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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		2010
		Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011				
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	C Name of organization ALLEGHENY SINGER RESEARCH INSTITUTE		D Employer identification number 25-1320493	
	Doing Business As		E Telephone number	
	Number and street (or P O box if mail is not delivered to street address) C/O TAX DEPT TWO ALLEGHENY CENTER		Room/suite	(412) 330-6022
	City or town, state or country, and ZIP + 4 PITTSBURGH, PA 15212		G Gross receipts \$ 23,518,559	
	F Name and address of principal officer Matthew Peterson Two Allegheny Center 11th Fl PITTSBURGH, PA 15212		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.WPAHS.ORG				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1977	M State of legal domicile PA

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities See Statement 1		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	4
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	192
6 Total number of volunteers (estimate if necessary)	6	0	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	307,611	232,365
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,775,327	19,450,667
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	391,253	306,046
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	575,294	548,009
		20,049,485	20,537,087
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,000	16,350
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,802,626	13,350,440
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	13,970,349	15,249,548
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	25,787,975	28,616,338
	19 Revenue less expenses Subtract line 18 from line 12	-5,738,490	-8,079,251
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	23,468,573	26,508,972
	21 Total liabilities (Part X, line 26)	11,894,800	14,018,809
	22 Net assets or fund balances Subtract line 21 from line 20	11,573,773	12,490,163

Part II	Signature Block
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ _____ Signature of officer		2012-05-04 Date		
	▶ MATTHEW PETERSON TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ GRANT THORNTON LLP				Firm's EIN ▶
	Firm's address ▶ 2001 MARKET STREET SUITE 3100 PHILADELPHIA, PA 19103				Phone no ▶ (215) 561-4200

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

THE MISSION OF ALLEGHENY SINGER RESEARCH INSTITUTE 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 BY THE HEALTHCARE ORGANIZATIONS OF THE WEST PENN ALLEGHENY HEALTH SYSTEM

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If "Yes," describe these changes on Schedule O

4

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

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

4a

(Code) (Expenses \$ 19,829,130 including grants of \$ 16,350) (Revenue \$ 19,450,667)

Scientific Research - See Schedule O for additional disclosure

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)





















(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 19,829,130

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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	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? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	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? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	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? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</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 ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	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 ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I (see instructions).</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? <i>If "Yes," complete Schedule G, Part II.</i> 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> 	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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 lines 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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>			
36	Section 501(c)(3) organizations. 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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	55
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	192
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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: _____ See instructions for 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?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a4		
b	Enter the number of voting members included in line 1a, above, who are independent	1b0		
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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 15a or 15b, 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 checked="" 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 ▶ MATTHEW PETERSON TWO ALLEGHENY CENTER 11TH FLOOR PITTSBURGH, PA 15212 (412) 330-6005

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization’s tax year

- List all of the organization’s **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization’s **current** key employees, if any See instructions for definition of "key employee "
- List the organization’s five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization’s **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) Dawn Gideon Director	1 0	X						0	681,942	0
(2) Roy Santarella Director & Treasurer	1 0	X		X				0	1,118,480	0
(3) Sanford Kurtz MD Director & PO President & CEO	2 0	X						0	1,008,252	0
(4) Christopher Olivia MD Health System President & CEO	1 0	X		X				0	1,974,582	0
(5) Diane Dismukes Health System President & CEO	1 0	X		X				0	0	0
(6) James Post President	40 0	X						0	552,460	0
(7) Thomas Albanesi Assistant Treasurer	1 0			X				0	321,474	0
(8) Judy Hlafcsak Secretary	1 0			X				0	458,102	0
(9) David Kiehn Assistant Treasurer	1 0			X				0	555,706	0
(10) Robert Brandfass Secretary	1 0			X				0	0	0
(11) Deborah Olszewski Assistant Secretary	1 0			X				0	188,656	0
(12) Joseph Ahearn VP & Chief Scientific Officer	40 0				X			235,297	0	0
(13) Garth Ehrlich Dir Center Genomic Sciences	40 0					X		308,887	0	0
(14) Chester Comman Vice President	40 0					X		158,686	0	0
(15) John Costerton Assistant Professor	40 0					X		193,314	0	0
(16) Mark Doyle Associate Professor	40 0					X		126,452	0	0

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	1,196,296	7,159,837	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶10

