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Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07/01, 2013, and ending 12/31, 20 13

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: WEST PENN ALLEGHENY HEALTH SYSTEM, INC

Doing Business As:

Number and street (or P.O. box if mail is not delivered to street address): C/O TAX DEPT., 120 FIFTH AVENUE, STE 922

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: PITTSBURGH, PA 15222

D Employer identification number: 25-0969492

E Telephone number: (412) 544-6668

G Gross receipts $ 745,978,942.

F Name and address of principal officer: JOHN PAUL
30 ISABELLA STREET PITTSBURGH, PA 15212

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.AHN.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1848 M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE FORM 990, PAGE 2, PART III

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	12.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	9.
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	9,093.
	6	Total number of volunteers (estimate if necessary)	633.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	2,526,023.
	7b	Net unrelated business taxable income from Form 990-T, line 34	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,208,495.	1,780,464.
	9 Program service revenue (Part VIII, line 2g)	1,056,393,295.	585,662,441.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,923,546.	12,799,775.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,265,049.	28,413,324.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,131,790,385.	628,656,004.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	322,613.	39,824.
	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)	472,097,208.	243,918,191.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 99,950.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	656,432,835.	335,253,308.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,128,852,656.	579,211,323.
	19 Revenue less expenses. Subtract line 18 from line 12	2,937,729.	49,444,681.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,332,986,927.	1,165,738,935.
	21 Total liabilities (Part X, line 26)	1,165,921,767.	1,149,349,809.
	22 Net assets or fund balances. Subtract line 21 from line 20	167,065,160.	16,389,126.

Part II Signature Block

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: Elizabeth M Allen — Date: 11/10/14

▶ Type or print name and title: Elizabeth M Allen CFO

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
FRANK D. GIARDINI		11/05/2014		P00532355

Firm's name ▶ GRANT THORNTON, LLP — Firm's EIN ▶ 36-6055558

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) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2013)

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ENVELOPE POSTMARK DATE NOV 14 2014

SCANNED DEC 08 2014

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III X

1 Briefly describe the organization's mission:

ATTACHMENT 1

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 $ 167,077,161. including grants of $ 26,711.) (Revenue $ 138,836,733.)

WEST PENN ALLEGHENY HEALTH SYSTEM, INC. IS A TEAM OF CARE GIVERS COMMITTED TO IMPROVING HEALTH AND PROMOTING WELLNESS IN OUR COMMUNITIES, ONE PERSON AT A TIME. IT PLEDGES TO CONSISTENTLY DELIVER SAFE, COMPASSIONATE QUALITY HEALTHCARE BY TREATING THE WHOLE PERSON - BODY, MIND AND SPIRIT. SEE SCHEDULE O - WEST PENN ALLEGHENY HEALTH SYSTEM, INC. - ALLEGHENY GENERAL HOSPITAL.

4b (Code:) (Expenses $ 33,416,989. including grants of $) (Revenue $ 30,810,255.)

WEST PENN ALLEGHENY HEALTH SYSTEM, INC. IS A TEAM OF CARE GIVERS COMMITTED TO IMPROVING HEALTH AND PROMOTING WELLNESS IN OUR COMMUNITIES, ONE PERSON AT A TIME. IT PLEDGES TO CONSISTENTLY DELIVER SAFE, COMPASSIONATE QUALITY HEALTHCARE BY TREATING THE WHOLE PERSON - BODY, MIND AND SPIRIT. SEE SCHEDULE O - WEST PENN ALLEGHENY HEALTH SYSTEM, INC. - THE WESTERN PENNSYLVANIA HOSPITAL.

4c (Code:) (Expenses $ 55,264,678. including grants of $) (Revenue $ 49,601,193.)

WEST PENN ALLEGHENY HEALTH SYSTEM, INC. IS A TEAM OF CARE GIVERS COMMITTED TO IMPROVING HEALTH AND PROMOTING WELLNESS IN OUR COMMUNITIES, ONE PERSON AT A TIME. IT PLEDGES TO CONSISTENTLY DELIVER SAFE, COMPASSIONATE QUALITY HEALTHCARE BY TREATING THE WHOLE PERSON - BODY, MIND AND SPIRIT. SEE SCHEDULE O - WEST PENN ALLEGHENY HEALTH SYSTEM, INC. - FORBES REGIONAL HOSPITAL.

4d Other program services (Describe in Schedule O.) ATTACHMENT 2

(Expenses $ 269,593,671. including grants of $ 13,113.) (Revenue $ 386,459,025.)

4e Total program service expenses ▶ 525,352,499.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
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? *If "Yes," complete Schedule C, Part II*	4	X	
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? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
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? *If "Yes," complete Schedule D, Part VI*	11a	X	
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? *If "Yes," complete Schedule D, Part VII*	11b		X
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? *If "Yes," complete Schedule D, Part VIII*	11c		X
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? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X	
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
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? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
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? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
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? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 597		
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	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .	2a 9,093		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b	X	
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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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 as charitable contributions?	6a		X
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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		X
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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

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 . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a 12		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 9		
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		X
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	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . .	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . .	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization	15b	X	
	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	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X	

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MATTHEW PETERSON 30 ISABELLA STREET PITTSBURGH, PA 15212 412-330-6090

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

Check if Schedule O contains a response or note to any line in this Part VII X

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. 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) JOSEPH MACERELLI CHAIRMAN	1.00	X		X				0	0	0
(2) BASIL COX DIRECTOR	1.00 0	X						0	0	0
(3) THEODORE NEIGHBORS DIRECTOR	1.00 0	X						0	0	0
(4) SANDRA USHER DIRECTOR	1.00 0	X						0	0	0
(5) EDWARD MARASCO DIRECTOR	1.00 0	X						0	0	0
(6) JOHN PAUL DIRECTOR	1.00 39.00	X		X				0	1,742,382.	72,229.
(7) DAVID BLANDINO, MD DIRECTOR	1.00 10.00	X						0	126,963.	0
(8) ROBERT BAUM, MD DIRECTOR	1.00 10.00	X						0	134,719.	0
(9) DORIS CARSON WILLIAMS DIRECTOR	1.00 3.00	X						0	89,230.	0
(10) NANETTE DETURK DIRECTOR	1.00 39.00	X						0	2,595,252.	257,467.
(11) PATRICIA LIEBMAN DIRECTOR	1.00 39.00	X						0	832,892.	88,337.
(12) TONY FARAH, MD DIRECTOR	40.00 0	X						844,075.	0	20,789.
(13) ELIZABETH ALLEN TREASURER	1.00 39.00			X				0	0	0
(14) DANIEL LEBISH TREASURER	1.00 39.00			X				0	2,965,431.	702,354.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
15) JACQUELINE BAUER	1.00									
SECRETARY	39.00			X				0	298,591.	41,499.
16) JUDY ZEDRECK	40.00									
AGH INTERIM PRESIDENT & CEO	0				X			483,865.	0	453,150.
17) DENZIL RUPERT	40.00									
WPH PRESIDENT & CEO	0				X			386,334.	0	21,429.
18) REESE JACKSON	40.00									
FRH PRESIDENT & CEO	0				X			343,385.	0	19,289.
19) MARGARET BARRON	40.00									
EVP OF EXTERNAL AFFAIRS	0				X			305,433.	0	245,808.
20) BART METZGER	40.00									
SYSTEM CHIEF HR OFFICER	0				X			407,229.	0	24,389.
21) THOMAS MOSER	40.00									
CHIEF OPERATIONS OFFICER	0				X			331,949.	0	384,797.
22) JAMES KANUCH	40.00									
WPH VP OF FINANCE	0				X			207,203.	0	20,664.
23) SHERAN SHIPLEY	40.00									
VP- PERIOPERATIVE SERVICES	0				X			195,809.	0	22,764.
24) TERRY WILTROUT	40.00									
VP REAL ESTATE & FACILITIES	0				X			256,521.	0	21,289.
25) RICHARD FRIES	40.00									
AGH VP OF FINANCE	0				X			217,822.	0	20,267.
1b Sub-total ▶								844,075.	8,486,869.	1,141,176.
c Total from continuation sheets to Part VII, Section A ▶								6,696,195.	298,591.	1,735,956.
d Total (add lines 1b and 1c) ▶								7,540,270.	8,785,460.	2,877,132.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 251

