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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <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 <b>2009</b>
	The organization may have to use a copy of this return to satisfy state reporting requirements	<b>Open to Public Inspection</b>

<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 <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> ALLEGHENY SINGER RESEARCH INSTITUTE					<b>D Employer identification number</b> 25-1320493		
			Doing Business As					<b>E Telephone number</b> (412) 330-6022		
			Number and street (or P O box if mail is not delivered to street address) C/O TAX DEPT TWO ALLEGHENY CENTER				Room/suite	<b>G Gross receipts \$</b> 27,961,405		
			City or town, state or country, and ZIP + 4 PITTSBURGH, PA 15212							
		<b>F Name and address of principal officer</b> Roy Santarella 30 Isabella Street PITTSBURGH, PA 15212					<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
							<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)			
							<b>H(c)</b> Group exemption number ▶			
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527										
<b>J Website:</b> ▶ WWW.WPAHS.ORG										
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					<b>L</b> Year of formation 1977		<b>M</b> State of legal domicile PA			

Part I Summary				
Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities See Statement 1		
	<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>	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	
	<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	
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)	3,925,738	307,611
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,449,357	18,775,327
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	486,982	391,253
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	315,615	575,294
Expenses			22,177,692	20,049,485
	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,700	15,000
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,491,559	11,802,626
	<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) <sup>0</sup>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	11,444,451	13,970,349
	<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	23,941,710	25,787,975
Net Assets or Fund Balances	<b>19</b>	Revenue less expenses Subtract line 18 from line 12	-1,764,018	-5,738,490
			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b>	Total assets (Part X, line 16)	22,845,970	23,468,573
	<b>21</b>	Total liabilities (Part X, line 26)	9,881,485	11,894,800
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	12,964,485	11,573,773

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

**1** Briefly describe the organization's mission

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.













[illegible][illegible]

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

<b>4e</b>	<b>Total program service expenses</b>	<b>\$ 18,459,208</b>
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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?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 	12A	Yes
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	No
14b	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	No
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	No
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	No

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		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<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		No
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		No
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 . . . . .	1a78		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
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 . . . . .	2a219		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <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	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b	
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	No
	b If "Yes," enter the name of the foreign country: <input type="text"/> 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	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for 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	4	
b	Enter the number of voting members that are independent . . .	1b	0	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		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		No
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▶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. <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 TWO ALLEGHENY CENTER 11TH FLOOR PITTSBURGH, PA 15212 (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> . . . . .	872,389	6,839,299	0
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**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 **7**

		<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) Name and business address	(B) Description of services	(C) Compensation
Ansel Schwartz 201 N Craig Street PITTSBURGH, PA 15213	Patent Attorney	324,263
Cadence Development PO Box 2022 FRIENDSWOOD, TX 77549	Consulting	155,994
Bearing Point Department AT 40297 ATLANTA, GA 31192	Consulting	132,451

**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 **3**

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a							
	b	Membership dues . . . . .	1b							
	c	Fundraising events . . . . .	1c							
	d	Related organizations . . . .	1d	108,000						
	e	Government grants (contributions)	1e							
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	199,611						
	g	Noncash contributions included in lines 1a-1f \$ _____								
	h	Total. Add lines 1a-1f . . . . .			307,611					
Program Service Revenue	2a	SCIENTIFIC RESEARCH	Business Code	541,700	18,775,327	18,775,327				
	b									
	c									
	d									
	e									
	f	All other program service revenue								
	g	Total. Add lines 2a-2f . . . . .			18,775,327					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		340,296			340,296		
4		Income from investment of tax-exempt bond proceeds . .		0						
5		Royalties . . . . .		0						
6a		Gross Rents	(i) Real	(ii) Personal						
			13,500							
			13,500							
b		Less rental expenses			13,500			13,500		
c		Rental income or (loss)								
d		Net rental income or (loss) . . . . .								
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					50,957	
			7,962,877							
			7,911,920							
			50,957							
b		Less cost or other basis and sales expenses			0					
c		Gain or (loss)								
d		Net gain or (loss) . . . . .								
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . .	a						0	
			b	Less direct expenses . . . .	b					
			c	Net income or (loss) from fundraising events . .						
9a	Gross income from gaming activities See Part IV, line 19 . . . .	a		0						
		b	Less direct expenses . . . .					b		
		c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances . .	a		0						
		b	Less cost of goods sold . . .					b		
		c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code								
11a	CARDIAC MRI CHASE RESEARCH	541,700	203,500	203,500						
		541,700	208,967	208,967						
		541,700	136,892	136,892						
			12,435	12,435						
		Total. Add lines 11a-11d . . . . .			561,794					
12	Total revenue. See Instructions . . . .			20,049,485	19,337,121		404,753			