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	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>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Pepper Hamilton LLP 500 Grant Street PITTSBURGH, PA 15219	Patent Attorney	285,272
Cadence Development PO Box 2022 FRIENDSWOOD, TX 77549	Consulting	266,036
Huron Consulting Services LLC 4795 Payshere Circle CHICAGO, IL 60674	Consulting	124,200

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				10,837			
	b Membership dues 1b							
	c Fundraising events 1c				13,380			
	d Related organizations 1d							
	e Government grants (contributions) 1e							
	f All other contributions, gifts, grants, and similar amounts not included above 1f				208,148			
	g Noncash contributions included in lines 1a-1f \$							
	h Total. Add lines 1a-1f ▶				232,365			
	Program Service Revenue				Business Code			
2a SCIENTIFIC RESEARCH			541700	19,450,667	19,450,667			
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f ▶				19,450,667				
Other Revenue		3 Investment income (including dividends, interest and other similar amounts) ▶				254,193		
	4 Income from investment of tax-exempt bond proceeds . . ▶				0			
	5 Royalties ▶				0			
			(i) Real	(ii) Personal				
	6a Gross Rents		14,045					
	b Less rental expenses							
	c Rental income or (loss)		14,045					
	d Net rental income or (loss) ▶				14,045			14,045
			(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory		3,017,823					
	b Less cost or other basis and sales expenses		2,965,970					
	c Gain or (loss)		51,853					
	d Net gain or (loss) ▶				51,853			51,853
	8a Gross income from fundraising events (not including \$ 13,380 of contributions reported on line 1c) See Part IV, line 18							
	a			7,245				
	b Less direct expenses b			15,502				
	c Net income or (loss) from fundraising events . . ▶				-8,257			-8,257
	9a Gross income from gaming activities See Part IV, line 19 . a							
	b Less direct expenses b							
	c Net income or (loss) from gaming activities . . ▶				0			
10a Gross sales of inventory, less returns and allowances								
a								
b Less cost of goods sold b								
c Net income or (loss) from sales of inventory . . ▶				0				
Miscellaneous Revenue			Business Code					
11a CARDIAC ASSIST RECEIPTS AND SETTLEMENT			541700	281,219	281,219			
b MISCELLANEOUS COST REIMBURSEMENTS			541700	177,175	177,175			
c ANIMAL LAB TRIAL TESTING			541700	70,200	70,200			
d All other revenue				13,627	13,627			
e Total. Add lines 11a-11d ▶				542,221				
12 Total revenue. See Instructions ▶				20,537,087	19,992,888		311,834	

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	16,350	16,350		
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	249,047	138,246	110,801	
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	10,881,683	6,040,422	4,841,261	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	347,931	193,136	154,795	
9	Other employee benefits	1,138,368	631,908	506,460	
10	Payroll taxes	733,411	407,116	326,295	
a	Fees for services (non-employees) Management	0			
b	Legal	94,820		94,820	
c	Accounting	73,200		73,200	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	23,076		23,076	
g	Other	1,759,655	791,189	968,466	
12	Advertising and promotion	1,045	1,045		
13	Office expenses	120,041	77,755	42,286	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	4,920	738	4,182	
17	Travel	177,529	86,978	90,551	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	88,060	52,130	35,930	
20	Interest	0			
21	Payments to affiliates	446,674	244,460	202,214	
22	Depreciation, depletion, and amortization	1,580,414	741,792	838,622	
23	Insurance	64,110	64,110		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MEDICATIONS AND SUPPLIES	9,062,110	9,062,110		
b	RESEARCH EXPENDITURES	903,551	903,551		
c	ORGANIZATIONAL RESTRUCTURING	241,074		241,074	
d	REPAIRS AND MAINTENANCE	187,020	28,251	158,769	
e	DUES AND PERIODICALS	114,080	100,254	13,826	
f	All other expenses	308,169	247,589	60,580	
25	Total functional expenses. Add lines 1 through 24f	28,616,338	19,829,130	8,787,208	0
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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			7,543,699	1	0
	2	Savings and temporary cash investments				2	10,404,193
	3	Pledges and grants receivable, net			1,994,880	3	2,126,843
	4	Accounts receivable, net			151,479	4	0
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			0	9	20,786
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	20,447,583			
	b	Less: accumulated depreciation	10b	16,692,786	3,877,326	10c	3,754,797
	11	Investments—publicly traded securities			8,889,810	11	9,038,366
	12	Investments—other securities. See Part IV, line 11			14,424	12	0
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	963,992
	15	Other assets. See Part IV, line 11			996,955	15	199,995
	16	Total assets. Add lines 1 through 15 (must equal line 34)			23,468,573	16	26,508,972
Liabilities	17	Accounts payable and accrued expenses			1,172,238	17	1,772,196
	18	Grants payable				18	
	19	Deferred revenue			7,501,409	19	9,894,555
	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			3,221,153	25	2,352,058
	26	Total liabilities. Add lines 17 through 25			11,894,800	26	14,018,809
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			1,802,982	27	2,687,246
	28	Temporarily restricted net assets			2,099,705	28	1,963,761
	29	Permanently restricted net assets			7,671,086	29	7,839,156
		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			11,573,773	33	12,490,163
	34	Total liabilities and net assets/fund balances			23,468,573	34	26,508,972

