benefited from this event Little Italy Days - WPAHS, Inc - WPC was a sponsor of the Bloomfield Business Association's Little Italy Days festival The Hospital provided staffing for a booth with educational information for the public Maternal Child Women's Health at The Nursing Caf - This activity was started in an effort to provide support to new nursing mothers delivering their babies at WPAHS, Inc - WPC and in the surrounding community Mothers attending the caf are provided with a warm, supportive atmosphere where they come to learn how to nurse their babies and get questions answered by a board-certified lactation consultant The Caf is a free service to the community The group size varies but averages 6-10 moms who attend regularly at any given week Since the Caf opened a year and a half ago, over 150 moms have attended the group The emotional and health benefits for the nursing infant and community at large extend beyond the prevention of common infections and allergies to an impressive reduction in the incidence of more serious illnesses including diabetes and childhood obesity Perhaps more easily observable however is the close emotional relationship nursing mothers and babies enjoy and the feelings of accomplishment moms express when they receive the support they need to successfully nurse their babies</p> <p>HEALTH FAIRS AND COMMUNITY SCREENINGS Hospital School Health Partnership - A partnership agreement with the Board of Education and a local high school provides health and wellness services to support and supplement those offered by the School District of the City of Pittsburgh A certified nurse practitioner from WPAHS, Inc - WPC, with physician supervision, provides free screenings and primary care four half-days and one full-day each week at the high school The practitioner coordinates and facilitates contact with the Hospital for consultation and advice for acute medical problems that arise during the school week In addition, a physician medical resident and faculty physicians spend one half-day each week at the high school The partnership ensures health education and health awareness programs for students, parents and staff The Wellness Center also provides immunizations through the Pennsylvania Health Department and "Vaccines for Children Program," as well as education regarding asthma, weight reduction, smoking cessation, pregnancy prevention, sexually transmitted diseases and cancer prevention Other services include acute and episodic care, physical exams and pregnancy testing The hospital assists students and their parents with overcoming obstacles to health care, such as lack of or inadequate insurance, or the inability to pay for services There is no charge by the hospital for services rendered at the high school During the fiscal year, the Wellness Center recorded 1,080 office visits Healthy for Life Expo - WPAHS, Inc - WPC in coordination with the American Diabetes Association (ADA) sponsored a booth at the Healthy for Life Exposition The estimated attendance at the Exposition was 10,000 people WPAHS, Inc - WPC certified diabetes educators staffed the booth where the participants could learn about healthy eating, the food content of fast food and portion control</p> |

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| Statement of Program Service Accomplishments - Continued | Form 990, Page 2, Part III | <p>Prostate Cancer Screenings - WPAHS, Inc - WPC offered free prostate cancer screenings in observance of prostate cancer awareness month in September. Men age 45 and older were invited to participate. Tests included blood tests and digital rectal exam. Interpretation of Peripheral Vascular Studies. Free Public Screenings - A WPAHS, Inc - WPC physician interpreted peripheral vascular studies for public screenings done in the local community. The screenings occurred on eight separate days and included 135 people.</p> <p>Open House at Fox Chapel Office Center - A WPAHS, Inc - WPC registered nurse staffed a table at a Health Fair at a community office complex. She provided information on heart disease and utilized a model of the heart to instruct on cardiac function. Literature was also provided on myocardial infarction, hypertension and cardiomyopathy. Refrigerator magnets were given away. Approximately 50 people attended this open house.</p> <p>HOMELESS, ELDERLY AND SPECIAL NEEDS Homeless Health Services - WPAHS, Inc - WPC Health Care for the Homeless Program seeks to remove barriers to accessing care by bringing preventive comprehensive care into community facilities that serve the homeless. One such facility is the Jubilee Kitchen located on Fifth Avenue in the City of Pittsburgh. The homeless population is especially at risk for trauma, drug and alcohol abuse, diseases related to exposure, and infectious diseases such as tuberculosis and sexually transmitted diseases. This population is also at risk for chronic disease, including hypertension, heart disease and exposure to HIV. Primary care services are provided to the homeless on-site at the Jubilee Kitchen two-days each week. Services include medical evaluation and screening, podiatry exams, lab testing and all medical supplies. A registered nurse conducts tuberculin screenings and administers free influenza vaccines. A physician and a resident evaluate walk-in patients. Patients are admitted to the hospital as needed for acute episodic care and have no payment obligations for the services rendered.</p> <p>Volunteer Services for Special Needs - The Hospital acknowledges the benefits of helping adults with special needs. The Hospital works with the Achieva Agency and United Cerebral Palsy to benefit individuals that are mentally challenged or handicapped. Hospital employees work with the individuals and allow them to lend assistance with some tasks.</p> |