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

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

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 ▶ 101

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
26) ROGER YOST	40.00									
VP - DECISION SUPPORT	0				X			248,680.	0	18,327.
27) THOMAS HIPKISS	40.00									
FRH VP OF FINANCE	0				X			181,686.	0	19,644.
28) NED LAUBACHER	40.00									
AKMC PRESIDENT & CEO	0					X		383,479.	0	236,301.
29) PAUL KIPROFF	40.00									
PHYSICIAN	0					X		359,972.	0	12,750.
30) MARGARET BLACKWOOD	40.00									
RADIATION/SAFETY DIRECTOR	0					X		230,757.	0	12,838.
31) CHANDRA PETERSON	40.00									
CHIEF INFORMATION OFFICER	0					X		237,200.	0	6,372.
32) MATTHEW PETERSON										
TREASURER						X		244,266.	0	17,676.
33) CHRISTOPHER OLIVIA, MD										
HEALTH SYSTEM PRESIDENT & CEO							X	622,300.	0	4,002.
34) MICHEAL SIROTT										
SECRETARY							X	219,839.	0	121,501.
35) ROY SANTARELLA										
EVP & CHIEF ADMIN. OFFICER							X	585,872.	0	0
36) PAMELA GALLEGHER										
FRH VP OF FINANCE							X	246,594.	0	11,200.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 251

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

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII X

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	47,100.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,733,364.			
	g	Noncash contributions included in lines 1a-1f: $					
	h	Total. Add lines 1a-1f		1,780,464.			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENUE	621110	585,662,441.	585,662,441.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		585,662,441.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 4		12,862,478.			12,862,478.
	4	Income from investment of tax-exempt bond proceeds (5)		75,288.	75,288.		
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		6,993,384.		1,075,560.	5,917,824.
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	122,671,017. / -5,376,819.				
	b	Less. cost or other basis and sales expenses	117,432,189.				
	c	Gain or (loss)	5,238,828. / -5,376,819.				
	d	Net gain or (loss)		-137,991.			-137,991.
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	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	PHARMACY	621110	3,537,030.	3,537,030.		
	b	PARKING REVENUE	621110	3,007,708.	3,007,708.		
	c	ELECTRONIC RECORDS	621110	2,836,999.	2,836,999.		
	d	All other revenue	623990	12,038,203.	10,587,740.	1,450,463.	
	e	Total. Add lines 11a-11d		21,419,940.			
	12	Total revenue. See instructions		628,656,004.	605,707,206.	2,526,023.	18,642,311.

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)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

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 United States See Part IV, line 21	30,924.	30,924.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	8,900.	8,900.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States 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	5,702,597.	5,004,416.	694,973.	3,208.
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	214,176,887.	187,995,510.	26,101,631.	79,746.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,098,908.	3,608,397.	490,511.	
9 Other employee benefits	6,268,502.	5,506,254.	759,098.	3,150.
10 Payroll taxes	13,671,297.	12,016,177.	1,655,120.	
11 Fees for services (non-employees)				
a Management	0			
b Legal	864,950.	100,397.	764,553.	
c Accounting	1,150,705.		1,150,705.	
d Lobbying	65,740.	65,740.		
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	494,872.		494,872.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	42,794,121.	36,122,993.	6,663,442.	7,686.
12 Advertising and promotion	30,209.	27,188.	3,021.	
13 Office expenses	2,698,560.	2,426,546.	269,856.	2,158.
14 Information technology	11,116,388.	9,385,463.	1,730,925.	
15 Royalties	0			
16 Occupancy	19,950,790.	17,955,711.	1,995,079.	
17 Travel	649,842.	584,858.	64,984.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	664,047.	597,642.	66,405.	
20 Interest	20,036,632.	18,032,969.	2,003,663.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	22,674,177.	20,406,759.	2,267,418.	
23 Insurance	7,526,203.	6,990,193.	536,010.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PATIENT CARE COSTS	123,505,275.	121,952,526.	1,552,749.	
b REPAIRS AND MAINTENANCE	26,901,700.	24,211,530.	2,690,170.	
c BAD DEBT	25,689,085.	25,689,085.		
d PA ACT 49 - QUALITY CARE	10,049,682.	10,049,682.		
e All other expenses	18,390,330.	16,582,639.	1,803,689.	4,002.
25 Total functional expenses Add lines 1 through 24e	579,211,323.	525,352,499.	53,758,874.	99,950.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X X

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		6,743,135.	1	13,418,801.
	2	Savings and temporary cash investments		98,982,669.	2	80,648,827.
	3	Pledges and grants receivable, net		387,773.	3	332,536.
	4	Accounts receivable, net		114,972,324.	4	120,297,598.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Loans and other 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). Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		3,585,000.	7	3,185,000.
	8	Inventories for sale or use		18,644,725.	8	21,982,310.
	9	Prepaid expenses and deferred charges		13,172,234.	9	13,148,348.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 519,443,375.			
	b	Less: accumulated depreciation	10b 30,935,725.	484,943,941.	10c	488,507,650.
	11	Investments - publicly traded securities ATCH 6		200,627,944.	11	204,153,283.
	12	Investments - other securities. See Part IV, line 11		9,373,033.	12	4,251,938.
	13	Investments - program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		151,227,021.	14	86,881,387.
	15	Other assets. See Part IV, line 11		230,327,128.	15	128,931,257.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,332,986,927.	16	1,165,738,935.
Liabilities	17	Accounts payable and accrued expenses		109,809,242.	17	105,251,272.
	18	Grants payable		0	18	0
	19	Deferred revenue		41,858,428.	19	41,044,059.
	20	Tax-exempt bond liabilities		533,176,046.	20	525,085,788.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties ATCH 7		66,455,237.	23	64,061,400.
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		414,622,814.	25	413,907,290.
	26	**Total liabilities.** Add lines 17 through 25		1,165,921,767.	26	1,149,349,809.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-14,657,538.	27	-179,472,695.
	28	Temporarily restricted net assets		5,062,783.	28	5,750,468.
	29	Permanently restricted net assets		176,659,915.	29	190,111,353.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		167,065,160.	33	16,389,126.
	34	Total liabilities and net assets/fund balances		1,332,986,927.	34	1,165,738,935.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	628,656,004.
2	Total expenses (must equal Part IX, column (A), line 25)	2	579,211,323.
3	Revenue less expenses. Subtract line 2 from line 1	3	49,444,681.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	167,065,160.
5	Net unrealized gains (losses) on investments	5	10,539,246.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-210,659,961.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,389,126.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 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	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
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.	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
WEST PENN ALLEGHENY HEALTH SYSTEM, INC	25-0969492

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

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

1 ☐ A church, convention of churches, or association of churches 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:

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-Non-functionally integrated

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?

		Yes	No
(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 supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test - 2013.** 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 - 2012.** If the organization did not check a 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 - 2013.** 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 - 2012.** 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 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 section 501(c)(3) organization, check this box and stop here ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** 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 - 2012.** 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.** 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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

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 35c (Proxy Tax), then

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

Name of organization	Employer identification number
WEST PENN ALLEGHENY HEALTH SYSTEM, INC	25-0969492

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

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

2 Political expenditures . . . . . ▶ $

3 Volunteer hours . . . . . .

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ $

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

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No

4a Was a correction made? . . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ $

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

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No

5 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-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
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? ☐ Yes ☐ No		

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.

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) 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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		65,740.
j Total Add lines 1c through 1i			65,740.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

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

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

LOBBYING EXPENDITURES

FORM 990, SCHEDULE C, PAGE 3, PART II-B, LINE 1A

WPAHS ELECTED TO ENGAGE THE SERVICES OF OUTSIDE CONSULTANTS TO ASSIST IN LOBBYING ISSUES OF IMPORTANCE. IN ADDITION, A PORTION OF DUES PAID TO A HEALTHCARE RELATED PROFESSIONAL ORGANIZATION IS USED TO LOBBY ISSUES OF IMPORTANCE THAT ALLOW WPAHS TO ADVANCE ITS CHARITABLE PURPOSE.

Part IV Supplemental Information *(continued)*

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

WEST PENN ALLEGHENY HEALTH SYSTEM, INC

Employer identification number

25-0969492

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? ☐ Yes ☐ No

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 education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 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 Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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 XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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 XIII. Check here if the explanation has been provided in Part XIII* ☐

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	181,722,698.	171,795,328.	181,375,059.	160,822,837.	157,081,075.
b Contributions	1,753,754.	1,111,484.	1,224,584.	2,114,402.	1,806,358.
c Net investment earnings, gains, and losses	18,503,168.	20,071,905.	-56,362.	29,373,573.	15,402,952.
d Grants or scholarships					
e Other expenditures for facilities and programs	5,761,292.	10,760,576.	10,332,607.	10,460,295.	13,396,153.
f Administrative expenses	356,507.	495,443.	415,346.	475,458.	71,395.
g End of year balance	195,861,821.	181,722,698.	171,795,328.	181,375,059.	160,822,837.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ 97.0600 %

c *Temporarily restricted endowment* ▶ 2.9400 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)	X	
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		23,960,000.		23,960,000.
b Buildings		246,352,039.	10,808,470	235,543,569.
c Leasehold improvements		9,159,439.	390,041	8,769,398.
d Equipment		207,986,980.	17,923,628	190,063,352.
e Other		31,984,917.	1,813,586	30,171,331.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				488,507,650.