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,537,087
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,616,338
3	Revenue less expenses Subtract line 2 from line 1	3	-8,079,251
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,573,773
5	Other changes in net assets or fund balances (explain in Schedule O)	5	8,995,641
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	12,490,163

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	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		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

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 described in **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)

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

(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 Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See 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 2010 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any 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

2010

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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, Part V, line 35a (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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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)		5,469	424,588												
c Total lobbying expenditures (add lines 1a and 1b)		5,469	424,588												
d Other exempt purpose expenditures		28,610,869	1,647,450,412												
e Total exempt purpose expenditures (add lines 1c and 1d)		28,616,338	1,647,875,000												
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?		<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>													

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) 2007	(b) 2008	(c) 2009	(d) 2010	(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	613,479	585,102	418,483	424,588	2,041,652
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).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
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 \$5,469 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

2010

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>YesNo</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>YesNo</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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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?

YesNo

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)?

YesNo

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) 2010

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

	Amount
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	9,770,791	10,029,118	9,786,888	
b	Contributions	76,610	307,611	97,987	
c	Investment earnings or losses	535,796	597,003	235,154	
d	Grants or scholarships				
e	Other expenditures for facilities and programs	557,204	1,129,262	68,903	
f	Administrative expenses	23,076	33,679	22,008	
g	End of year balance	9,802,917	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 ▶ 80 000 %

c

Term endowment ▶ 20 000 %

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

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		5,878,075	5,675,152	202,923
c Leasehold improvements		2,133,565	683,960	1,449,605
d Equipment		12,435,943	10,333,674	2,102,269
e Other		0		0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				3,754,797

Schedule D (Form 990) 2010

Part XIReconciliation 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 XIIReconciliation 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 XIIIReconciliation 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 XIVSupplemental 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 \$ (7,932,681). Less: Income and expense reclassified from restricted net assets on the financial statements to unrestricted income and expense on Form 990 (150,488). Plus: Unrealized Loss Reclassified to Net Assets 3,918. Net income per Form 990 \$ (8,079,251). The following is the footnote to the audited consolidated financial statements of the West Penn Allegheny Health System for FASB ASC 740: WPAHS adopted Financial Accounting Standards Board (FASB) Accounting Standards Codification (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 assets and liabilities of WPAHS.
Intended Use of the Organizations Endowment Funds	Schedule D, Part V, Line 4	The intended use of Allegheny Singer Research Institute's permanent and term endowments are for, but not exclusive to, capital improvements, research, education, departmental needs, operating efficiencies, and overall patient care. The earnings off of the permanent amount are expendable, based on the specific use of the fund.

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ALLEGHENY SINGER RESEARCH INSTITUTE

Employer identification number
25-1320493

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- a** ☐ Mail solicitations
- b** ☐ Internet and e-mail solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

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

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

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

[illegible]

Part II Fundraising Events.

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

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Big Blue Quest (event type)	(event type)	0 (total number)	(Add col (a) through col (c))
	1	Gross receipts	20,625		20,625
	2	Less Charitable contributions	13,380		13,380
	3	Gross income (line 1 minus line 2)	7,245		7,245
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes	253		253
	6	Rent/facility costs	5,239		5,239
	7	Food and beverages	678		678
	8	Entertainment	3,550		3,550
	9	Other direct expenses	5,782		5,782
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			15,502
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			-8,257

Part III Gaming.