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| Statement of Program Service Accomplishments - Continued | Form 990, Page 2, Part III | <p>SUPPORT GROUPS Cancer Support Group - WPAHS, Inc - WPC social services offers a support group for individuals with cancer. The group meets twice a month. Group support helps with learning coping skills, allowing cancer patients to express themselves and receive support. The Healing Journey - This free program for cancer survivors and their primary caregivers provided attendees with practical tips for coping with the stresses of cancer and offered an inspirational talk by comedian and cancer survivor, Jonna Tamases. Nearly 325 people benefited from this event. Child Loss Bereavement Support Group - A bereavement support group for women who have lost a baby early in pregnancy is held by Social Services monthly. The group support helps women cope and learn coping skills from women who have had similar experiences. Child Loss Memorial Service - Chaplains from the Pastoral Care department assist with the planning and participation in the National Child Loss Memorial Service. The event provides a forum for grieving family members to express their grief for the loss of a child. Cancer Survivor Talk - A WPAHS, Inc - WPC social work manager participated in a talk with cancer survivors. The talk focused on moving forward in life after going through the difficult battle with cancer. Light the Night - A WPAHS, Inc - WPC social work manager and an oncology case manager participated in Light the Night planning. The Light the Night walk event is designed to bring help and hope to individuals battling blood cancers. PATIENT TRANSPORTATION Patient Transportation - The Social Services department provides transportation to patients who have no means to get home post-discharge. Transportation could be in the form of a cab or wheelchair van. Approximately 200 patients benefit from this service each year. Parking and Shuttle Services - WPAHS, Inc - WPC Security and Parking department provides free parking and shuttle services to patients and family members by utilizing a parking lot close to the Hospital which the Hospital controls and maintains. Health Professions Education WPAHS, Inc - WPC provides aspiring health professionals with many educational opportunities to further their career in healthcare. In addition to the educational support we provide to interns, residents, fellows, nurses and other allied health professionals, WPAHS, Inc - WPC provides health-profession education to the community in a variety of ways and forums. As a division of West Penn Allegheny Health System, Inc (WPAHS, Inc) and consistent with the filing of the WPAHS, Inc Schedule H, WPAHS, Inc - WPC provided these services in addition to the educational support provided to interns, residents, fellows, nurses and other allied health professionals at a cost of \$76,861 in Fiscal 2010. Observation and Shadowing - The Hospital attempts to promote health care careers throughout the region. In an effort to do this, the Hospital provides individuals with the opportunity to observe the medical staff in areas such as Pediatrics, Pharmacy, Nursing, Occupational Therapy, Surgery, Radiology, Medical Genetics, Ophthalmology and Ultrasound. There were a total of 96 participants in Fiscal 2010. Student Nursing Education Bowl - A "college bowl-type" event, the Student Nurse Challenge places teams of six nursing students from 12 area colleges in a multi-round competition testing the students' knowledge in various areas of nursing practice. Neonatal Resuscitation Course - Five neonatal resuscitation courses were conducted free of charge at community medical centers by the WPAHS, Inc - WPC maternal child coordinator and a physician. Approximately 21 nurses and 28 physicians benefited from the course.</p> |

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| Statement of Program Service Accomplishments<br>- Continued | Form 990,<br>Page 2, Part III | <p>Therapeutic Induced Hypothermia Course - A complimentary course was conducted at a regional medical center by the maternal child coordinator from WPAHS, Inc - WPC Four nurses and eight physicians benefited from the courses Infant Abstinence Update - This one day complimentary course was conducted at a regional medical center local university by the maternal child coordinator and a neonatologist from WPAHS, Inc - WPC Eight nurses, eight physicians and four social workers benefited from the course The STAR Center (Simulation, Teaching, Academic, and Research) - The STAR Center at WPAHS, Inc - WPC is dedicated to achieving excellence in patient care through the pursuit of lifelong learning, research and innovation Using state-of-the-art mannequins that mimic symptoms of a wide range of health conditions, the STAR Center provides hands-on learning opportunities to allow aspiring practicing health professionals to perfect their skills in situations closely resembling the clinical environment Students enrolled in the Pittsburgh Public Schools (PPS) Health Career's Academy of Pittsburgh Peabody High School experienced their first taste of the STAR Center's "virtual hospital" This semester, the high school students spent one morning each week, for 10 weeks at STAR, learning first-hand about patient care techniques using the same sophisticated training tools used by nursing, medical, and other health career students and professionals The curriculum was offered at no charge and included introduction to simulation, how to operate a hospital bed, bed light, hand washing, safe work environment, vital signs, wheel chair transfer, clean catch urine specimens, bed making, catheter insertion, measuring intake/output, patient positioning, applying non-sterile dressing, visual testing, urinary catheterization, calculating and preparing injections (intramuscular, subcutaneous, and intravenous) clean examination rooms, CPR certifications, basic life support, and AED training Burn Outreach to Professionals and Professional Education - The Hospital also provides burn outreach to professionals, as well as professional education In fiscal year 2010, 25 emergency rooms were visited to offer professional information and education on initial burn care, 54 programs were conducted for emergency rooms, emergency medical personnel, medical students, residents and schools of nursing Outreach and education was provided in Ohio, Pennsylvania and West Virginia A total of 1,651 individuals attended these lectures In addition, the Burn Center was an exhibitor at three regional professional conferences attended by approximately 1,500 participants Financial Contributions This category includes funds and in-kind services donated to individuals and the community at large In-kind services include hours donated by staff to the community during hospital work hours, overhead expenses of meeting space donated to not-for-profit community groups, and the free provision of food, equipment, supplies and giveaways items as well as monetary donations As a division of West Penn Allegheny Health System, Inc (WPAHS, Inc ) and consistent with the filing of the WPAHS, Inc Schedule H, WPAHS, Inc - WPC provided these services at a cost of \$21,641 in Fiscal 2010 Cash Donations - WPAHS, Inc - WPC supports the community through cash contributions made at the discretion of the Hospital and its directors, benefiting not only the non-profit recipient but also ultimately the community as a whole During the fiscal year ended June 30, 2010, WPAHS, Inc - WPC made cash donations to the following organizations Bloomfield Business Association East End Cooperative Ministry Alle-Kiski Paramedic Unit for Life Support Emergency Response Immaculate Conception School Allegheny County EMS Council Citizens Hose Ambulance Service In-kind Donations - In addition to the cash contributions, WPAHS, Inc - WPC also made in-kind donations of time and resources to help support various community functions These donations included the following</p> |