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶		

Part VIII Investments - Program Related.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	26,273,400.
(2) INVEST - PASSTHROUGH ENTITIES	49,449,894.
(3) FOURTH FUNDING COMMIT PER AA	42,030,548.
(4) RECEIVABLES - OTHER	10,507,745.
(5) LETTER OF CREDIT	366,000.
(6) CAPITALIZED COSTS	303,670.
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	128,931,257.

Part X Other Liabilities.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes ATTACHMENT 1	
(2) ACCRUED PENSION LIABILITY	161,301,042.
(3) THIRD PARTY SETTLEMENTS	-2,403,748.
(4) INSURANCE LIABILITIES	24,825,791.
(5) CAPITAL LEASES	479,083.
(6) ASSET RETIREMENT OBLIGATION	4,257,895.
(7) NON-CURRENT BOND INT EXP	20,319,664.
(8) LONG TERM DEBT - HIGHMARK	200,000,000.
(9) BLUE CROSS ADVANCE	4,859,059.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	413,907,290.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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 XIII.)	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 XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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 XIII.)	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 XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII Supplemental Information.

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

FORM 990, SCHEDULE D, PART X QUESTION 2, PART XIII

WEST PENN ALLEGHENY HEALTH SYSTEM, INC. (WPAHS) DOES NOT ISSUE INDEPENDENT AUDITED FINANCIAL STATEMENTS. WPAHS IS A COMPONENT OF THE HIGHMARK HEALTH CONSOLIDATED AUDITED FINANCIAL STATEMENTS. 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:

FINANCIAL STATEMENTS	($24,218,582)
ADD: IMPAIRMENT LOSS REFLECTED IN UNRESTRICTED INCOME ON THE FINANCIAL STATEMENTS AND RECLASSIFIED TO NET ASSETS ON FORM 990	64,300,000
PLUS: INCOME AND EXPENSE RECLASSIFIED FROM RESTRICTED NET ASSETS ON THE FINANCIAL STATEMENTS TO UNRESTRICTED INCOME AND EXPENSE ON FORM 990	9,132,496
ADD: UNREALIZED LOSSES REFLECTED IN UNRESTRICTED INCOME ON THE FINANCIAL STATEMENTS AND RECLASSIFIED TO NET ASSETS ON FORM 990	230,767
NET INCOME PER FORM 990	$49,444,681

Part XIII Supplemental Information *(continued)*

THE FOLLOWING IS THE FOOTNOTE TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF HIGHMARK HEALTH FOR FASB ASC 740:

HIGHMARK HEALTH (CORPORATION) RECORDS UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH FASB ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES. ASC 740 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES BY DEFINING CRITERIA THAT A TAX POSITION ON AN INDIVIDUAL MATTER MUST MEET BEFORE THAT POSITION IS RECOGNIZED. ASC 740 ALSO PROVIDES GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE AND ACCOUNTING IN INTERIM PERIODS. THE CORPORATION CLASSIFIES INTEREST AND PENALTIES ON TAX UNCERTAINTIES AS A COMPONENT OF THE PROVISION FOR INCOME TAXES.

BASED ON AN ANALYSIS PREPARED BY THE CORPORATION, IT WAS DETERMINED THAT THE APPLICATION OF FASB ASC 740 HAD NO MATERIAL EFFECT ON THE RECORDED ASSETS AND LIABILITIES OF AHN.

SCHEDULE D, PAGE 2, PART V, LINE 4

THE INTENDED USE OF WEST PENN ALLEGHENY HEALTH SYSTEM, INC. 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.

ATTACHMENT 1

SCHEDULE D, PART X - OTHER LIABILITIES

DESCRIPTION	BOOK VALUE
OTHER LIABILITIES	268,504.
TOTALS	413,907,290.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WEST PENN ALLEGHENY HEALTH SYSTEM, INC

Employer identification number
25-0969492

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b	If "Yes," was it a written policy?	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care [ ] 100% [ ] 150% [X] 200% [ ] Other _____ %	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care [ ] 200% [ ] 250% [ ] 300% [ ] 350% [X] 400% [ ] Other _____ %	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a	Did the organization prepare a community benefit report during the tax year?	X	
b	If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			7,432,591.	5,396,781.	2,035,810.	.37
b Medicaid (from Worksheet 3, column a)			76,184,791.	50,348,169.	25,836,622.	4.67
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			83,617,382.	55,744,950.	27,872,432.	5.04
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			351,586.		351,586.	.06
f Health professions education (from Worksheet 5)			16,176,894.		16,176,894.	2.92
g Subsidized health services (from Worksheet 6)			148,939,427.	137,471,853.	11,467,574.	2.07
h Research (from Worksheet 7)			2,793,452.		2,793,452.	.50
i Cash and in-kind contributions for community benefit (from Worksheet 8)			30,924.		30,924.	.01
j **Total.** Other Benefits			168,292,283.	137,471,853.	30,820,430.	5.56
k **Total.** Add lines 7d and 7j			251,909,665.	193,216,803.	58,692,862.	10.60

Part II **Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			287,973.		287,973.	.05
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			287,973.		287,973.	.05

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1	X	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 5,806,307.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 2,479,507.		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	202,539,647.	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	212,444,685.	
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-9,905,038.	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used			

[X] Cost accounting system [ ] Cost to charge ratio [ ] Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	WEST PENN AMB. SURG	AMBULATORY SURGERY CENTER			
2	5148 LIB AVE ASSOC	PROPERTY RENTAL			
3	ALLEG IMAG OF MCCAND	IMAGING SERVICES			
4	OPTIMA IMAGING INC	MEDICAL IMAGING			
5	FORBES REG UROLOGIC	EQUIPMENT RENTAL			
6	NORTH SHORE ENDOSCOP	ENDOSCOPY SERVICES			45.00000
7	MCCANDLESS ENDOSCOPY	ENDOSCOPY SERVICES			50.00000
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? 3

Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 ALLEGHENY GENERAL HOSPITAL 320 EAST NORTH AVENUE PITTSBURGH PA 15224	X	X		X	X	X	X			
2 THE WESTERN PENNSYLVANIA HOSPITAL 4800 FRIENDSHIP AVENUE PITTSBURGH PA 15224	X	X		X	X	X	X			
3 FORBES REGIONAL HOSPITAL 2570 HAYMAKER ROAD MONROEVILLE PA 15146	X	X		X			X			
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group ALLEGHENY GENERAL HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

		Yes	No
	Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	X	
	If "Yes," indicate what the CHNA report describes (check all that apply).		
a	[X] A definition of the community served by the hospital facility		
b	[X] Demographics of the community		
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	[X] How data was obtained		
e	[X] The health needs of the community		
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	[X] The process for consulting with persons representing the community's interests		
i	[ ] Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	[ ] Other (describe in Section C)		
2	Indicate the tax year the hospital facility last conducted a CHNA: 20 12		
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
5	Did the hospital facility make its CHNA report widely available to the public?	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a	[X] Hospital facility's website (list url): WWW.AHN.ORG		
b	[ ] Other website (list url):		
c	[X] Available upon request from the hospital facility		
d	[ ] Other (describe in Section C)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a	[X] Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	[X] Execution of the implementation strategy		
c	[ ] Participation in the development of a community-wide plan		
d	[ ] Participation in the execution of a community-wide plan		
e	[X] Inclusion of a community benefit section in operational plans		
f	[ ] Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	[X] Prioritization of health needs in its community		
h	[X] Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	[ ] Other (describe in Section C)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs		X
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group THE WESTERN PENNSYLVANIA HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 2

	Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		Yes	No
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9.	1	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[ ] Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	[ ] Other (describe in Section C)			
2	Indicate the tax year the hospital facility last conducted a CHNA: 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	X	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	4		X
5	Did the hospital facility make its CHNA report widely available to the public?	5	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): WWW.AHN.ORG			
b	[ ] Other website (list url):			
c	[X] Available upon request from the hospital facility			
d	[ ] Other (describe in Section C)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):			
a	[X] Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	[X] Execution of the implementation strategy			
c	[ ] Participation in the development of a community-wide plan			
d	[ ] Participation in the execution of a community-wide plan			
e	[X] Inclusion of a community benefit section in operational plans			
f	[ ] Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	[X] Prioritization of health needs in its community			
h	[X] Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	[ ] Other (describe in Section C)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs	7		X
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a		X
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group FORBES REGIONAL HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 3

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	1	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[ ] Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	[ ] Other (describe in Section C)			
2	Indicate the tax year the hospital facility last conducted a CHNA: 20 1 2			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	X	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	4		X
5	Did the hospital facility make its CHNA report widely available to the public?	5	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): WWW.AHN.ORG			
b	[ ] Other website (list url):			
c	[X] Available upon request from the hospital facility			
d	[ ] Other (describe in Section C)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):			
a	[X] Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	[X] Execution of the implementation strategy			
c	[ ] Participation in the development of a community-wide plan			
d	[ ] Participation in the execution of a community-wide plan			
e	[X] Inclusion of a community benefit section in operational plans			
f	[ ] Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	[X] Prioritization of health needs in its community			
h	[X] Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	[ ] Other (describe in Section C)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs	7		X
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a		X
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy ALLEGHENY GENERAL HOSPITAL

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	10	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: 200 %			
	If "No," explain in Section C the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing *discounted* care?	11	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 %			
	If "No," explain in Section C the criteria the hospital facility used			
12	Explained the basis for calculating amounts charged to patients?	12	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	[X] Income level			
b	[X] Asset level			
c	[X] Medical indigency			
d	[X] Insurance status			
e	[X] Uninsured discount			
f	[X] Medicaid/Medicare			
g	[X] State regulation			
h	[X] Residency			
i	[X] Other (describe in Section C)			
13	Explained the method for applying for financial assistance?	13	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	14	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The policy was posted on the hospital facility's website			
b	[ ] The policy was attached to billing invoices			
c	[X] The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	[X] The policy was posted in the hospital facility's admissions offices			
e	[ ] The policy was provided, in writing, to patients on admission to the hospital facility			
f	[X] The policy was available on request			
g	[ ] Other (describe in Section C)			

Billing and Collections

15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	[X] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] Other similar actions (describe in Section C)			
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	17	X	
	If "Yes," check all actions in which the hospital facility or a third party engaged.			
a	[X] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

Financial Assistance Policy THE WESTERN PENNSYLVANIA HOSPITAL

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	10	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: 200 %			
	If "No," explain in Section C the criteria the hospital facility used			
11	Used FPG to determine eligibility for providing *discounted* care?	11	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: 400 %			
	If "No," explain in Section C the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	12	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	[X] Income level			
b	[X] Asset level			
c	[X] Medical indigency			
d	[X] Insurance status			
e	[X] Uninsured discount			
f	[X] Medicaid/Medicare			
g	[X] State regulation			
h	[X] Residency			
i	[X] Other (describe in Section C)			
13	Explained the method for applying for financial assistance?	13	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	14	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply).			
a	[X] The policy was posted on the hospital facility's website			
b	[ ] The policy was attached to billing invoices			
c	[X] The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	[X] The policy was posted in the hospital facility's admissions offices			
e	[ ] The policy was provided, in writing, to patients on admission to the hospital facility			
f	[X] The policy was available on request			
g	[ ] Other (describe in Section C)			
Billing and Collections				
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	[X] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] Other similar actions (describe in Section C)			
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	17	X	
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	[X] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

Financial Assistance Policy FORBES REGIONAL HOSPITAL

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	10	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: 200 %			
	If "No," explain in Section C the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing *discounted* care?	11	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: 400 %			
	If "No," explain in Section C the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	12	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a	[X] Income level			
b	[X] Asset level			
c	[X] Medical indigency			
d	[X] Insurance status			
e	[X] Uninsured discount			
f	[X] Medicaid/Medicare			
g	[X] State regulation			
h	[X] Residency			
i	[X] Other (describe in Section C)			
13	Explained the method for applying for financial assistance?	13	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	14	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The policy was posted on the hospital facility's website			
b	[ ] The policy was attached to billing invoices			
c	[X] The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	[X] The policy was posted in the hospital facility's admissions offices			
e	[ ] The policy was provided, in writing, to patients on admission to the hospital facility			
f	[X] The policy was available on request			
g	[ ] Other (describe in Section C)			

Billing and Collections

15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	[X] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] Other similar actions (describe in Section C)			
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	17	X	
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	[X] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] Other similar actions (describe in Section C)			

Part V Facility Information *(continued)* ALLEGHENY GENERAL HOSPITAL

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a [X] Notified individuals of the financial assistance policy on admission
- b [X] Notified individuals of the financial assistance policy prior to discharge
- c [X] Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d [X] Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e [ ] Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	

If "No," indicate why:

- a [ ] The hospital facility did not provide care for any emergency medical conditions
- b [ ] The hospital facility's policy was not in writing
- c [ ] The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d [ ] Other (describe in Section C)

Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a [ ] The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b [ ] The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c [ ] The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d [X] Other (describe in Section C)

21	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
22	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	X	

Part V Facility Information *(continued)* THE WESTERN PENNSYLVANIA HOSPITAL

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a [X] Notified individuals of the financial assistance policy on admission
- b [X] Notified individuals of the financial assistance policy prior to discharge
- c [X] Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d [X] Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e [ ] Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	

If "No," indicate why:

- a [ ] The hospital facility did not provide care for any emergency medical conditions
- b [ ] The hospital facility's policy was not in writing
- c [ ] The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d [ ] Other (describe in Section C)

Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a [ ] The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b [ ] The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c [ ] The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d [X] Other (describe in Section C)

21	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?		X
	If "Yes," explain in Section C		
22	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	X	
	If "Yes," explain in Section C.		

Part V Facility Information *(continued)* FORBES REGIONAL HOSPITAL

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a [X] Notified individuals of the financial assistance policy on admission
- b [X] Notified individuals of the financial assistance policy prior to discharge
- c [X] Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d [X] Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e [ ] Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	

If "No," indicate why

- a [ ] The hospital facility did not provide care for any emergency medical conditions
- b [ ] The hospital facility's policy was not in writing
- c [ ] The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d [ ] Other (describe in Section C)

Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a [ ] The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b [ ] The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c [ ] The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d [X] Other (describe in Section C)

21	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?		X
	If "Yes," explain in Section C		
22	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	X	
	If "Yes," explain in Section C.		

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 29

	Name and address	Type of Facility (describe)
1	AGH - SUBURBAN GENERAL CAMPUS 101 SOUTH JACKSON AVENUE PITTSBURGH PA 15202	URGENT CARE - GENERAL MEDICAL
2	AGH - DIALYSIS CENTER 1136 THORN RUN ROAD MOON TOWNSHIP PA 15108	DIALYSIS CENTER
3	AGH - PHYSICIAN PRACTICES 490 EAST NORTH AVENUE PITTSBURGH PA 15212	GENERAL MEDICAL
4	AGH - CHILD CARE 621 EAST NORTH AVENUE PITTSBURGH PA 15212	CHILD CARE
5	AGH - EAR TREATMENT AND CARE 8500 BROOKTREE ROAD WEXFORD PA 15090	EAR TREATMENT
6	AGH - PHYSICIAN PRACTICES 9335 MCKNIGHT ROAD PITTSBURGH PA 15237	GENERAL MEDICAL
7	WPH - PHYSICIAN PRACTICES 1 DOLLY AVENUE JEANETTE PA 15644	GENERAL MEDICAL
8	WPH - PHYSICIAN PRACTICES 4815 LIBERTY AVENUE PITTSBURGH PA 15224	GENERAL MEDICAL
9	FRH - DIABETES CENTER 100 FOREST HILLS PLAZA PITTSBURGH PA 15221	DIABETES TREATMENT
10	FRH - DIABETES CENTER 3824 NORTHERN PIKE MONROEVILLE PA 15146	DIABETES TREATMENT