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes

☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes

☐ No

13

Indicate the percentage of gaming activity operated in

a

The organization's facility

b

An outside facility

13a

13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes

☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes

☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
Fundraising Event Net Income	Schedule G, Part II, Line 11	Allegheny Singer Research Institute conducted a fundraising event named the Big Blue Quest during the fiscal year Schedule G, Part II, Line 11 reflects a loss on this event of \$8,257 The reporting requirements dictate that we remove the charitable contribution portion of money received from the event to arrive at the figure on Line 11 In reality, the event raised \$20,625 of total receipts When the total receipts are netted against the event expense of \$15,502, the result is a net gain of \$5,123 from the event

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

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

ALLEGHENY SINGER RESEARCH INSTITUTE

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. Part II can be duplicated if additional space is needed.

[illegible]

- | | | |
|----------|--------------------------------------------------------------------------------|----------|
| 2 | Enter total number of section 501(c)(3) and government organizations | 1 |
| 3 | Enter total number of other organizations | 0 |

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

Identifier	Return Reference	Explanation
Procedures Used To Monitor The Use Of Grant Funds	Form 990, Schedule I, Page 1, Part I, Line 2	At the discretion of Allegheny Singer Research Institute management, the organization will periodically donate funds to worthy charities that demonstrate that they have a well founded mission and who carry out that mission to the benefit of the communities we serve

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

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"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</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"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</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 from the organization or a related organization?	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 duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) 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				
(1) Dawn Gideon	(i)	0	0	0	0	0	0	0
	(ii)	520,544	10,139	151,259	530,667	16,045	1,228,654	0
(2) Roy Santarella	(i)	0	0	0	0	0	0	0
	(ii)	745,857	321,000	51,623	1,418,288	16,555	2,553,323	0
(3) Sanford Kurtz MD	(i)	0	0	0	0	0	0	0
	(ii)	734,648	232,000	41,604	684,210	14,252	1,706,714	0
(4) Christopher Olivia MD	(i)	0	0	0	0	0	0	0
	(ii)	1,209,879	678,000	86,703	5,396,562	20,495	7,391,639	0
(5) Thomas Albanesi	(i)	0	0	0	0	0	0	0
	(ii)	278,626	42,488	360	293,054	18,346	632,874	0
(6) Judy Hlafcsak	(i)	0	0	0	0	0	0	0
	(ii)	252,637	8,351	197,114	287,243	4,480	749,825	0
(7) Michael Devita MD	(i)	0	0	0	0	0	0	0
	(ii)	69,794	0	230,389	0	2,000	302,183	230,217
(8) David Kiehn	(i)	0	0	0	0	0	0	0
	(ii)	444,122	110,000	1,584	14,700	14,449	584,855	0
(9) James Post	(i)	0	0	0	0	0	0	0
	(ii)	496,928	54,500	1,032	12,250	10,070	574,780	0
(10) Garth Ehrlich	(i)	308,335	0	552	9,800	9,665	328,352	0
	(ii)	0	0	0	0	0	0	0
(11) Chester Cornman	(i)	129,715	22,294	6,677	57,273	10,077	226,036	0
	(ii)	0	0	0	0	0	0	0
(12) John Costerton	(i)	192,140	0	1,174	11,700	9,786	214,800	0
	(ii)	0	0	0	0	0	0	0
(13) Boyle Cheng	(i)	173,503	0	157	5,850	10,067	189,577	0
	(ii)	0	0	0	0	0	0	0
(14) Deborah Olszewski	(i)	0	0	0	0	0	0	0
	(ii)	171,611	16,070	975	9,433	1,690	199,779	0
(15) Joseph Ahearn	(i)	210,121	25,000	176	0	13,750	249,047	0
	(ii)	0	0	0	0	0	0	0
(16)								

Part IIISupplemental 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, 2011 fiscal year end: Michael Devita, MD \$230,217; Dawn Gideon \$104,173; Judy Hlafcsak \$125,276; Chester Cornman \$ 21,684. The following list represents Officers, Directors, Key Employees and the 5 Highest Paid Employees of Allegheny Singer Research Institute listed on Form 990, Part VII who left the employment of Allegheny Singer Research Institute or an affiliated organization during the year ended June 30, 2011. The term of the service to Allegheny Singer Research Institute during the fiscal year ended June 30, 2011 is noted below: Dawn Gideon 07-01-2010 - 10-31-2010; Christopher Olivia, MD 07-01-2010 - 06-28-2011; Diane Dismukes 06-29-2011 - 06-30-2011; Judy Hlafcsak 07-01-2010 - 09-03-2010; Deborah Olszewski 07-01-2010 - 03-25-2011; Robert Brandfass 03-25-2011 - 06-30-2011; Thomas Albanesi 07-01-2010 - 01-27-2011; David Kiehn 01-27-2011 - 06-30-2011; Chester Cornman 07-01-2010 - 10-25-2010.
Deferred Compensation	Schedule J, Page 2, Column C	Retirement and other deferred compensation reflect amounts accrued to the benefit of the applicable individuals related to qualified pension and severance plans. In this regard, the following individuals have amounts accrued related to future severance payments to be made: Christopher Olivia, MD; Roy Santarella; Judy Hlafcsak; Thomas Albanesi; Sanford Kurtz; Dawn Gideon; Chester Cornman.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