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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	15,000	15,000		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages	10,049,839	5,802,252	4,247,587	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	238,354	137,613	100,741	
9	Other employee benefits . . . . .	845,609	488,210	357,399	
10	Payroll taxes . . . . .	668,824	386,144	282,680	
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	25,484		25,484	
c	Accounting . . . . .	30,730		30,730	
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	33,679		33,679	
g	Other . . . . .	1,261,369	824,622	436,747	
12	Advertising and promotion . . . . .	5,663	5,663		
13	Office expenses . . . . .	135,682	34,942	100,740	
14	Information technology . . . . .	0			
15	Royalties . . . . .	0			
16	Occupancy . . . . .	2,082	1,776	306	
17	Travel . . . . .	189,249	115,872	73,377	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	107,223	62,727	44,496	
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	456,148	250,141	206,007	
22	Depreciation, depletion, and amortization . . . . .	1,680,899	860,713	820,186	
23	Insurance . . . . .	64,742	64,742		
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	RESEARCH EXPENDITURES	1,029,413	1,029,413		
b	MEDICAL SUPPLIES	8,523,510	8,316,447	207,063	
c	REPAIRS AND MAINTENANCE	65,322	1,488	63,834	
d	DUES AND SUBSCRIPTIONS	106,900	17,982	88,918	0
e	TELEPHONE	21,945	3,082	18,863	
f	All other expenses	230,309	40,379	189,930	0
25	Total functional expenses. Add lines 1 through 24f	25,787,975	18,459,208	7,328,767	0
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 . . . . .			6,011,731	1	7,543,699
	2	Savings and temporary cash investments . . . . .				2	
	3	Pledges and grants receivable, net . . . . .			1,840,142	3	1,994,880
	4	Accounts receivable, net . . . . .			122,811	4	151,479
	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 . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			14,958	9	0
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a	19,319,972			
	b	Less accumulated depreciation . . . . .	10b	15,442,646	4,965,123	10c	3,877,326
	11	Investments—publicly traded securities . . . . .			8,751,939	11	8,889,810
	12	Investments—other securities. See Part IV, line 11 . . . . .			10,178	12	14,424
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			1,129,088	15	996,955
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			22,845,970	16	23,468,573
Liabilities	17	Accounts payable and accrued expenses . . . . .			1,318,963	17	1,172,238
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			6,001,888	19	7,501,409
	20	Tax-exempt bond liabilities . . . . .				20	
	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 . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .			2,560,634	25	3,221,153
	26	Total liabilities. Add lines 17 through 25 . . . . .			9,881,485	26	11,894,800
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 . . . . .			2,935,367	27	1,802,982
	28	Temporarily restricted net assets . . . . .			2,490,405	28	2,099,705
	29	Permanently restricted net assets . . . . .			7,538,713	29	7,671,086
	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 . . . . .			12,964,485	33	11,573,773
	34	Total liabilities and net assets/fund balances . . . . .			22,845,970	34	23,468,573

**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 _____ 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? 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 <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? . . . . .		No
<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 . . .		

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 ALLEGHENY SINGER RESEARCH INSTITUTE		Employer identification number 25-1320493
-----------------------------------------------------------------	--	----------------------------------------------

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  
  
West Penn Allegheny Health System Inc,  
  
Pittsburgh, PA
- 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)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a 33 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		
b 33 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		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



**Part IV**

**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

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 ALLEGHENY SINGER RESEARCH INSTITUTE	Employer identification number 25-1320493
-----------------------------------------------------------------	----------------------------------------------