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| Statement of Program Service Accomplishments - Continued | Form 990, Page 2, Part III | <p>Medication Donations - The Hospital purchases medicines for patients who have no means of purchasing them until they are accepted by medical assistance. Five to six patients are assisted each month.</p> <p>Printing of Publications and Flyers - The Hospital produces publications and flyers for various organizations to promote community activities.</p> <p>Food Donation - The Hospital provides donations of food and beverages for local meetings and events.</p> <p>Community Building Activities - Community Building Activities include activities engaged in for the purpose of improving or protecting the health, future and wellbeing of the community. As a division of West Penn Allegheny Health System, Inc. (WPAHS, Inc.) and consistent with the filing of the WPAHS, Inc. Schedule H, WPAHS, Inc. - WPC provided these services at a cost of \$60,448 in Fiscal 2010.</p> <p>Community Partnership - WPAHS, Inc. - WPC's dedication to its service community is further demonstrated through the development of a Community Partnership, providing the Hospital and 12 other neighborhood organizations with a formal mechanism for cooperation to further the health of the community and the charitable missions of the Hospital. Many community events conducted by affiliated organizations are supported by WPAHS, Inc. - WPC.</p> <p>Member organizations include Bloomfield-Garfield Corporation, Career and Workforce Development Center East, East End Cooperative Ministry, Inc., Eastside Neighborhood Employment Center, Friendship Preservation Group, Interfaith Volunteer Caregivers, Lawrenceville Corporation, Lower Bloomfield Unity Council, The Parental Stress Center, Urban League of Pittsburgh, Ursuline Senior Services, Vintage, Inc. and WPAHS, Inc. - WPC.</p> <p>Crime Prevention Day - The Security department sponsored Crime Prevention Day for patients, visitors, and community personnel. More than 350 individuals were educated on how not to become a victim of crime.</p> <p>Escort Service - Security personnel transported 800 patients, visitors, and community personnel to off-site locations. This service helps to insure the safety, decrease stress and ease the financial impact of those staying or needing to visit off-site locations.</p> <p>AARP-Senior Community Service Employment Program - The Hospital provides experience to people age 50 and older that are looking for employment. These individuals have been out of the work force for years. The Hospital provides experience and training in Dietary, Clerical, and Environmental Services. Approximately 21 individuals participated in this program.</p> <p>Earn Program and Urban League Community Employment Programs - The Hospital provides working experience for people looking for a job in the work force. The Hospital provides training in Dietary, Medical Records, Clerical and Data Entry. Approximately 11 individuals participated in this program.</p> |

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| Statement of Program Service Accomplishments<br>- Continued | Form 990,<br>Page 2, Part III | <p>INTRODUCTION TO WEST PENN ALLEGHENY HEALTH SYSTEM, INC - FORBES REGIONAL CAMPUS West Penn Allegheny Health System, Inc - Forbes Regional Campus (WPAHS, Inc - FRC) has continuously provided health care services to residents of eastern Allegheny and Westmoreland Counties since 1978. WPAHS, Inc - FRC owns and operates a 335-bed acute care hospital with an emergency room open 24 hours a day and 7 days a week that is available to everyone regardless of their ability to pay. WPAHS, Inc - FRC offers a complete array of surgical, medical and inpatient rehabilitation services. The facility offers care in the following specialty areas: back surgery, cardiac surgery, cardiology, colon and rectal surgery, diabetes, diagnostic imaging, emergency medicine, endocrinology, family medicine, foot and ankle surgery, gastroenterology, general surgery, gynecology, hospice care, neurology, neurosurgery, obstetrics, oncology, orthopedics, outpatient surgery, pediatrics, psychiatry and urology. The Hospital features an affiliate office of the world renowned Joslin Diabetes Center and operates an emergency room open to all persons without regard to their ability to pay. The Hospital admits more than 16,000 patients annually, logs more than 46,000 emergency visits, and performs nearly 10,000 surgical procedures each year. More than 600 physicians and 1,200 employees share the hospital's commitment to excellence in patient care. Forbes Hospice, located in Bloomfield, is Pittsburgh's oldest and most respected end-of-life and palliative care program, providing care for families from Allegheny, Beaver, Butler, Washington and Westmoreland counties. Forbes Hospice has a wealth of experience in delivering comprehensive hospice care to the community and features nationally-recognized leadership, including a full-time medical director, board certified in hospice and palliative medicine. Forbes Hospice's team of caregivers offers a compassionate, loving approach to meeting the needs of our patients and their families. At a time when families are faced with the burden of care giving and emotional stress, Forbes Hospice is there to help them in their time of need. The focus of our hospice care is to create a comfortable and peaceful environment in which the patient may live each day to the fullest. At Forbes Hospice it is understood that a serious illness affects the entire family and our compassionate support and guidance are offered to them as well. After their loss, spiritual and psychological support is provided through the Bereavement Program. As life comes to a close, we open our hearts. When a cure is no longer possible, we are able to provide comfort. When you don't know what to expect, we will be there to help you every step of the way.</p> <p>COMMUNITY ASSESSMENT</p> <p>Community Health Improvement Services and Community Benefit Operations. Community health improvement services and community benefit operations include activities carried out to improve community health. They extend beyond patient care to include activities that are subsidized by the Hospital. The activities range from community health clinics and screenings to health education programs designed to raise community awareness of various healthcare topics and issues. As a division of West Penn Allegheny Health System, Inc. and consistent with the filing of the WPAHS, Inc. Schedule H, WPAHS, Inc - FRC provided these services at a cost of \$113,110 in Fiscal 2010.</p> |