ALLEGHENY SINGER RESEARCH INSTITUTE

Employer identification number

25-1320493

Identifier	Return Reference	Explanation
Subsequent Event - Proposed Affiliation	Form 990 - General Information	West Penn Allegheny Health System, of which Allegheny Singer Research Institute is an affiliate, is pursuing a formal corporate affiliation with UPE, a recently formed tax-exempt organization, and Highmark Inc , a non-profit corporation with substantial health insurance operations throughout Western Pennsylvania. UPE has made filings with the applicable regulatory authorities to acquire control of Highmark. Following the anticipated affiliation, UPE also will assume control of West Penn Allegheny Health System. West Penn Allegheny Health System approved the affiliation in 2011 in order to restore financial viability to the System and ensure its long term survival as a provider of quality healthcare services to the communities it has served for several generations. Among other advantages to the transaction, the affiliation will create a regional integrated health care services delivery and financing system that will better position West Penn Allegheny Health System given the competitive pressures in the Western Pennsylvania market. An affiliation agreement was signed by the parties in October, 2011. As of the date of this filing the regulatory agencies that must approve the transaction have either given their approval or are in the process of undertaking their review. We are optimistic that all approvals will be granted by the end of the 2012 calendar year and possibly sooner.

Identifier	Return Reference	Explanation
Allegheny Singer Research Institute - Board Independence	Form 990, Page 1, Part I, Line 4	<p>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.</p>

Identifier	Return Reference	Explanation
Statement of Program Service Accomplishments	Form 990, Page 2, Part III, Question 4a	<p>INTRODUCTION TO ALLEGHENY SINGER RESEARCH INSTITUTE (ASRI) Allegheny Singer Research Institute is part of the West Penn Allegheny Health System (WPAHS). Organized in 2000, WPAHS (www.wpaahs.org) is comprised of West Penn Allegheny Health System, Inc. (WPAHS), West Penn Allegheny Oncology Network (WPAON), West Penn Physician Practice Network (WPPPN), Alle-Kiski Medical Center (AKMC), Canonsburg General Hospital (CGH), Allegheny Medical Practice Network (AMPN), Allegheny Specialty Practice Network (ASPN), Canonsburg General Hospital Ambulance Service, Inc. (CGH Ambulance), the Western Pennsylvania Hospital Foundation (WPHF), Forbes Health Foundation (FHF), Suburban Health Foundation (SHF) and the Alle-Kiski Medical Center Trust (AKMC Trust). ASRI was established in 1977 as a Pennsylvania non-profit 501(c)(3) corporation and functions as the entity through which research at West Penn Allegheny Health System, Inc. - Allegheny General Hospital Campus (AGH), is conducted. Both ASRI and AGH 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. As the challenges in healthcare change, ASRI scientists continue to define the cutting-edge of research. ASRI's research activities have been focused in six interdisciplinary areas, defined to correlate research efforts to the clinical emphasis of AGH. These six interdisciplinary areas are cardiovascular and pulmonary, oncology, human genetics, neuroscience, musculoskeletal and lupus and autoimmunity. Through its research efforts, ASRI has had a profound impact on many breakthroughs in innovative technology and research, including Pennsylvania's first heart-valve replacement and one of the first heart transplant procedures performed in the United States. This innovative environment continued with the performance of the nation's first bilateral ventricular assist, the first percutaneous automated discectomy, and the nation's first 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.</p> <p>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.</p> <p>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, 2011 at an estimated cost of \$412,377.</p> <p>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, women's support meetings, Beaver county drug and alcohol providers training, harm reduction education, World Aids day symposium, and HIV/Aids 101 trainings.</p> <p>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 AGH. 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</p>