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 (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		0	0												
b Total lobbying expenditures to influence a legislative body (direct lobbying)		5,153	418,483												
c Total lobbying expenditures (add lines 1a and 1b)		5,153	418,483												
d Other exempt purpose expenditures		25,782,822	1,648,957,517												
e Total exempt purpose expenditures (add lines 1c and 1d)		25,787,975	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 (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 (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 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Election Under IRC Section 501(h)	Schedule C, Page 2, Part II-A	Allegheny Singer Research Institute (ASRI) has made the IRC Section 501(h) election. ASRI has not made any political expenditure and no direct lobbying expenditures. ASRI is a member of the West Penn Allegheny Health System (WPAHS). WPAHS employs an Executive Vice President for External Affairs to lobby issues of importance to WPAHS and all of its members. WPAHS also elected to engage the services of outside consultants to assist us in lobbying issues of importance. The lobbying expenditures of \$5,153 attributed to ASRI on Schedule C, Page 2, Part II-A reflect expenditures allocated to ASRI from WPAHS and do not reflect direct expenditures made by ASRI.

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**  
ALLEGHENY SINGER RESEARCH INSTITUTE

**Employer identification number**  
25-1320493

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</div> <div><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</div> <div><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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

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 . . . . .	10,029,118	9,786,888			
b Contributions . . . . .	307,611	97,987			
c Investment earnings or losses . . . . .	597,003	235,154			
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	1,129,262	68,903			
f Administrative expenses . . . . .	33,679	22,008			
g End of year balance . . . . .	9,770,791	10,029,118			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 78.000 %

c

Term endowment ▶ 22.000 %

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

3a(i)

No

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 . . . . .				
b Buildings . . . . .		5,843,902	5,311,837	532,065
c Leasehold improvements . . . . .		2,133,565	539,242	1,594,323
d Equipment . . . . .		10,932,423	9,591,567	1,340,856
e Other . . . . .		410,082		410,082
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				3,877,326



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
ASRI Inclusion In The Consolidated Audit of WPAHS	Form 990, Schedule D, Part X Line 2, Part XII and XIII	Allegheny Singer Research Institute (ASRI) does not issue independent audited financial statements. ASRI is a member of a regional healthcare system named West Penn Allegheny Health System. The West Penn Allegheny Health System receives a consolidated audit which includes the operations of ASRI. The following analysis represents the reconciliation between the financial statement net income and the net income as reported on Form 990, Page 1, line 19: Net loss per financial statements \$ (5,845,178) Plus: Income and expense reclassified from restricted net assets on the financial statements to unrestricted income and expense on Form 990 106,688 Net income per Form 990 \$ (5,738,490). 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."



Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ALLEGHENY SINGER RESEARCH INSTITUTE

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  
25-1320493

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
Open Door IncPO Box 99242 Pittsburgh, PA 15233	300354607	501(c)(3)	10,000				To further the charitable mission of the organization

2

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

1

3

Enter total number of other organizations . . . . .

0



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  
ALLEGHENY SINGER RESEARCH INSTITUTE

Employer identification number  
25-1320493

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 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 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	
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	
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	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Dawn Gideon	(i)	0	0	0	0	0	0	0
	(ii)	710,008	57,500	67,625	9,800	11,395	856,328	0
Roy Santarella	(i)	0	0	0	0	0	0	0
	(ii)	765,721	325,000	127,201	13,965	19,822	1,251,709	0
Sanford Kurtz MD	(i)	0	0	0	0	0	0	0
	(ii)	204,133	100,000	44,134	0	1,898	350,165	0
Christopher Olivia MD	(i)	0	0	0	0	0	0	0
	(ii)	1,261,933	500,000	117,566	12,435	15,604	1,907,538	0
Thomas Albanesi	(i)	0	0	0	0	0	0	0
	(ii)	272,366	41,250	360	10,725	10,829	335,530	0
Judy Hlafcsak	(i)	0	0	0	0	0	0	0
	(ii)	424,098	143,160	45,501	10,744	6,212	629,715	0
Michael Devita MD	(i)	0	0	0	0	0	0	0
	(ii)	241,263	15,000	414	230,217	5,954	492,848	0
Sharon Loftus	(i)	0	0	0	0	0	0	0
	(ii)	281,643	0	909	13,004	2,472	298,028	0
Jerry Fedele	(i)	0	0	0	0	0	0	0
	(ii)	0	0	252,175	1,133	0	253,308	0
Dawn Javersack	(i)	0	0	0	0	0	0	0
	(ii)	0	0	102,025	0	0	102,025	0
James Post	(i)	0	0	0	0	0	0	0
	(ii)	503,303	26,250	1,032	13,831	13,302	557,718	0
Garth Ehrlich	(i)	296,660	0	552	10,776	12,018	320,006	0
	(ii)	0	0	0	0	0	0	0
John Costerton	(i)	192,516	0	1,287	11,700	9,639	215,142	0
	(ii)	0	0	0	0	0	0	0
Deborah Olszewski	(i)	0	0	0	0	0	0	0
	(ii)	165,729	41,400	600	10,403	1,666	219,798	0