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| Statement of Program Service Accomplishments - Continued |                  | <p>COMMUNITY HEALTH EDUCATION Childbirth Education Classes - The Women's and Infants Care Cen ter at the Hospital offers several classes to help moms and their partners prepare for lab or and delivery and beyond While the hospital charges for these classes, in each class, t here are couples w ho receive the classes free of charge due to financial constraints Appr oximately 100 people w ithout the ability to pay benefited from this class Breast Cancer E ducation - WPAHS, Inc - FRC provided an education session to w omen geared tow ard breast c ancer aw areness and treatment Allegheny Family Support Netw ork - WPAHS, Inc - FRC w as a featured speaker at this three-hour event A nurse attended the event and spoke about diab etes prevention and handed out info on diabetes education and healthy eating Alle-Kiski Medical Center Healthy Expo - The Hospital had an information table at this event regarding various health related topics Approximately 600 community member attended the expo Heal th Education Guest Teaching - Resident and faculty physicians and a psychologist from the Family Medicine Residency Program taught health classes to students at a local high school The school does not employ a full-time health teacher and relies on guest speakers to te ach health classes to the fifth grade Vial of Life Presentation - The Family Practice sta ff provides low income seniors the opportunity to create an emergency information sheet to promote safe transitions betw een home and health care settings In addition, they review the medication currently being taken by the individual and educate them in any manner deemed useful Approximately 25 seniors benefitted from this presentation AADE Bikers Against Diabetes (B A D ) - Bikers Against Diabetes (B A D ) is a motorcycle fundraising ride and family festival of the American Diabetes Association WPAHS, Inc - FRC provided blood sug ar screenings and handed out literature during this event</p> |

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| Statement of Program Service Accomplishments - Continued | Form 990, Page 2, Part III | <p>The Ed Dardanell Heart and Vascular Center Education Series - This Education Series is a monthly presentation for heart patients and their families that feature demonstrations and question and answer sessions focusing on heart and vascular health. These one-hour presentations are free and take place at the Hospital. Presenters include physicians and specialists from the Hospital. A total of eight sessions took place in Fiscal 2010.</p> <p>Miscellaneous Heart and Vascular Presentations - WPAHS, Inc. - FRC heart and vascular specialists often fill requests to speak at different organizations or events. In FY 10, the events included presentations at a local Rotary club and various local Emergency Medical Services (EMS) providers.</p> <p>HEALTH FAIRS AND COMMUNITY SCREENINGS</p> <p>Turtle Creek Senior Center Health Fair - This two-hour event featured a WPAHS, Inc. - FRC registered dietician who provided healthy eating tips. Approximately 50 people were in attendance.</p> <p>A Day To Care - Forbes Hospice participated in the "A Day to CARE" conference held by the Allegheny County Office on Aging. At this conference, Forbes Hospice staff provided educational materials to those who were in attendance.</p> <p>Celebrate Monroeville - The Hospital was a sponsor of the September 2009 Celebrate Monroeville event, which took place in the local community. At no cost to the participant, the Hospital provided health and wellness information, medical screenings, medical and health information and help with providing access to health and medical information. This event benefited more than 3,000 members of the community by helping to provide resources and also helped the community obtain information about their health care needs.</p> <p>Cardiovascular Screenings at the Monroeville Public Library - Approximately four screening and lecture series took place at the library during Fiscal 2010 at no cost to the participant. Screenings included blood pressure and peripheral vascular disease screenings. Physicians were on hand to administer the screenings, hand out information and answer questions.</p> <p>Health Expos by Non-Profit Organizations - Forbes Regional was invited to help and assist with several health expos that were sponsored by other non-profit organizations or individuals. The nature and scope of these fairs was to provide specific health and wellness topics, health care access, screenings and even obtain flu shots. Forbes Regional provided a variety of staff that consisted of physicians, nurse practitioners, nurses, respiratory therapists, registered dietitians, certified diabetes educators, radiology technologists and Hospice counselors. This staff provided a variety of information, counseling and screenings as well as food and refreshments. In total, more than 1,600 individuals attended the health expositions during Fiscal 2010.</p> |

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| Statement of Program Service Accomplishments - Continued | Form 990, Page 2, Part III | <p>Community Business and Employee Health and Wellness Fairs - WPAHS, Inc - FRC was invited to help and assist with health and wellness benefit fairs for local businesses. The businesses requested this help targeting their employees well-being. The nature and scope of the fairs was to provide specific health and wellness topics, health care access, screenings and even obtain flu shots for the employees of these businesses. Forbes Regional provided a variety of staff that consisted of physicians, nurse practitioners, nurses, respiratory therapist, registered dietitians and certified diabetes educators. This staff provided a variety of information, counseling and free screenings. Metro Family Practice - Faculty physicians from the WPAHS, Inc - Forbes Family Medicine Residency Program provided medical coverage and services in a community health center in a local neighborhood. They provided free medical care to patients who do not have insurance or medical coverage. Osteoporosis Screening - A WPAHS, Inc - FRC physician and nurse provided osteoporosis screening and education to approximately 20 seniors at a local housing complex. Health Screenings for the Uninsured - A faculty physician and three residents from the Family Medicine Residency Program provided free health care screenings to non-insured patients at a local clinic. Senior &amp; Women's Center Blood Pressure Screenings and Health Fairs - Staff and resident physicians from the WPAHS, Inc - FRC Family Practice Residency Program participated in blood pressure screening events and health fairs at a local Women's Club and Senior Center. New Life Ladies Fitness Center WPAHS, Inc - FRC provided a Health Screening Day for the women at a local fitness center. Blood pressure, osteoporosis and blood glucose screening, as well as health education was provided to those in attendance.</p> |