Identifier	Return Reference	Explanation
Statement of Program Service Accomplishments	Form 990, Page 2, Part III, Question 4a	<p>e on ASRI and AGH for science educators and students as well as the general public. Science and health educators also benefit as they learn cutting edge research. Over 6,000 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 ASRI's vision to advance basic, translational and clinical research in concert with the clinical strengths of AGH. In the past we have had a very successful exhibit and an excellent response. Last year we featured the Gerald McGinnis Cardiovascular Institute, The Comprehensive Stroke Center, The Lupus Center of Excellence, Radiation Oncology, Pharmacy, and Nursing Education as well as research centers such as the Center for Neurosciences Research, Simulation, Teaching, and Academic Research Center (STAR), Orthopaedic Surgery Biomechanics Laboratory, and the Center for Genomic Sciences. SciTech has recruited talented high school students for research internships and gives high school students the opportunity to watch a live open heart surgery at AGH. SciTech also provides a recruitment mechanism for area high school teachers to participate in a professional development project that we have funded through the US Department of Education. Finally, it also enlightens people about AGH's long-standing role in research.</p> <p>Pittsburgh Regional Science and Engineering Fair - In 2011, The Pittsburgh Regional Science and Engineering Fair (Science Fair) celebrated its 72nd year of open competition of research projects in the fields of science, mathematics, and engineering. ASRI is a Silver Sponsor of this event and our employees participate in the fair as judges and award distributors. This competition is open to all students in grades 6-12 from the 26 counties within Western Pennsylvania and West Virginia. The Science Fair is the third oldest science fair in the United States under the affiliation of Society for Science and the Public, which facilitates the International Science and Engineering Fair. The Science Fair has become the venue to connect bright and motivated young scientists with this region's industry, academia, and professional organizations like ASRI to promote economic development within Western Pennsylvania. Introducing students to the science and technology opportunities within our region will facilitate the cultivation and retention of promising and aspiring youth.</p>

Identifier	Return Reference	Explanation
Statement of Program Service Accomplishments - Continued	Form 990, Page 2, Part III, Line 4a	<p>In 2011, more than 1,000 students from more than 100 schools competed for educational scholarships and trips. The 2011 Science Fair was co-sponsored by various foundations, universities, colleges, industries, corporations, and professional societies including ASRI. Months before the Science Fair, the students develop a project by utilizing a scientific method. ASRI makes suggestions at the beginning of the school year for topics that are of interest (e.g., stroke, cardiovascular system, etc.). Students may choose one of these topics to focus their project. At the Science Fair, they exhibit their research on a presentation board and are interviewed by judges who consist of the area's most distinguished scientists and engineers including those from ASRI. The next day, an award ceremony is held honoring the participants and winners of the Science Fair.</p> <p>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, (STEM) employers. 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 and 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 (NSF), includes 10 women and 18 children. The participants experienced less than 50% attrition while maintaining excellent grades. As of December 2010, 10 students graduated from the program and either gained employment or continued onto a bachelor's degree program. With the community college of Allegheny County 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. ASRI conducts follow-up reporting with the children's teacher and quantitative evaluations of the children's academic performance to document any trickle-down effect. ASRI believes this program will empower underserved women in our community, fostering the heightened sense of dignity and pride that accompanies a rewarding career and the ability to better care for their families both socially and financially. ASRI provides 100% support for the social worker component of the program, with this position being responsible for recruitment and retention, providing intensive case management and counseling. ASRI continues to maintain dedicated lab space for the biotech students to practice their skills under the supervision of an ASRI scientist. Summer internships continue to be offered to our students and three interns benefitted by working under the mentorship of ASRI staff. We are planning a one-day science ca</p>