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

	Name and address	Type of Facility (describe)
1	FRH - PHYSICIAN PRACTICES ONE MONROEVILLE CENTER MONROEVILLE PA 15146	GENERAL MEDICAL
2	AGH - MEDICAL PRACTICES 1307 FEDERAL STREET PITTSBURGH PA 15212	GENERAL MEDICAL
3	AGH - MEDICAL PRACTICE 133 CHURCH HILL ROAD MCKEES ROCKS PA 15136	GENERAL MEDICAL
4	AGH - RHEUMATOLOGY 150 LAKE DRIVE WEXFORD PA 15090	RHEUMATOLOGY
5	AGH - AV DIALYSIS CENTER 1618 PACIFIC AVENUE NATRONA HEIGHTS PA 15065	DIALYSIS CLINIC
6	AGH - PHYSICIAN PRACTICES 2027 LEBANON CHURCH ROAD WEST MIFFLIN PA 15122	GENERAL MEDICAL
7	AGH - PULMONARY AND CRITICAL CARE 2500 BROOKTREE ROAD WEXFORD PA 15090	PULMONARY AND CRITICAL CARE
8	FRH - LAB AND HUMAN MOTION CENTER 2550 MOSSIDE BLVD. MONROEVILLE PA 15146	LAB AND HUMAN MOTION CENTER
9	FRH - PHYSICIAN PRACTICES 2566 HAYMAKER ROAD MONROEVILLE PA 15146	GENERAL MEDICINE
10	FRH - PHYSICIAN PRACTICE 314 SOUTH KIMBERLY AVENUE SOMERSET BOROUGH PA 15501	GENERAL MEDICAL

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

	Name and address	Type of Facility (describe)
1	AGH - NEUROSURGERY 420 WOOD STREET CLARION PA 16214	NEUROSURGERY
2	AGH - HUMAN MOTION AND IMAGING 500 BLAZIER DRIVE WEXFORD PA 15090	HUMAN MOTION AND IMAGING
3	WPH - INSTITUTE FOR PAIN MEDICINE 5124 LIBERTY AVENUE PITTSBURGH PA 15224	INSTITUTE FOR PAIN MEDICINE
4	AGH-WPH VARIOUS MEDICAL SPECIALTIES 5140 LIBERTY AVENUE PITTSBURGH PA 15224	DIABETES, SLEEP DISORDER AND HUMAN MOTION
5	AGH - LAB 5318 RANALLI DRIVE GIBSONIA PA 15044	LAB
6	AGH - RADIOLOGY AND SPORTS MEDICINE 5375 WILLIAM FLYNN HIGHWAY GIBSONIA PA 15044	RADIOLOGY AND SPORTS MEDICINE
7	AGH - PHYSICIAN PRACTICES 575 LINCOLN AVENUE PITTSBURGH PA 15202	GENERAL MEDICINE
8	AGH - ORTHOPAEDIC 59 FORT COUCH ROAD BETHEL PARK PA 15241	ORTHOPAEDIC
9	AGH - LAB 651 HOLIDAY DRIVE PITTSBURGH PA 15220	LAB
10		

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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

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

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

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

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

SCHEDULE H, PART III, QUESTION 4

WEST PENN ALLEGHENY HEALTH SYSTEM, INC. DOES NOT ISSUE SEPARATE AUDITED FINANCIAL STATEMENTS AND THEREFORE A FOOTNOTE DOES NOT EXIST.

BAD DEBT EXPENSE IS ACCOUNTED FOR ON A CHARGE BASIS IN OUR INTERNAL FINANCIAL STATEMENTS. A COST TO CHARGE RATIO IS APPLIED TO THE INTERNAL FIGURES TO CONVERT THE CHARGE TO COST.

IT IS THE OPINION OF WEST PENN ALLEGHENY HEALTH SYSTEM MANAGEMENT THAT BECAUSE PATIENTS ARE OFTEN RELUCTANT TO COMPLETE THE REQUIRED CHARITY CARE PAPERWORK THAT AN UNQUANTIFIABLE AMOUNT OF CHARITY CARE RESULTS IN BAD DEBT. THUS, IT IS OUR OPINION THAT BAD DEBT EXPENSE CAN BE CONSIDERED A JUSTIFIABLE COMPONET OF CHARITY CARE.

SCHEDULE H, PART III, QUESTION 9B

PATIENTS THAT QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE ARE PROVIDED WITH AN APPROVAL LETTER WITH THE EFFECTIVE DATES FOR THE ASSISTANCE. AT ANY TIME THE INDIVIDUAL PRESENTS FOR SERVICES WITHIN A 90

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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

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

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

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

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

DAY SPAN OF APPROVAL, THEY SHOW THE LETTER AND WILL BE REGISTERED AS A CHARITY CARE CASE. CHARITY CARE CASES ARE DESIGNATED IN THE INTERNAL COMPUTERIZED SYSTEMS WITH UNIQUE PLAN CODES THAT PREVENT BILLING TO THE PATIENT. REPORTS ARE RUN TO CAPTURE THE PATIENT ACCOUNTS REGISTERED WITH THE CHARITY CARE PLAN CODES SO THEY CAN BE WRITTEN OFF TO CHARITY CARE.

SCHEDULE H, PART V, SECTION B, LINE 7

SOME NEEDS IDENTIFIED IN THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) ARE NOT ADDRESSED BY IMPLEMENTATION STRATEGY PROGRAMS BECAUSE EXISTING HOSPITAL AND COMMUNITY RESOURCES WORK TO ADDRESS THESE NEEDS. WEST PENN ALLEGHENY HEALTH SYSTEM, INC. EVALUATED ALL TOP PRIORITY NEEDS AND PUT FORTH PLANS TO ADDRESS THE NEEDS WE FELT WE WERE BEST POSITIONED TO MAKE A POSITIVE IMPACT FOR THE BETTERMENT OF THE HEALTH OF THE COMMUNITIES WE SERVE.

VARIOUS NEEDS OUTLINED IN THE CHNA WILL NOT BE ADDRESSED THROUGH THESE PLANNING EFFORTS. THESE NEEDS WILL NOT BE ADDRESSED AS A RESULT OF

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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

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

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

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

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PRIORITIZATION EFFORTS, WHICH INCLUDED INDIVIDUALS WITH EXPERTISE IN PUBLIC HEALTH AND REPRESENTATIVES OF UNDERSERVED POPULATIONS, THE NEED WAS RANKED LOW FOR ANY ONE OR MORE OF THE FOLLOWING REASONS: 1) THE HOSPITAL WAS NOT IDENTIFIED AS THE ACCOUNTABLE ENTITY; 2) THE NEED FALLS OUTSIDE OF THE HOSPITAL AREA OF EXPERTISE; 3) THE ISSUE IS ALREADY BEING ADDRESSED BY EXISTING COMMUNITY ASSETS; OR 4) NECESSARY INTERNAL RESOURCES TO MEET THE NEED ARE LACKING.

SCHEDULE H, PART V, LINE 12I

WEST PENN ALLEGHENY HEALTH SYSTEM, INC. HAS PRESUMPTIVE ELIGIBILITY PROCEDURES IN PLACE. PARO IS ENGAGED TO RUN A PROPENSITY TO PAY REPORT ON INDIVIDUALS. THIS REPORT IS USED TO GAUGE IF CERTAIN INDIVIDUALS MAY QUALIFY FOR FINANCIAL ASSISTANCE.

SCHEDULE H,PART V, LINE 16A

WEST PENN ALLEGHENY HEALTH SYSTEM, INC. MAKES EVERY EFFORT TO DETERMINE IF THE PATIENT QUALIFIES FOR ASSISTANCE UNDER THE FINANCIAL ASSISTANCE POLICY BEFORE A CREDIT AGENCY IS RETAINED.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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

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

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

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

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE ALLEGHENY HEALTH NETWORK BOARD OF DIRECTORS APPROVED A FINANCIAL ASSISTANCE POLICY IN THE SUMMER OF 2014. THIS POLICY WAS ADOPTED BY WEST PENN ALLEGHENY HEALTH SYSTEM, INC. THE POLICY DOES NOT ALLOW ANY FACILITY TO REPORT TO A CREDIT AGENCY BEFORE MAKING A REASONABLE EFFORT TO DETERMINE IF THE PATIENT QUALIFIES FOR ASSISTANCE UNDER THE FINANCIAL ASSISTANCE POLICY.

SCHEDULE H, PART V, SECTION B, LINE 20D

WEST PENN ALLEGHENY HEALTH SYSTEM OFFERS UNINSURED PATIENTS A FIFTY PERCENT (50%) DISCOUNT ON TOTAL GROSS CHARGES TO ALL HOSPITAL CHARGES. THE INTENT OF THE DISCOUNT IS TO STANDARDIZE CHARGING PRACTICES FOR COVERED AND NON COVERED PATIENTS.

THE DISCOUNT IS OFFERED DURING PATIENT CONTACT FOR ELECTIVE/ URGENT (NON COSMETIC) PROCEDURES DURING THE FINANCIAL COUNSELING PROCESS, AS WELL AS DURING THE PATIENT STATEMENT CYCLE PROCESS FOR SERVICES PROVIDED (INCLUDING EMERGENCY SERVICES.)