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 Disclosures	Schedule J, Page 1, Line 4a	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 ending within the June 30, 2010 fiscal year end: Jerry Fedele \$252,175; Dawn Javersack \$102,025. The following list represents Officers, Directors, or Key Employees of Allegheny Singer Research Institute 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: Directors: Michael DeVita, MD 07-01-2009 - 11-30-2009; Sanford Kurtz, MD 10-15-2009 - 06-30-2010; Officers: Sharon Loftus 07-01-2009 - 12-31-2009; Deborah Olszewski 01-28-2010 - 06-30-2010; Key Employees: Joseph Ahern 03-10-2010 - 06-30-2010.

Software ID:  
Software Version:  
EIN: 25-1320493  
Name: ALLEGHENY SINGER RESEARCH INSTITUTE

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493133010131
SCHEDULE O (Form 990)	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
Department of the Treasury Internal Revenue Service			

Name of the organization ALLEGHENY SINGER RESEARCH INSTITUTE	Employer identification number 25-1320493
-----------------------------------------------------------------	----------------------------------------------

Identifier	Return Reference	Explanation
Allegheny Singer Research Institute - Board Independence	Form 990, Part III, Page 2	The appointment of the Allegheny Singer Research Institute Board of Directors is made by the sole member of the organization, West Penn Allegheny Health System, Inc. The Bylaws of Allegheny Singer Research Institute provides that the sole member has the exclusive power to fix the number of, and elect, appoint, fill vacancies in and remove, with or without cause, the Directors, and elect and remove, with or without cause, the Chair and Vice Chair of the Board of Directors of the Corporation, and the Secretary and Treasurer of the Corporation. The Board of Directors of the sole member of Allegheny Singer Research Institute is comprised of a majority of independent Board Members. The Board of Directors of Allegheny Singer Research Institute consists of four members who have voting rights on matters pertinent to the organization. Of these four members, none are deemed to be independent to the organization. Because of the independence of the Board of Directors of the sole member, and the rights and powers of the sole member to appoint and fix the Board of Directors of Allegheny Singer Research Institute, we deem that the Board of Directors of Allegheny Singer Research Institute is in fact controlled by a majority of independent Board Members.