Identifier	Return Reference	Explanation
Statement of Program Service Accomplishments - Continued	Form 990, Page 2, Part III, Line 4a	<p>mp for the children of our students, which has proven to be very successful in the past by introducing and heightening interest in science and health care. Partnerships continue to be forged and strengthened as ASRI works closely with CCAC, community groups and industry toward the benefit of our students and their families.</p> <p>National Surgical Adjuvant Breast and Bowel Project - ASRI, in conjunction with AGH is the host for the National Surgical Adjuvant Breast and Bowel Project (NSABP) where advancements have dramatically altered the standard treatment for breast cancer, and where efforts are now being applied to prevention trials.</p> <p>The Center for Genomic Sciences is pioneering work with biofilms germ communities that are responsible for scores of diseases and many hospital acquired infections.</p> <p>The Center for Neuroscience Research continues to expand upon its groundbreaking work in deep brain stimulation and post-stroke epilepsy.</p> <p>In Cardiology, they are developing groundbreaking treatments for pulmonary hypertension, drug resistant hypertension, myocardial infarction and other cardiovascular conditions.</p> <p>There are also studies being done that focus on cardiac imaging which could result in earlier and more aggressive therapeutic intervention for patients with risk for stroke or heart attack.</p> <p>Orthopaedic research is focusing on reducing or eliminating joint replacement infections by testing an array of new prostheses and groundbreaking techniques.</p> <p>In Psychiatry, researchers are focusing on development of an interventional model for children who have experienced Post-Traumatic Stress Syndrome.</p> <p>A training course has been developed for the trauma focused cognitive behavioral therapy. To date, over twenty one thousand mental health professionals from around the world have completed the course.</p> <p>In the area of autoimmunity, researchers are at the forefront of several promising studies that could help diagnose and treat the autoimmune disease Lupus.</p> <p>FINANCIAL CONTRIBUTIONS Cash Donations -ASRI supports the community through cash contributions made at the discretion of the organization and its directors, benefiting not only the non-profit recipient but ultimately the community as a whole.</p> <p>The organization made cash contributions totaling \$16,350 to the following: Open Door Inc. Carnegie Science Center University of Pittsburgh Shepherd Wellness Community.</p>

Identifier	Return Reference	Explanation
Form 990 Review Process	Form 990, Page 6, Part VI, Section B, Line 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 of the Health System A detailed external review is conducted by Health System external tax advisors, who sign the return as preparer 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	<p>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 and Therapeutic Committee members, all employees of the System's Compliance and Internal Audit Departments as well as personnel 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</p>

Identifier	Return Reference	Explanation
Executive Compensation Review Process	Form 990, Page 6, Part VI, Section B, Line 15b	<p>West Penn Allegheny Health Systems'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 five independent Board Members of West Penn Allegheny Health System, Inc. All decisions of the Compensation Committee regarding executive compensation matters are documented.</p>

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 In addition, the WPAHS annual report and quarterly financial results are available on the WPAHS website 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
Officer, Director and Key Employee Hour Allocation	Form 990, Page 7, Part VII, Section A, Column B	<p>Allegheny Singer Research Institute allocates hours to officers, directors and key employees employed by Allegheny Singer Research Institute or a related organization on the basis of a 40 hour work week. Allegheny Singer Research Institute is a member of an integrated healthcare delivery system consisting of 13 different organizations. Many individuals are Health System executives who serve prominent roles on various organizations. Every employed individual who serves as an officer, director or key employee of any related organization as well as Allegheny Singer Research Institute will be allocated time served out of the 40 hour work week for each separate related organization. Thus, the cumulative total for each individual spread out between Allegheny Singer Research Institute and the 12 related organizations will equal 40 hours. Directors of Allegheny Singer Research Institute serving on a volunteer basis are allocated one hour of service per week to Allegheny Singer Research Institute. If the director also volunteers time to one of the 12 related organizations in the capacity of a director for that related organization, one hour per week is reflected as devoted to each related organization served. The time and efforts of the volunteer directors of Allegheny Singer Research Institute may vary upon the needs of the organization. The one hour per week reported in Part VII is an estimate of the average time spent per week by the Allegheny Singer Research Institute volunteer directors when viewed on an annual basis.</p>

Identifier	Return Reference	Explanation
Rental Expense	Form 990, Page 9, Part VIII, Line 6b	Allegheny Singer Research Institute does not account for rental expense in a manner that would allow us to net the expense against the income on Form 990, Page 9, Line 6b. The rental expense is included as a component of the Statement of Functional Expense on Form 990, Page 10.

Identifier	Return Reference	Explanation
Health System Tax Exempt Bond Issuance	Form 990, Page 10, Part X, 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
Other Changes In Net Assets	Form 990, Page 12, Part XI, Line 5	The following is a reconciliation of the Other Changes In Net Assets of Allegheny Singer Research Institute for the year ended June 30, 2011 Transfers From Affiliated Organizations \$8,099,971 Unrealized Gain on Investments 195,058 Net Change in Minimum Pension Liability 700,612 _____ Other Changes In Net Assets \$8,995,641

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Daw n Gideon TITLE Director HOURS 39

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Roy Santarella TITLE Director & Treasurer HOURS 39

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Sanford Kurtz MD TITLE Director & PO President & CEO HOURS 38

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Christopher Olivia MD TITLE Health System President & CEO HOURS 39