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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

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

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

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

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

PATIENT STATEMENTS ARE CLEARLY MARKED WITH THE UNINSURED DISCOUNT, REDUCING THE "AMOUNT OWED" OF THE GROSS CHARGES. AN UNINSURED DISCOUNT OF 50% IS APPLIED TO THE PATIENT ACCOUNT EITHER AT THE TIME OF PAYMENT OR PRIOR TO TRANSFERRING THE ACCOUNT TO BAD DEBT UPON CONCLUSION OF THE ROUTINE FOUR STATEMENT CYCLE, FOR ANY UNPAID BALANCES. THIS METHODOLOGY IS APPLIED CONSISTENTLY AMONG THE THREE HOSPITALS OF WEST PENN ALLEGHENY HEALTH SYSTEM, INC.

SCHEDULE H, PART V, LINE 21 AND LINE 22

EACH FACILITY OFFERS A VARIETY OF PROCEDURES. FOR ELECTIVE AND NON MEDICALLY EMERGENT PROCEDURES NOT COVERED BY HEALTH PLANS, INDIVIDUAL FEE SCHEDULES ARE PUBLISHED AND COMMUNICATED PRIOR TO SERVICES. PATIENTS ARE CONTACTED IN ADVANCE OF THE PROCEDURE BY FINANCIAL COUNSELORS AND ARE REQUIRED TO PAY FOR SERVICES IN FULL BASED ON THE FEE SCHEDULE. THE PATIENT IS REQUIRED TO PAY THE HOSPITAL FEE SCHEDULE FOR THE TECHNICAL COMPONENT AND THE PHYSICIAN FOR THE PROFESSIONAL SERVICES RENDERED. THIS METHODOLOGY IS APPLIED CONSISTENTLY AMONG THE THREE HOSPITALS OF WEST

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

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

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

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

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

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PENN ALLEGHENY HEALTH SYSTEM, INC.

SCHEDULE H, PART VI, LINE 2

WEST PENN ALLEGHENY HEALTH SYSTEM, INC. MANAGEMENT AND STAFF UTILIZE MULTIPLE STRATEGIES TO CONTINUALLY MONITOR AND ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES. ONE APPROACH TO ASSESSING NEEDS INVOLVES SURVEYING COMMUNITY MEMBERS ABOUT HEALTH NEEDS RELATED TO NATIONAL AND STATE HEALTH GOALS. WEST PENN ALLEGHENY HEALTH SYSTEM, INC. ALSO ACTS ON EXPRESSED COMMUNITY NEEDS BY RESPONDING TO DIRECT COMMUNITY REQUESTS FOR HEALTH SCREENINGS, OUTREACH EVENTS AND OTHER HEALTH-RELATED ACTIVITIES AND BY MAINTAINING LONGSTANDING PROGRAMS THAT ARE WELL ATTENDED AND POSITIVELY EVALUATED BY COMMUNITY PARTICIPANTS.

IN ADDITION, WEST PENN ALLEGHENY HEALTH SYSTEM, INC. GATHERS COMMUNITY INPUT THROUGH PARTICIPATION IN AREA ROTARIES, CHAMBERS OF COMMERCE, THROUGH PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS AND OTHER COMMUNITY ENGAGEMENT ACTIVITIES. ANOTHER MEANS IS THROUGH REVIEWING AND TAKING APPROPRIATE ACTIONS ON FEEDBACK GATHERED FROM THE FOLLOWING SOURCES:

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

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

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

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

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ROUTINE MARKET ASSESSMENTS; PATIENT AND FAMILY SATISFACTION SURVEYS; PRESS GANEY SURVEYS; PATIENT, PATIENT FAMILY AND STAFFS' SUGGESTIONS FOR IMPROVING PATIENT SAFETY; MEDICAL STAFF INPUT AND PHYSICIAN SURVEYS.

IN ADDITION TO THE ONGOING COMMUNITY HEALTH MONITORING AND ASSESSMENT, WEST PENN ALLEGHENY HEALTH SYSTEM, INC. HAS COMPLETED A FORMAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR EACH HOSPITAL IN 2012. THIS ASSESSMENT WAS DONE SEPARATELY FOR EACH HOSPITAL.

EACH HOSPITAL HAD A CHNA STEERING COMMITTEE ASSIGNED THAT CONSISTED OF: COMMUNITY LEADERS, INDIVIDUALS WITH EXPERTISE IN PUBLIC HEALTH, HOSPITAL BOARD MEMBERS, PHYSICIANS AND INTERNAL HOSPITAL LEADERS AND MANAGERS. THE STEERING COMMITTEES MET BETWEEN JULY 2012 AND APRIL 2013 TO PROVIDE GUIDANCE ON VARIOUS COMPONENTS OF THE CHNA. THE CHNA INVOLVED SYSTEMATICALLY ANALYZING DEMOGRAPHIC AND OTHER HEALTH-RELATED DATA, CONSIDERING LOCAL, STATE AND NATIONAL HEALTH GOALS, AND UNDERSTANDING EXISTING COMMUNITY HEALTH RESOURCES AND PROGRAMS.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

THE WEST PENN ALLEGHENY HEALTH SYSTEM, INC. - ALLEGHENY GENERAL HOSPITAL (WPAHS, INC. - AGH) ADDRESSED THE FOLLOWING COMMUNITY HEALTH NEEDS: HEART DISEASE AND HIGH BLOOD PRESSURE, DIABETES, BREAST, LUNG AND COLON CANCERS. EARLY SCREENING IS INCORPORATED INTO ALL IMPLEMENTATION STRATEGY PROGRAMS AND WPAHS, INC.- AGH ENGAGES IN EARLY SCREENING THROUGH EXISTING COMMUNITY OUTREACH AND HEALTH SCREENING EFFORTS. THE AREAS OF MENTAL HEALTH SERVICE ACCESS AND FLU AND PNEUMONIA WERE NOT ADDRESSED BY IMPLEMENTATION STRATEGY PROGRAMS BECAUSE EXISTING HOSPITAL AND COMMUNITY RESOURCES WORK TO ADDRESS THESE NEEDS. WPAHS, INC. - AGH EVALUATED ALL TOP PRIORITY NEEDS AND PUT FORTH PLANS TO ADDRESS THE NEEDS WE FELT WE WERE BEST POSITIONED TO MAKE A POSITIVE IMPACT FOR THE BETTERMENT OF THE HEALTH OF THE COMMUNITIES WE SERVE.

THE WEST PENN ALLEGHENY HEALTH SYSTEM, INC. - WESTERN PENNSYLVANIA HOSPITAL (WPAHS, INC. - WPH) ADDRESSED THE FOLLOWING COMMUNITY HEALTH NEEDS: CARDIOVASCULAR DISEASE, DIABETES AND BREAST CANCER. EARLY SCREENING IS INCORPORATED INTO ALL IMPLEMENTATION STRATEGY PROGRAMS AND WPAHS, INC.- WPH ENGAGES IN EARLY SCREENING THROUGH EXISTING COMMUNITY

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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

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

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

OUTREACH AND HEALTH SCREENING EFFORTS. THE AREA OF FLU AND PNEUMONIA WERE NOT ADDRESSED BY ITS IMPLEMENTATION STRATEGY PROGRAMS BECAUSE EXISTING HOSPITAL AND/OR COMMUNITY RESOURCES WORK TO ADDRESS THESE NEEDS. WPAHS, INC. - WPH EVALUATED ALL TOP PRIORITY NEEDS AND PUT FORTH PLANS TO ADDRESS THE NEEDS WE FELT WE WERE BEST POSITIONED TO MAKE A POSITIVE IMPACT FOR THE BETTERMENT OF THE HEALTH OF THE COMMUNITIES WE SERVE.