Identifier	Return Reference	Explanation
Statement of Program Service Accomplishments	Form 990, Page 2, Part III, Question 4a	INTRODUCTION TO ALLEGHENY SINGER RESEARCH INSTITUTE Allegheny Singer Research Institute (ASRI) is part of the West Penn Allegheny Health System (WPAHS). Organized in 2000, WPAHS (www.wpahs.org) consists of West Penn Allegheny Health System, Inc. (WPAHS, Inc.), Alle-Kiski Medical Center (AKMC), Canonsburg General Hospital (CGH), Allegheny Medical Practice Network (AMPN), Allegheny Specialty Practice Network (ASPEN), West Penn Allegheny Oncology Network (WPAON), West Penn Physician Practice Network (WPPPN), Canonsburg General Hospital Ambulance Service, Inc. (CGH Ambulance), Alle-Kiski Medical Center Trust (AKMC Trust), Forbes Health Foundation (FHF) and The Western Pennsylvania Hospital Foundation (WPHF). ASRI was established in 1977 as a Pennsylvania non-profit 501(c)(3) corporation and functions as the entity through which research at WPAHS, Inc. is conducted. Both ASRI and WPAHS, Inc. are located in Pittsburgh, PA. ASRI has a distinguished history of pioneering biomedical research. Its leaders have recognized that through innovative research, ASRI can improve the quality of health care. Through its research efforts, ASRI has had a profound impact on many breakthroughs in innovative technology and research, including Pennsylvania's first heart-valve replacement and one of the first heart transplant procedures performed in the United States. This innovative environment continued with the performance of the nation's first bilateral ventricular assist, the first percutaneous automated dissection, and the nation's first dynamic cardiomyoplasty (muscle flap procedure). ASRI was one of 10 U.S. medical centers to study drugs to reduce damage from spinal cord injuries. The ASRI Center for Genomic Sciences became the first in the world to map the gene for gastroesophageal reflux disease in children. ASRI is in a unique position to lead translational research that will improve patient care at a rapid pace. ASRI is focused on research that transfers innovation from the laboratory bench to the bedside so that patient care is advanced at a much more rapid pace than conventional research efforts. To accomplish this, ASRI has positioned its research culture uniquely at the midway point between an academic health center and the health-care industry, thus leveraging the strengths of both. MISSION, VISION & VALUES The vision for ASRI is to facilitate advancement of basic and clinical research. ASRI's mission is to sponsor superior programs in health, education, and research and to fully integrate medical education and biomedical research in its clinical settings in order to continuously improve the patient care rendered, while containing costs to the community. COMMUNITY BENEFIT ACTIVITIES ASRI provides its community benefit through the cutting-edge technology and research it develops. Results of this type of research are ultimately felt by the local community in which ASRI is located. The following is a summary of a few of the translational research and other key projects or programs that are either underway or being developed at the ASRI. ASRI provided these community benefit activities during the fiscal year ended June 30, 2010 at an estimated cost of \$357,149. Ryan White Program ASRI administers the Ryan White Program. The program is designed to improve the quality and availability of care for low income, uninsured and underinsured individuals that are HIV positive. In relation to this program, ASRI participated in the following activities at no cost to the participants: Community HIV testing and counseling, the Shepherds wellness dinner, drug and alcohol council meetings, House infinity ball, the Art Institute of Pittsburgh and community College of Allegheny County student health fairs, gay pride outreach, two women's support meetings, Beaver county drug and alcohol providers training, harm reduction education, World Aids day symposium, and HIV/Aids 101 trainings. SciTech Exhibit SciTech is an event that is presented by the Carnegie Science Center to inspire interest in science and technology among high school and middle school students. Our goal is to engage with SciTech visitors and share research conducted at ASRI and the biomedical application within WPAHS, Inc. During SciTech, students also learn about the diverse range of careers available within the allied health fields. The scientists, physicians and nurses who participate in the exhibit have been very enthusiastic and have succeeded in putting a professional and personal face on ASRI for science educators and students as well as the general public. Science and health educators also benefit as they learn cutting edge research and field trip opportunities to our facilities. Over 5,000 teachers and students attended the SciTech Event last year. We believe that educational outreach programs such as SciTech are an important venue for informing the Greater Pittsburgh area about our vision to advance basic, translational and clinical research in concert with the clinical strengths of WPAHS, Inc. In the past we have had a very successful exhibit and an excellent response. Last year we featured the Gerald McGinnis Cardiovascular Institute and the Stroke Center, as well as research centers such as the Center for Neurosciences Research and the Center for Genomic Sciences. In addition to our world class faculty, the da Vinci Robotic-Assisted Surgery System was provided as part of the display.