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Diane Dismukes TITLE Health System President & CEO HOURS 39

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Thomas Albanesi TITLE Assistant Treasurer HOURS 39

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Judy Hlafcsak TITLE Secretary HOURS 39

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME:David Kiehn TITLE:Assistant Treasurer HOURS 39

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Robert Brandfass TITLE Secretary HOURS 39

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Deborah Olszewski TITLE Assistant Secretary HOURS 39

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

2010

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
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?		(k) Percentage ownership
							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
(1) Burn Care Associates 4800 Friendship Avenue Pittsburgh, PA15224 23-2899534	Healthcare	PA	NA	C Corporation			
(2) Liberty Physicians 4800 Friendship Avenue Pittsburgh, PA15224 25-1637318	Healthcare	PA	NA	C Corporation			
(3) Medical Center Clinic 4800 Friendship Avenue Pittsburgh, PA15224 23-2894939	Healthcare	PA	NA	C Corporation			
(4) West Penn Corporate Medical Services 4800 Friendship Avenue Pittsburgh, PA15224 25-1437405	Healthcare	PA	NA	C Corporation			
(5) West Penn Medical Associates 4800 Friendship Avenue Pittsburgh, PA15224 25-1666783	Healthcare	PA	NA	C Corporation			
(6) West Penn Neurosurgery 4800 Friendship Avenue Pittsburgh, PA15224 25-1630719	Healthcare	PA	NA	C Corporation			
(7) 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, 35A, or 36.)

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

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

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

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
Transactions With Affiliated Organizations	Schedule R, Part V, Line 2	Allegheny Singer Research Institute has chosen not to complete Schedule R, Part V, line 2. The disclosure of this information is only required for organizations listed in Schedule R, Part V, line 2 that are controlled entities within the meaning of section 512(b)(13). No organization listed in Schedule R, Part V, line 2 is a controlled entity within the meaning of section 512(b)(13) for Allegheny Singer Research Institute.

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
West Penn Allegheny Health System Inc 4800 Friendship Avenue Pittsburgh, PA15224 25-0969492	Healthcare	PA	501(c)(3)	3	NA		
Alle-Kiski Medical Center 1301 Carlisle Street Natrona Heights, PA15065 25-1875178	Healthcare	PA	501(c)(3)	3	NA		
Canonsburg General Hospital 100 Medical Boulevard Canonsburg, PA15317 25-1737079	Healthcare	PA	501(c)(3)	3	NA		
Allegheny Medical Practice Network 4800 Friendship Avenue Pittsburgh, PA15224 25-1838457	Healthcare	PA	501(c)(3)	3	NA		
Allegheny Specialty Practice Network 320 East North Avenue Pittsburgh, PA15212 25-1838458	Healthcare	PA	501(c)(3)	3	NA		
West Penn Allegheny Oncology Network 4800 Friendship Avenue Pittsburgh, PA15224 11-3683376	Healthcare	PA	501(c)(3)	11-III FL	NA		
West Penn Physician Practice Network 4800 Friendship Avenue Pittsburgh, PA15224 25-1494317	Healthcare	PA	501(c)(3)	9	NA		
CGH Ambulance Service Inc 100 Medical Boulevard Canonsburg, PA15317 23-2939715	Emer Respons	PA	501(c)(3)	9	NA		
Alle-Kiski Medical Center Trust 1301 Carlisle Street Natrona Heights, PA15065 20-5855753	Fundraising	PA	501(c)(3)	11-I	NA		
Forbes Health Foundation 2570 Haymaker Road Monroeville, PA15146 25-1798379	Fundraising	PA	501(c)(3)	7	NA		
Suburban Health Foundation 100 South Jackson Avenue Pittsburgh, PA15202 25-1472073	Fundraising	PA	501(c)(3)	11-I	NA		
Western Pennsylvania Hospital Foundation 4800 Friendship Avenue Pittsburgh, PA15224 25-1470766	Fundraising	PA	501(c)(3)	11-I	NA		

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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
West Allegheny Hospital 100 Medical Boulevard Canonsburg, PA15317 25-1054206	Inactive	PA	501(c)(3)	3	NA		
Greater Canonsburg Health System 100 Medical Boulevard Canonsburg, PA15317 25-1488089	Inactive	PA	501(c)(3)	11-I	NA		
Canonsburg HealthHospital Foundation 100 Medical Boulevard Canonsburg, PA15317 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			