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| Statement of Program Service Accomplishments - Continued | Form 990, Page 2, Part III | <p>SUPPORT GROUPS Bereavement Support Groups - WPAHS, Inc - FRC provides five monthly support groups, each designed to serve the specific bereavement care needs not only of families whose loved ones have died on the Forbes Hospice program, but as well the bereavement care needs of any members of the community who wish to attend or participate. Each of these monthly support groups are jointly facilitated by a member of the Forbes Hospice professional clinical staff and a volunteer trained by the hospice bereavement care coordinator. In total, the support groups served approximately 300 people during Fiscal 2010.</p> <p>Fetal and Neonatal Grief Loss Support Services - Women who have experienced fetal or neonatal loss require ongoing support. Available grief counselors provide women and families the opportunity to talk through their grief. Counselors are able to make additional appropriate referrals, based on potential problems.</p> <p>Diabetes Support Group - This support group meets monthly and is supported and sponsored by the Joslin Diabetes Center. On average, 20 people per month attend the sessions. The purpose of the support group is to provide a forum for patients with diabetes to meet and discuss issues pertaining to diabetes. This will ultimately help them to maintain and improve their overall care. The speakers at the meetings range from physicians, dietitians, pharmacists, pharmaceutical representatives, insurance counselors and actual patients.</p> <p>Individual and Family Counseling - The Forbes Hospice Bereavement Care Coordinator routinely fields phone calls of inquiry about available support services from members of the community at large and either guides them in process of referral support or provides direct service support through in-house therapy sessions or extended phone conversations of a quality equal to such service provided to families whose loved ones have died on the Forbes Hospice program. The counseling program benefitted 110 people.</p> |

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| Statement of Program Service Accomplishments - Continued | Form 990, Page 2, Part III | <p>Journeys Bereavement Newsletter - This monthly publication is written by and purchased from The Hospice Foundation of America. Forbes Hospice sends this monthly newsletter for one year to every family that has lost a loved one on the Forbes Hospice program - a service that in content and expense exceeds traditional hospice care and effectively supplements strong bereavement care support, which is an essential dimension of Forbes Hospice's mission. In total, 1,600 families received the newsletter during Fiscal 2010.</p> <p>Community Memorial Service - Forbes Hospice has community-wide memorial services for bereaved family members twice a year. Unreimbursed costs incurred include church donations, food, printing, mailings, mementos and staff time.</p> <p>Health Professions Education WPAHS, Inc - FRC provides aspiring health professionals with many educational opportunities to further their career in healthcare. In addition to the educational support we provide to interns, residents and fellows, WPAHS, Inc - FRC provided health professions education to the community in a variety of ways and forums. As a division of West Penn Allegheny Health System, Inc. and consistent with the filing of the WPAHS, Inc. Schedule H, WPAHS, Inc - FRC provided these services in addition to the educational support provided to interns, residents and fellows at a cost of \$216,970 in Fiscal 2010.</p> |

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| Statement of Program Service Accomplishments - Continued | Form 990, Page 2, Part III | <p>Forbes Hospice Health Professions Education - Part of Forbes Hospice's mission is "to support education and research" and in keeping with its mission, Forbes Hospice invites students and professionals to learn about end-of-life care. Nine individuals spent approximately 550 hours with the medical director of the Hospice during the year.</p> <p>Masonic Village Nursing Home - Forbes Hospice provided two educational sessions to the staff at a local nursing home geared toward treatment and care for the elderly population.</p> <p>Job Shadowing - Students from local colleges, technical schools, high schools, and some elementary schools are provided opportunities to do job shadowing to learn about various professions and the duties and responsibilities of these professions. The job shadowing occurs in nursing, labor and delivery, nursery, diagnostic imaging, respiratory therapy, surgery, cardiology, Joslin Diabetes Center, family practice, laboratory, GI lab, and rehab services. In Fiscal 2010, more than 70 students were provided a job shadowing experience.</p> <p>Educator in the Workplace - A learning support teacher and 6 students from a local school came to WPAHS, Inc. - FRC to learn about various health careers and the preparation required. This helps to better prepare the teachers and their students to become better equipped to become working members of the community. The students and their teacher were on campus for 8 hours a week for approximately 36 weeks and worked with various Hospital staff.</p> <p>Clinical Education for Physical Therapy, Occupational Therapy &amp; Speech Language Pathology - Rehab Services offers extensive clinical education to students from a number of local universities and colleges. Clinical experiences range from one week to 4 months with a therapist spending up to 60 minutes a day for personalized education and supervision. 21 students benefitted these services in Fiscal 2010.</p> <p>Supervision of Master's Level Interns - The Forbes Hospice Bereavement Care Coordinator trained two interns from area universities in skills of counseling of dying patients and their families and in bereavement.</p> <p>Phlebotomy Training - The Lab at Forbes Regional provided phlebotomy and processor training to 3 students from Westmoreland Community College and Community College of Allegheny County. The students were instructed and supervised to perform the practices of blood drawing skills. The program prepares the students to function as a phlebotomist in a clinical setting.</p> <p>Financial Contributions - This category includes funds and in-kind services donated to individuals and the community at large. In-kind services include hours donated by staff to the community during hospital work hours, overhead expenses of meeting space donated to not-for-profit community groups, and the free provision of food, equipment, supplies and giveaways items as well as monetary donations. As a division of West Penn Allegheny Health System, Inc. (WPAHS, Inc.) and consistent with the filing of the WPAHS, Inc. Schedule H, WPAHS, Inc. - FRC provided these services at a cost of \$12,500 in Fiscal 2010.</p> <p>Cash Donations - WPAHS, Inc. - FRC supports the community through cash contributions made at the discretion of the Hospital and its directors, benefiting not only the non-profit recipient but also ultimately the community as a whole. During Fiscal 2010, WPAHS, Inc. - FRC made cash contributions to the following organizations: Penn Township Ambulance Association, Penn Township Business Association, Monroeville Area Chamber of Commerce.</p> |