Identifier	Return Reference	Explanation
Statement of Program Service Accomplishments (continued)	Form 990, Page 2, Part III, Question 4a	SciTech has recruited talented high school students for research internships. SciTech also provides a recruitment mechanism for area high school teachers to participate in a professional development project that we have funded through the U.S. Department of Education. The Disadvantaged Women's Program The Allegheny Women's Biotechnology Workforce Collaborative (AWBWC) has brought together several large, neighborhood organizations with a small, localized group of disadvantaged women to address the economic, health and financial needs of a region, and more particularly, a community. The AWBWC provides a psychosocial educational intervention which builds both scientific and life-skills for these women. While working with a dedicated staff of case managers, social workers, academic tutors, mental health care providers, the women attend the Community College of Allegheny County (CCAC). This program incorporates the Associate's Degree program in Biotechnology with additional support through a learning community. The learning community meets weekly to develop strategies for behaviors which contribute to success in their personal lives and success in their future workplace. Organized around foundation gifts to the ASRI, the AWBWC is comprised of local stakeholders in education, healthcare, research, civic organizations, philanthropy and potential Science, Technology, Engineering and Math. The training program has as its goal the training and career placement of disadvantaged women into the biotechnology workforce. Unlike other interventions, the foundation of the AWBWC is to develop an individualized approach to meet the specific needs of these women guided by a licensed clinical social worker and case manager. Additionally, they learn to navigate the existing resources available at the community college because historically they are apprehensive and uncomfortable dealing directly with institutions. The social worker directly advocates on behalf of the women in the learning community composed of educators and administrators. During their training, qualitative and quantitative data is captured on the participants, as well as on their children, with regard to both learning and social advancement. The qualitative data takes the format of weekly correspondence by email, text message and frequent face to face interviews. The quantitative data includes participant GPA and attrition rates. This family-based approach is designed to lift entire families out of poverty. These women and their children live at 60% below the poverty level and 100% have been victimized with manifestations of Post Traumatic Stress Disorder (PTSD). The first class, includes not only the 12 enrollees, but over 20 children as well. The second class which received funding to compensate for tuition through a grant provided by the National Science Foundation includes 10 women and 18 children. Both cohorts are doing exceptionally well, experiencing less than 50% attrition (compared with >60% nationally) while maintaining excellent grades (mean GPA > 2.5). As of August 5, 2010, five students have graduated with more expected to graduate in December 2010. In addition, ASRI has hired three of the students and three of the students are continuing their education towards a bachelor's degree. With CCAC's award from the NSF, we are providing support services to two additional classes with a total of 30 students. Initial self-reporting through a focus group suggests that the children are benefiting from a ripple effect and take pride in their mother's accomplishments, as well as performing better in school. We will follow up with children's teacher reports and quantitative evaluations of the children's academic performance to document any trickle-down affect. FINANCIAL CONTRIBUTIONS ASRI supports the community through cash contributions made at the discretion of the entity, benefiting not only the non-profit recipient but ultimately the community as a whole. ASRI made the following cash contributions during Fiscal 2010 totaling \$15,000: Open Door Inc. Carnegie Institute.

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 VI, Section B, Line 12c	Allegheny Singer Research Institute is a member of the West Penn Allegheny Health System (WPAHS). WPAHS has a corporate compliance department that monitors and oversees compliance with the conflict of interest policy of all organizations in the health system. The following describes the manner in which the corporate compliance department monitors and oversees compliance with the conflict of interest policy for Allegheny Singer Research Institute 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 & 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.

Identifier	Return Reference	Explanation
Executive Compensation Review Process	Form 990, Page 6, Part VI, Section B, Line 15	West Penn Allegheny Health System's (WPAHS) process for determining compensation for executive positions (including officers, key employees and other management positions) within Allegheny Singer Research Institute is covered by the WPAHS Executive Compensation Policy. This policy was approved by the West Penn Allegheny Health System, Inc. Board of Directors. It is the policy of WPAHS and its Board of Directors to compensate its executives in accordance with the market and in relation to the experience, service and accomplishments of the individual both prior to and during their service with WPAHS. The Compensation Committee of the West Penn Allegheny Health System, Inc. Board of Directors approves the compensation for WPAHS senior executives. The Compensation Committee approves the initial compensation for newly hired senior executives, which shall include all compensation components, including without limitation, base compensation, incentive compensation, deferred compensation, fringe and other benefits, as well as the total compensation. It shall also approve all base compensation adjustments and all incentive compensation awards, as well as material changes to deferred compensation, fringe, or other benefits. The Compensation Committee uses comparability data provided by the System Human Resources Department, which may include industry surveys, expert compensation studies, documented compensation of persons holding similar positions, or other comparable data in approving any executive compensation. The Compensation Committee shall periodically retain the services of an independent compensation consultant to provide an expert opinion report as to the reasonableness of total compensation of Allegheny Singer Research Institute 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 West Penn Allegheny Health System, Inc. All decisions of the Compensation Committee regarding executive compensation matters are documented.