THE WEST PENN ALLEGHENY HEALTH SYSTEM, INC. - FORBES REGIONAL HOSPITAL (WPAHS, INC. - FRH) ADDRESSED THE COMMUNITY HEALTH NEED OF DIABETES. EARLY SCREENING IS INCORPORATED INTO THE IMPLEMENTATION STRATEGY PROGRAM AND WPAHS, INC.- FRH ENGAGES IN EARLY SCREENING THROUGH EXISTING COMMUNITY OUTREACH AND HEALTH SCREENING EFFORTS. THE AREAS OF MENTAL HEALTH SERVICES, FLU AND PNEUMONIA, HIGH BLOOD PRESSURE, CARDIOVASCULAR DISEASE, OBESITY, BREAST CANCER AND BRONCHUS/ LUNG CANCER WERE NOT ADDRESSED BY IMPLEMENTATION STRATEGY PROGRAMS BECAUSE EXISTING HOSPITAL AND COMMUNITY RESOURCES WORK TO ADDRESS THESE NEEDS. WPAHS, INC. - FRH EVALUATED ALL TOP PRIORITY NEEDS AND PUT FORTH PLANS TO ADDRESS THE NEEDS WE FELT WE WERE BEST POSITIONED TO MAKE A POSITIVE IMPACT FOR THE

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

BETTERMENT OF THE HEALTH OF THE COMMUNITIES WE SERVE.

THE WPAHS, INC. BOARD OF DIRECTORS APPROVED AND IMPLEMENTED THE CHNA PLANS ON OCTOBER 31, 2013. ALL WPAHS, INC. COMMUNITY HEALTH NEEDS ASSESSMENTS CAN BE VIEWED AT: WWW.AHN.ORG.

SCHEDULE H, PART VI, LINE 3

EACH WEST PENN ALLEGHENY HEALTH SYSTEM, INC. HOSPITAL DISPLAYS SIGNAGE IN VARIOUS PATIENT ADMISSION, REGISTRATION AND EMERGENCY DEPARTMENT AREAS THAT ALERTS THAT PATIENT TO ACCOUNT ASSISTANCE PROGRAM AVAILABILITY AND CONTACT INFORMATION. DURING THE PRESERVICE PROCESS, PATIENTS ARE EVALUATED TO DETERMINE FINANCIAL ASSISTANCE OPTIONS.

WEST PENN ALLEGHENY HEALTH SYSTEM, INC. OFFERS THE "ACCOUNT ASSISTANCE PROGRAM" WHICH CONSISTS OF APPLICATION ASSISTANCE FOR GOVERNMENTAL ELIGIBILITY, CHARITY CARE APPLICATION COMPLETION AND SUBMISSION SUPPORT, AS WELL AS UNINSURED PROVISIONS.

THE ABOVE SUPPORT IS AVAILABLE AT NO CHARGE TO THE PATIENT.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

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

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART VI, LINE 4

WEST PENN ALLEGHENY HEALTH SYSTEM, INC. CONSISTS OF THREE HOSPITAL CAMPUS LOCATIONS. TWO CAMPUS LOCATIONS ARE IN THE CITY OF PITTSBURGH, LOCATED IN THE NORTH SIDE AND BLOOMFIELD AND THE THIRD LOCATION IS IN THE MUNICIPALITY OF MONROEVILLE.

COLLECTIVELY, WE PROVIDE HEALTH CARE SERVICES TO THE RESIDENTS OF PITTSBURGH AND MONROEVILLE. THE CITY OF PITTSBURGH HAS APPROXIMATELY 308,000 RESIDENTS AND THE MUNICIPALITY OF MONROEVILLE HAS APPROXIMATELY 28,000 RESIDENTS.

ALL THREE HOSPITAL CAMPUSES ARE LOCATED IN ALLEGHENY COUNTY. ALLEGHENY COUNTY CONSISTS OF APPROXIMATELY 1,228,000 RESIDENTS LIVING IN A LAND AREA OF APPROXIMATELY 730 SQUARE MILES. THE MEDIAN HOUSING VALUE IN ALLEGHENY COUNTY IS $118,700.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

SCHEDULE H, PART VI, LINE 5

WEST PENN ALLEGHENY HEALTH SYSTEM, INC. PROMOTES THE HEALTH OF THE COMMUNITIES WE SERVICE THROUGH THE PROVISION OF A 24 HOUR EMERGENCY DEPARTMENT LOCATED AT EVERY HOSPITAL AVAILABLE 7 DAYS A WEEK FOR EVERYONE REGARDLESS OF THEIR ABILITY TO PAY.

ALLEGHENY GENERAL HOSPITAL'S LIFEFLIGHT PROVIDES REGIONAL EMERGENCY HELICOPTER AND CRITICAL CARE GROUND TRANSPORTATION SERVICES FOR CRITICALLY ILL AND INJURED INDIVIDUALS WHO NEED IMMEDIATE SPECIALIZED CARE. LIFEFLIGHT IS AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK. THE PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION HAS DESIGNATED ALLEGHENY GENERAL HOSPITAL AS A LEVEL I REGIONAL RESOURCE TRAUMA CENTER. THE TRAUMA CENTER HAS CAPABILITIES IN PATIENT CARE, RESEARCH AND EDUCATION OF FUTURE MEDICAL PROFESSIONS. A TRAUMA SURGEON IS AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK TO RESPOND TO PATIENT NEEDS.

WE SPECIALIZE IN MANY FORMS OF HIGHLY SKILLED AND TECHNICAL MEDICAL TREATMENT. THESE SERVICES ARE NECESSARY TO ADVANCE THE HEALTHCARE OF THE

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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

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

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COMMUNITIES WE SERVE, THEREFORE WE UNDERTAKE AND SUBSIDIZE THE SERVICES WITH THE UNDERSTANDING THAT THEY WILL RESULT IN A FINANCIAL LOSS.

THE BOARD OF DIRECTORS OF WEST PENN ALLEGHENY HEALTH SYSTEM, INC. IS COMPRISED OF A MAJORITY OF INDEPENDENT COMMUNITY MEMBERS. FURTHER, WE APPLY ALL SURPLUS FUNDS INTO THE ADVANCEMENT OF HEALTHCARE FOR THE COMMUNITIES WE SERVE.

THE HOSPITALS ALSO PROVIDE COMMUNITY BENEFITS BY CONTRIBUTING SUPPORT TO THE COMMUNITY GROUPS AS DESCRIBED IN THE COMMUNITY BENEFIT REPORT CONTAINED IN SCHEDULE O. PLEASE REFER TO THE COMMUNITY BENEFIT REPORT FOR FURTHER INFORMATION.

SCHEDULE H, PART VI, LINE 6

WEST PENN ALLEGHENY HEALTH SYSTEM (WPAHS) IS PART OF THE INTEGRATED DELIVERY SYSTEM NAMED ALLEGHENY HEALTH NETWORK (AHN). IN ADDITION TO WPAHS, THE AHN CONSISTS OF SAINT VINCENT HEALTH CENTER, SAINT VINCENT HEALTH SYSTEM AND JEFFERSON REGIONAL MEDICAL CENTER.

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

WPAHS IS COMPRISED OF SOME OF THE OLDEST AND BEST-KNOWN NAMES IN HEALTH CARE IN WESTERN PENNSYLVANIA. FROM THEIR INCEPTION, THE SYSTEM'S HOSPITALS HAVE BEEN IN THE VANGUARD OF PATIENT CARE, MEDICAL RESEARCH AND HEALTH SCIENCES EDUCATION. COMPRISED OF TWO TERTIARY AND THREE COMMUNITY HOSPITALS, WPAHS INCLUDES ALLEGHENY GENERAL HOSPITAL AND THE WESTERN PENNSYLVANIA HOSPITAL, BOTH IN PITTSBURGH; ALLE-KISKI MEDICAL CENTER IN NATRONA HEIGHTS; CANONSBURG GENERAL HOSPITAL IN CANONSBURG AND THE WESTERN PENNSYLVANIA HOSPITAL - FORBES REGIONAL CAMPUS IN MONROEVILLE. OFFERING A COMPREHENSIVE RANGE OF MEDICAL AND SURGICAL SERVICES, THE HOSPITALS SERVE PITTSBURGH AND THE SURROUNDING FIVE-STATE AREA, HOUSE NEARLY 1,600 BEDS AND EMPLOY MORE THAN 11,000 PEOPLE. TOGETHER, THE WPAHS HOSPITALS ADMIT NEARLY 56,000 PATIENTS, LOG OVER 164,000 EMERGENCY VISITS AND DELIVER MORE THAN 3,800 NEWBORNS EACH YEAR. COMBINED, THE HOSPITALS ARE AMONG THE LEADERS IN PERCENTAGES OF TOTAL SURGERIES, CARDIAC SURGERIES, NEUROSURGERIES AND CARDIAC CATHETERIZATION PROCEDURES PERFORMED THROUGHOUT THE REGION. WEST PENN ALLEGHENY HEALTH SYSTEM, INC. SERVES AS THE FLAGSHIP FOR THE WEST PENN ALLEGHENY HEALTH SYSTEM. THROUGH

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

OUR ALLEGHENY GENERAL, WESTERN PENNSYLVANIA AND FORBES REGIONAL CAMPUSES WE PROVIDE EXCEPTIONAL EDUCATION TO THE ASPIRING HEALTHCARE PROFESSIONALS OF TOMORROW. WE FUND RESEARCH THAT IS CONDUCTED THROUGH THE RESEARCH ARM OF THE HEALTH SYSTEM, KNOWN AS ALLEGHENY SINGER RESEARCH INSTITUTE. WE SPECIALIZE IN AREAS SUCH AS BURN CARE AT THE WEST PENN CAMPUS AND OUR AFFILIATION WITH OTHER NATIONAL ORGANIZATIONS SUCH AS THE JOSLIN DIABETES CENTER AND THE JONES INSTITUTE FOR REPRODUCTIVE MEDICINE GUARANTEES THE BEST POSSIBLE TREATMENT FOR OUR PATIENTS.