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| Statement of Program Service Accomplishments - Continued | Form 990, Page 2, Part III | <p>In-kind Donations - In addition to the cash contributions, WPAHS, Inc - FRC also made in-kind donations of time and resources to help support various community functions. The in-kind donations included the following:</p> <ul style="list-style-type: none"> <li>Global Links - Forbes Hospice donated health care supplies to Global Links. This organization utilizes these supplies to provide adequate care for patients throughout this region.</li> <li>Central Blood Bank Blood Drives - Forbes Regional hosted five blood drives for the Central Blood Bank. The hospital provided space and hospital staff and staff volunteers help work the table. The hospital also provided refreshments to those in attendance. Seventy-nine units of blood were collected as a result of the drives.</li> <li>Community Building Activities - Community Building Activities include activities engaged in for the purpose of improving or protecting the health, future and wellbeing of the community. As a division of West Penn Allegheny Health System, Inc. and consistent with the filing of the WPAHS, Inc. Schedule H, WPAHS, Inc - FRC provided these services at a cost of \$2,850 in Fiscal 2010.</li> <li>Head Start Advisory Council - Staff from the WPAHS, Inc - FRC Forbes Family Medicine Residency Program serve as a professional consultant to the Health Advisory Council for the Allegheny County Head Start Program. They assist the Council with policy development and education activities.</li> <li>American Heart Association Heart Walk (AHA) - WPAHS, Inc - FRC recruited team captains for this event, who then recruited team members, walkers and solicited donations for the AHA. A management member at WPAHS, Inc - FRC was recruited to be the hospital team leader to coordinate the events and activities.</li> <li>American Diabetes Association Walk (ADA) - The Joslin Diabetes Center at WPAHS, Inc - FRC was asked to help be a recruiter for this event. The coordinator of the Joslin Diabetes Center coordinated the events and activities and helped recruit team captains and walkers for this event.</li> <li>Monroeville Night Out - WPAHS, Inc - FRC and approximately 3,000 community members attended an event titled "Monroeville Night Out". The purpose of Monroeville Night Out is to educate residents and businesses about crime prevention and safety.</li> </ul> |

| Identifier                        | Return Reference                             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| Changes to Organizational Bylaw s | Form 990, Page 6, Part VI, Section A, Line 4 | <p>The following changes were made to the bylaw s of West Penn Allegheny Health System, Inc d uring the year ended June 30, 2010 It is proposed that the West Penn Allegheny Health Sys tem, Inc bylaw s be amended as set forth below Article VIII, Section 4 Compensation Comm ittee This Committee shall determine the compensation of officers and senior management o f the Corporation and Constituent Corporations, and shall provide information regarding th e Committee's determination to any Director upon his or her request Either this Committee or a separate committee appointed by the Board shall evaluate and determine compensation parameters for physicians employed by or under contract w ith the Health Care System Subje ct to the subsequent sentence, this Committee shall include as members the Chair of the Bo ard of Directors, along w ith such other Directors as the Board may determine from time to time This Committee shall have no physician members, employees of the Corporation, or any other person deemed to be an "insider" under guidelines promulgated or issued by the Inte rnal Revenue Service who is compensated in his or her capacity as such</p> |

| Identifier              | Return Reference                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990 Review Process | Form 990, Page 6, Part VI, Section B, Question 11A | 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, or another Board Member otherwise designated by the Chair, 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. |

| Identifier                                                    | Return Reference                    | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monitoring and Enforcement of the Conflict of Interest Policy | Form 990, Page 6, Part IV, Line 12c | <p>West Penn Allegheny Health System, Inc. is a member of the West Penn Allegheny Health System (WPAHS). WPAHS has a corporate compliance department that monitors and oversees compliance with the conflict of interest policy of all organizations in the health system. The following describes the manner in which the corporate compliance department monitors and oversees compliance with the conflict of interest policy for West Penn Allegheny Health System, Inc. as well as the other WPAHS affiliates. Conflict of interest disclosure 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 statement 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 organization's senior management for development of the mitigation plan. The organization's senior management is 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 &amp; Compliance Committee of the Board. In addition, all WPAHS board members, officers and key employees complete an annual independence disclosure statement which assists the System's Compliance Officer and Internal Audit Department to determine and monitor the levels of independence in each of the System's tax exempt affiliates as well as to determine the level of Form 990, Schedule L reporting.</p> |

| Identifier                                       | Return Reference                           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Process Used To Determine Executive Compensation | Form 990, Part VI, Section B, Line 15A & B | <p>West Penn Allegheny Health System's process for determining compensation for executive positions (including officers, key employees and other management positions) within West Penn Allegheny Health System, Inc (WPAHS) and its affiliates is covered by the WPAHS Executive Compensation Policy. This policy was approved by the WPAHS 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 WPAHS Board of Directors approves the compensation for WPAHS senior executives. The Compensation Committee approves the initial compensation for newly hired senior executives, which includes all compensation components, including without limitation, base compensation, incentive compensation, deferred compensation, fringe and other benefits, as well as the total compensation. It also approves 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. The Compensation Committee periodically retains the services of an independent compensation consultant to provide an expert opinion report as to the reasonableness of total compensation of WPAHS and its affiliates officers and key employees. Each Compensation Committee member voting on a senior executive's compensation arrangement ensures that he or she has no conflict of interest, including that he or she (a) does not economically benefit from the proposed employment, (b) does not receive compensation subject to the approval of the proposed employee, and (c) has no material financial interest affected by the transaction. The Compensation Committee consists of three independent Board Members of WPAHS. All decisions of the Compensation Committee regarding executive compensation matters are documented.</p> |