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

Identifier	Return Reference	Explanation
Health System Tax Exempt Bond Issuance	Form 990, Page 11, Line 20	Allegheny Singer Research Institute is a member of the West Penn Allegheny Health System obligated group in regards to 2007 Allegheny County Hospital Development Authority tax-exempt bonds. The purpose of the issue of the Allegheny County Hospital Development Authority (ACHDA) Hospital Revenue Bonds, Series 2007 A is to refund the outstanding ACHDA Series 2000A and B Bond Issues, refund the Dauphin County General Authority (DCGA) Series 1992A and B Hospital Bonds, the Pennsylvania Higher Education Facility Authority (PHEFA) Series 1991A Revenue Bonds, the Monroeville Hospital Authority (MHA) Series 1992 and 1995 Revenue Bonds, the funding of a project fund for certain prior and future capital expenditures and to pay the cost of issuing Series 2007A Debt. No internal allocation of debt has been made to Allegheny Singer Research Institute, however, the organization's assets are security for purposes of this bond issue.

Identifier	Return Reference	Explanation
Transfers With Affiliated Organizations	Schedule R, Part V, Line 2	Allegheny Singer Research Institute has chosen to complete Schedule R, Part V, line 2 in order to disclose transactions with affiliated organizations. No organization listed in Schedule R, Part V, line 2 is a controlled entity within the meaning of section 512(b)(13).

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  
ALLEGHENY SINGER RESEARCH INSTITUTE

Employer identification number  
25-1320493

Part I

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

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

Part II

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

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Burn Care Associates 4800 Friendship Avenue Pittsburgh, PA15224 23-2899534	Healthcare	PA	NA	C Corporation			
Liberty Physicians 4800 Friendship Avenue Pittsburgh, PA15224 25-1637318	Healthcare	PA	NA	C Corporation			
Medical Center Clinic 4800 Friendship Avenue Pittsburgh, PA15224 23-2894939	Healthcare	PA	NA	C Corporation			
West Penn Corporate Medical Services 4800 Friendship Avenue Pittsburgh, PA15224 25-1437405	Healthcare	PA	NA	C Corporation			
West Penn Medical Associates 4800 Friendship Avenue Pittsburgh, PA15224 25-1666783	Healthcare	PA	NA	C Corporation			
West Penn Neurosurgery 4800 Friendship Avenue Pittsburgh, PA15224 25-1630719	Healthcare	PA	NA	C Corporation			
West Penn OBGYN Multispecialty 4800 Friendship Avenue Pittsburgh, PA15224 25-1619226	Healthcare	PA	NA	C Corporation			



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

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

Yes

1q

No

1r

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) The Western Pennsylvania Hospital Foundation	1b	79,278
(2) West Penn Allegheny Health System Inc	1c	4,254,138
(3) Allegheny Specialty Practice Network	1c	697,102
(4) West Penn Allegheny Health System Inc	1p	311,463
(5) Suburban Health Foundation	1c	108,000
(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: 25-1320493