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

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

| Identifier                                   | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Supplemental Information on Tax Exempt Bonds | Schedule K       | <p>The following is additional analysis regarding Schedule K, Page 2, Part IV, Question 5. On June 19, 2007, the System's Series 2007 Project Fund was funded with proceeds from a tax-exempt bond issue. The President and Chief Executive Officer of the System resigned shortly thereafter. An interim President and Chief Executive Officer served until March 2008 when a permanent President and Chief Executive Officer began his term. Because of this turnover in the leadership of the System, among other things, there was a delay in the capital spending until the new President and Chief Executive Officer began to implement the capital spending which he deemed to be necessary. This delay caused the Series 2007 Project Fund to be spent down in approximately four years. It should be noted that the System timely completes arbitrage calculations on all tax-exempt borrowings, and while a calculation has not yet been required for the Series 2007 Project Fund, management does not anticipate any positive arbitrage based on the yield on investments in the Series 2007 Project Fund while the proceeds were being spent.</p> |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
West Penn Allegheny Health System Inc

Employer identification number  
25-0969492

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

| (a)<br>Name, address, and EIN of disregarded entity                                                | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|----------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| West Penn Allegheny Foundation LLC<br>4800 Friendship Avenue<br>Pittsburgh, PA 15224<br>20-1107650 | Capital Acq             | PA                                               | 4,340,509           | 32,413,304                | WPAHS Inc                        |
|                                                                                                    |                         |                                                  |                     |                           |                                  |
|                                                                                                    |                         |                                                  |                     |                           |                                  |
|                                                                                                    |                         |                                                  |                     |                           |                                  |
|                                                                                                    |                         |                                                  |                     |                           |                                  |
|                                                                                                    |                         |                                                  |                     |                           |                                  |

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity |
|-------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|
| See Additional Data Table                             |                         |                                                  |                            |                                                     |                                  |
|                                                       |                         |                                                  |                            |                                                     |                                  |
|                                                       |                         |                                                  |                            |                                                     |                                  |
|                                                       |                         |                                                  |                            |                                                     |                                  |
|                                                       |                         |                                                  |                            |                                                     |                                  |
|                                                       |                         |                                                  |                            |                                                     |                                  |

Part III

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

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

Part IV

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership |
|-------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|------------------------------------------|--------------------------------|
| See Additional Data Table                             |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                       |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                       |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                       |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                       |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                       |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                       |                         |                                                           |                                     |                                                        |                                 |                                          |                                |

Part V

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

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

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)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l 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

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

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

| (a)<br>Name of other organization | (b)<br>Transaction<br>type(a-r) | (c)<br>Amount involved |
|-----------------------------------|---------------------------------|------------------------|
| (1) See Additional Data Table     |                                 |                        |
| (2)                               |                                 |                        |
| (3)                               |                                 |                        |
| (4)                               |                                 |                        |
| (5)                               |                                 |                        |
| (6)                               |                                 |                        |

Schedule R (Form 990) 2009

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.

[illegible]

Software ID:

Software Version:

EIN: 25-0969492

Name: West Penn Allegheny Health System Inc

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

| (a)<br>Name, address, and EIN of related organization                                                    | (b)<br>Primary Activity | (c)<br>Legal Domicile<br>(State or Foreign Country) | (d)<br>Exempt Code section | (e)<br>Public charity status<br>(if 501(c)(3)) | (f)<br>Direct Controlling Entity |
|----------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|----------------------------|------------------------------------------------|----------------------------------|
| Allegheny Medical Practice Network<br><br>4800 Friendship Avenue<br>Pittsburgh, PA 15224<br>25-1838457   | Healthcare              | PA                                                  | 501(c)(3)                  | 3                                              | WPAHS Inc                        |
| Allegheny Specialty Practice Network<br><br>320 East North Avenue<br>Pittsburgh, PA 15212<br>25-1838458  | Healthcare              | PA                                                  | 501(c)(3)                  | 3                                              | WPAHS Inc                        |
| Allegheny Singer Research Institute<br><br>320 East North Avenue<br>Pittsburgh, PA 15212<br>25-1320493   | Sci Research            | PA                                                  | 501(c)(3)                  | 4                                              | WPAHS Inc                        |
| Alle-Kiski Medical Center<br><br>1301 Carlisle Street<br>Natrona Heights, PA 15065<br>25-1875178         | Healthcare              | PA                                                  | 501(c)(3)                  | 3                                              | WPAHS Inc                        |
| Alle-Kiski Medical Center Trust<br><br>1301 Carlisle Street<br>Natrona Heights, PA 15065<br>20-5855753   | Fundraising             | PA                                                  | 501(c)(3)                  | 11-I                                           | AKMC                             |
| Canonsburg General Hospital<br><br>100 Medical Boulevard<br>Canonsburg, PA 15317<br>25-1737079           | Healthcare              | PA                                                  | 501(c)(3)                  | 3                                              | WPAHS Inc                        |
| CGH Ambulance Service Inc<br><br>100 Medical Boulevard<br>Canonsburg, PA 15317<br>23-2939715             | Emer Response           | PA                                                  | 501(c)(3)                  | 9                                              | WPAHS Inc                        |
| Forbes Health Foundation<br><br>2570 Haymaker Road<br>Monroeville, PA 15146<br>25-1798379                | Fundraising             | PA                                                  | 501(c)(3)                  | 7                                              | WPAHS Inc                        |
| Suburban Health Foundation<br><br>100 South Jackson Avenue<br>Pittsburgh, PA 15202<br>25-1472073         | Fundraising             | PA                                                  | 501(c)(3)                  | 11-I                                           | WPAHS Inc                        |
| West Penn Allegheny Oncology Network<br><br>4800 Friendship Avenue<br>Pittsburgh, PA 15224<br>11-3683376 | Healthcare              | PA                                                  | 501(c)(3)                  | 11-III FL                                      | WPAHS Inc                        |
| West Penn Hospital Foundation<br><br>4800 Friendship Avenue<br>Pittsburgh, PA 15224<br>25-1470766        | Fundraising             | PA                                                  | 501(c)(3)                  | 11-I                                           | WPAHS Inc                        |
| West Penn Physician Practice Network<br><br>4800 Friendship Avenue<br>Pittsburgh, PA 15224<br>25-1494317 | Healthcare              | PA                                                  | 501(c)(3)                  | 9                                              | WPAHS Inc                        |
| West Allegheny Hospital<br><br>100 Medical Boulevard<br>Pittsburgh, PA 15317<br>25-1054206               | Inactive                | PA                                                  | 501(c)(3)                  | 3                                              | NA                               |
| Greater Canonsburg Health System<br><br>100 Medical Boulevard<br>Canonsburg, PA 15317<br>25-1488089      | Inactive                | PA                                                  | 501(c)(3)                  | 11-I                                           | NA                               |
| Canonsburg HealthHospital Foundation<br><br>100 Medical Boulevard<br>Canonsburg, PA 15317<br>25-1818505  | Inactive                | PA                                                  | 501(c)(3)                  | 11-I                                           | NA                               |