Name: ALLEGHENY SINGER RESEARCH INSTITUTE

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
West Penn Allegheny Health System Inc  4800 Friendship Avenue Pittsburgh, PA 15224 25-0969492	Healthcare	PA	501(c)(3)	3	NA
Alle-Kiski Medical Center  1301 Carlisle Street Natrona Heights, PA 15065 25-1875178	Healthcare	PA	501(c)(3)	3	NA
Canonsburg General Hospital  100 Medical Boulevard Canonsburg, PA 15317 25-1737079	Healthcare	PA	501(c)(3)	3	NA
Allegheny Medical Practice Network  4800 Friendship Avenue Pittsburgh, PA 15224 25-1838457	Healthcare	PA	501(c)(3)	3	NA
Allegheny Specialty Practice Network  320 East North Avenue Pittsburgh, PA 15212 25-1838458	Healthcare	PA	501(c)(3)	3	NA
West Penn Allegheny Oncology Network  4800 Friendship Avenue Pittsburgh, PA 15224 11-3683376	Healthcare	PA	501(c)(3)	11-III FL	NA
West Penn Physician Practice Network  4800 Friendship Avenue Pittsburgh, PA 15224 25-1494317	Healthcare	PA	501(c)(3)	9	NA
CGH Ambulance Service Inc  100 Medical Boulevard Canonsburg, PA 15317 23-2939715	Emer Respons	PA	501(c)(3)	9	NA
Alle-Kiski Medical Center Trust  1301 Carlisle Street Natrona Heights, PA 15065 20-5855753	Fundraising	PA	501(c)(3)	11-I	NA
Forbes Health Foundation  2570 Haymaker Road Monroeville, PA 15146 25-1798379	Fundraising	PA	501(c)(3)	7	NA
Suburban Health Foundation  100 South Jackson Avenue Pittsburgh, PA 15202 25-1472073	Fundraising	PA	501(c)(3)	11-I	NA
Western Pennsylvania Hospital Foundation  4800 Friendship Avenue Pittsburgh, PA 15224 25-1470766	Fundraising	PA	501(c)(3)	11-I	NA
West Allegheny Hospital  100 Medical Boulevard Canonsburg, PA 15317 25-1054206	Inactive	PA	501(c)(3)	3	NA
Greater Canonsburg Health System  100 Medical Boulevard Canonsburg, PA 15317 25-1488089	Inactive	PA	501(c)(3)	11-I	NA
Canonsburg HealthHospital Foundation  100 Medical Boulevard Canonsburg, PA 15317 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
Burn Care Associates 4800 Friendship Avenue Pittsburgh, PA 15224 23-2899534	Healthcare	PA	NA	C Corporation			
Liberty Physicians 4800 Friendship Avenue Pittsburgh, PA 15224 25-1637318	Healthcare	PA	NA	C Corporation			
Medical Center Clinic 4800 Friendship Avenue Pittsburgh, PA 15224 23-2894939	Healthcare	PA	NA	C Corporation			
West Penn Corporate Medical Services 4800 Friendship Avenue Pittsburgh, PA 15224 25-1437405	Healthcare	PA	NA	C Corporation			
West Penn Medical Associates 4800 Friendship Avenue Pittsburgh, PA 15224 25-1666783	Healthcare	PA	NA	C Corporation			
West Penn Neurosurgery 4800 Friendship Avenue Pittsburgh, PA 15224 25-1630719	Healthcare	PA	NA	C Corporation			
West Penn OBGYN Multispecialty 4800 Friendship Avenue Pittsburgh, PA 15224 25-1619226	Healthcare	PA	NA	C Corporation			

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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
RESEARCH EXPENDITURES	1,029,413	1,029,413		
MEDICAL SUPPLIES	8,523,510	8,316,447	207,063	
REPAIRS AND MAINTENANCE	65,322	1,488	63,834	
DUES AND SUBSCRIPTIONS	106,900	17,982	88,918	0
TELEPHONE	21,945	3,082	18,863	

Additional Data

Software ID:  
Software Version:  
EIN: 25-1320493  
Name: ALLEGHENY SINGER RESEARCH INSTITUTE

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Dawn Gideon Director	2 0	X						0	835,133	0
Roy Santarella Director & Treasurer	2 0	X		X				0	1,217,922	0
Sanford Kurtz MD Director & PO President & CEO	2 0	X						0	348,267	0
Christopher Olivia MD Health System President & CEO	2 0	X		X				0	1,879,499	0
Michael Devita MD Director & EVP Medical Affairs	2 0	X						0	256,677	0
Thomas Albanesi Assistant Treasurer	2 0			X				0	313,976	0
Judy Hlafcsak Secretary	2 0			X				0	612,759	0
Sharon Loftus Assistant Secretary	2 0			X				0	282,552	0
Deborah Olszewski Assistant Secretary	2 0			X				0	207,729	0
James Post President	40 0				X			0	530,585	0
Joseph Ahern Chief Scientific Officer	40 0				X			0	0	0
Garth Ehrlich Dir Center Genomic Sciences	40 0					X		297,212	0	0
Chester Cornman Vice President	40 0					X		133,602	0	0
John Costerton Assistant Professor	40 0					X		193,803	0	0
Mark Doyle Associate Professor	40 0					X		123,882	0	0
Michael Passineau Assistant Professor	40 0					X		123,890	0	0
Jerry Fedele Health System President & CEO							X	0	252,175	0
Dawn Javersack Treasurer							X	0	102,025	0