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

| (a)<br>Name, address, and EIN of related organization                                                          | (b)<br>Primary activity | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Direct Controlling Entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income (\$) | (g)<br>Share of end-of-year assets (\$) | (h)<br>Percentage ownership |
|----------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------------|--------------------------------------------------|-----------------------------------|-----------------------------------------|-----------------------------|
| Burn Care Associates<br>4800 Friendship Avenue<br>Pittsburgh, PA15224<br>23-2899534                            | Healthcare              | PA                                               | WPAHS Inc                        | C Corporation                                    | 0                                 | 15,542                                  | 100 000 %                   |
| Liberty Physicians<br>4800 Friendship Avenue<br>Pittsburgh, PA15224<br>25-1637318                              | Healthcare              | PA                                               | WPAHS Inc                        | C Corporation                                    | 2,992,030                         | 140,745                                 | 100 000 %                   |
| Medical Center Clinic<br>4800 Friendship Avenue<br>Pittsburgh, PA15224<br>23-2894939                           | Healthcare              | PA                                               | WPAHS Inc                        | C Corporation                                    | 126,124                           | 71,442                                  | 100 000 %                   |
| West Penn Corporate Medical Services<br>4800 Friendship Avenue<br>Pittsburgh, PA15224<br>25-1437405            | Healthcare              | PA                                               | WPAHS Inc                        | C Corporation                                    | 0                                 | 20,800                                  | 100 000 %                   |
| West Penn Medical Associates<br>4800 Friendship Avenue<br>Pittsburgh, PA15224<br>25-1666783                    | Healthcare              | PA                                               | WPAHS Inc                        | C Corporation                                    | 4,390,375                         | 365,260                                 | 100 000 %                   |
| West Penn Neurosurgery<br>4800 Friendship Avenue<br>Pittsburgh, PA15224<br>25-1630719                          | Inactive                | PA                                               | WPAHS Inc                        | C Corporation                                    | 0                                 | 0                                       | 100 000 %                   |
| West Penn OBGYN Multispecialty<br>4800 Friendship Avenue<br>Pittsburgh, PA15224<br>25-1619226                  | Healthcare              | PA                                               | WPAHS Inc                        | C Corporation                                    | 4,921,996                         | 386,781                                 | 100 000 %                   |
| Friendship Insurance Company<br>Barclay House Shedden Road<br>Grand Cayman, Cayman Islands<br>CJ<br>98-0116952 | Captive Insur           | CJ                                               | WPAHS Inc                        | C Corporation                                    | 19,108                            | 1,978,617                               | 100 000 %                   |

Form 990, Schedule R, Part V - Transactions With Related Organizations

| (a)<br>Name of other organization         | (b)<br>Transaction type(a-r) | (c)<br>Amount Involved (\$) |
|-------------------------------------------|------------------------------|-----------------------------|
| (1) Alle-Kiski Medical Center             | 1b                           | 3,781,742                   |
| (2) Allegheny Medical Practice Network    | 1b                           | 9,593,225                   |
| (3) Allegheny Singer Research Institute   | 1b                           | 4,254,137                   |
| (4) Allegheny Specialty Practice Network  | 1b                           | 44,435,637                  |
| (5) Canonsburg General Hospital           | 1b                           | 203,614                     |
| (6) West Penn Physician Practice Network  | 1b                           | 6,448,723                   |
| (7) Suburban Health Foundation            | 1c                           | 108,000                     |
| (8) West Penn Allegheny Oncology Network  | 1c                           | 7,882,810                   |
| (9) West Penn Hospital Foundation         | 1c                           | 2,374,747                   |
| (10) Alle-Kiski Medical Center            | 1o                           | 1,242,515                   |
| (11) Canonsburg General Hospital          | 1o                           | 1,621,964                   |
| (12) Forbes Health Foundation             | 1o                           | 1,341,464                   |
| (13) West Penn Hospital Foundation        | 1o                           | 86,970                      |
| (14) Allegheny Medical Practice Network   | 1p                           | 1,284,418                   |
| (15) Allegheny Singer Research Institute  | 1p                           | 311,464                     |
| (16) Allegheny Specialty Practice Network | 1p                           | 456,114                     |
| (17) West Penn Allegheny Oncology Network | 1p                           | 553,775                     |