SCHEDULE H, PART VI, LINE 7

WEST PENN ALLEGHENY HEALTH SYSTEM, INC. FILES THE COMMUNITY BENEFIT REPORT WITH THE STATE OF PENNSYLVANIA AS PART OF OUR OBLIGATION TO FURNISH THE STATE OF PENNSYLVANIA WITH A COPY OF THE IRS FORM 990 AND RELATED SCHEDULES.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ ***Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.***

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

WEST PENN ALLEGHENY HEALTH SYSTEM, INC

Employer identification number

25-0969492

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] 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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SUSAN G KOMEN BREAST CANCER FOUNDATION 1133 SOUTH BRADDOCK AVENUE	13-1673104	501(C)(3)	14,731.				TO SUPPORT THE CHARI
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 1.

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated 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
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

FORM 990, SCHEDULE I, PAGE 1

WEST PENN ALLEGHENY HEALTH SYSTEM, INC. UPPER MANAGEMENT ANALYZES REQUESTS FOR CHARITABLE DISBURSEMENTS ON AN ONGOING BASIS. DISBURSEMENTS ARE REWARDED TO ORGANIZATIONS THAT DEMONSTRATE A CHARITABLE PURPOSE, A COMMUNITY BENEFIT AND WHO WILL PUT THE USE OF THE FUNDS TOWARDS THE CHARITABLE MISSION ON WHICH WEST PENN ALLEGHENY HEALTH SYSTEM, INC. WAS FOUNDED.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WEST PENN ALLEGHENY HEALTH SYSTEM, INC

Employer identification number
25-0969492

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations 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		X
b	Any related organization?	5b		X
	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		X
b	Any related organization?	6b		X
	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	X	
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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

	(A) Name and Title		(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 as deferred in prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	JOHN PAUL DIRECTOR	(i)	0	0	0	0	0	0	0
		(ii)	1,321,442.	400,000.	20,940.	70,973.	1,256.	1,814,611.	0
2	NANETTE DETURK DIRECTOR	(i)	0	0	0	0	0	0	0
		(ii)	622,244.	1,437,094.	535,914.	226,108.	31,360.	2,852,720.	0
3	PATRICIA LIEBMAN DIRECTOR	(i)	0	0	0	0	0	0	0
		(ii)	567,601.	233,114.	32,177.	57,470.	30,866.	921,228.	0
4	DANIEL LEBISH TREASURER	(i)	0	0	0				
		(ii)	357,078.	1,647,697.	960,656.	678,475.	23,878.	3,667,784.	0
5	JACQUELINE BAUER SECRETARY	(i)	0	0	0	0	0	0	0
		(ii)	230,965.	58,577.	9,049.	28,223.	13,276.	340,090.	0
6	JUDY ZEDRECK AGH INTERIM PRESIDENT & CEO	(i)	426,709.	0	57,156.	441,899.	11,251.	937,015.	0
		(ii)	0	0	0	0	0	0	0
7	DENZIL RUPERT WPH PRESIDENT & CEO	(i)	382,383.	0	3,951.	10,200.	11,229.	407,763.	0
		(ii)	0	0	0	0	0	0	0
8	REESE JACKSON FRH PRESIDENT & CEO	(i)	343,025.	0	360.	10,200.	9,089.	362,674.	0
		(ii)	0	0	0	0	0	0	0
9	MARGARET BARRON EVP OF EXTERNAL AFFAIRS	(i)	113,056.	0	192,377.	240,041.	5,767.	551,241.	192,377.
		(ii)	0	0	0	0	0	0	0
10	TONY FARAH, MD DIRECTOR	(i)	743,043.	100,000.	1,032.	10,200.	10,589.	864,864.	0
		(ii)	0	0	0	0	0	0	0
11	ROY SANTARELLA EVP & CHIEF ADMIN. OFFICER	(i)	0	0	585,872.	0	0	585,872.	585,817.
		(ii)	0	0	0	0	0	0	0
12	BART METZGER SYSTEM CHIEF HR OFFICER	(i)	405,645.	0	1,584.	15,300.	9,089.	431,618.	0
		(ii)	0	0	0	0	0	0	0
13	THOMAS MOSER CHIEF OPERATIONS OFFICER	(i)	226,266.	0	105,683.	378,664.	6,133.	716,746.	0
		(ii)	0	0	0	0	0	0	0
14	JAMES KANUCH WPH VP OF FINANCE	(i)	206,906.	0	297.	8,573.	12,091.	227,867.	0
		(ii)	0	0	0	0	0	0	0
15	PAMELA GALLEGHER FRH VP OF FINANCE	(i)	15,374.	0	231,220.	11,099.	102.	257,795.	231,220.
		(ii)	0	0	0	0	0	0	0
16	SHERAN SHIPLEY VP- PERIOPERATIVE SERVICES	(i)	193,538.	0	2,271.	12,982.	9,782.	218,573.	0
		(ii)	0	0	0	0	0	0	0

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

	(A) Name and Title		(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 as deferred in prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	TERRY WILTROUT VP REAL ESTATE & FACILITIES	(i)	256,281.	0	240.	10,200.	11,089.	277,810.	0
		(ii)	0	0	0	0	0	0	0
2	NED LAUBACHER AKMC PRESIDENT & CEO	(i)	224,811.	0	158,668.	230,810.	5,491.	619,780.	0
		(ii)	0	0	0	0	0	0	0
3	PAUL KIPROFF PHYSICIAN	(i)	309,972.	50,000.	0	12,750.	0	372,722.	0
		(ii)	0	0	0	0	0	0	0
4	MARGARET BLACKWOOD RADIATION/SAFETY DIRECTOR	(i)	229,823.	0	934.	11,548.	1,290.	243,595.	0
		(ii)	0	0	0	0	0	0	0
5	CHRISTOPHER OLIVIA, MD HEALTH SYSTEM PRESIDENT & CEO	(i)	0	0	622,300.	0	4,002.	626,302.	622,300.
		(ii)	0	0	0	0	0	0	0
6	CHANDRA PETERSON CHIEF INFORMATION OFFICER	(i)	192,080.	45,000.	120.	4,144.	2,228.	243,572.	0
		(ii)	0	0	0	0	0	0	0
7	RICHARD FRIES AGH VP OF FINANCE	(i)	217,336.	0	486.	9,001.	11,267.	238,090.	0
		(ii)	0	0	0	0	0	0	0
8	ROGER YOST VP - DECISION SUPPORT	(i)	248,128.	0	552.	10,001.	8,326.	267,007.	0
		(ii)	0	0	0	0	0	0	0
9	MICHEAL SIROTT SECRETARY	(i)	150,889.	0	68,950.	114,831.	6,671.	341,341.	0
		(ii)	0	0	0	0	0	0	0
10	MATTHEW PETERSON TREASURER	(i)	244,050.	0	216.	8,126.	9,550.	261,942.	0
		(ii)	0	0	0	0	0	0	0
11	THOMAS HIPKISS FRH VP OF FINANCE	(i)	181,432.	0	254.	7,600.	12,044.	201,330.	0
		(ii)	0	0	0	0	0	0	0
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PAGE 1, PART I, LINE 4A

THE FOLLOWING REPRESENTS ADDITIONAL DISCLOSURE FOR SCHEDULE J, LINE 4A

PERTAINING TO OFFICERS, KEY EMPLOYEES AND FIVE HIGHEST PAID INDIVIDUALS

LISTED IN FORM 990, PART VII, SECTION A, LINE 1A RECEIVING SEVERANCE PAY

DURING THE YEAR ENDED DECEMBER 31, 2013:

CHRISTOPHER OLIVIA, MD	$622,300
ROY SANTARELLA	$585,872
JUDY ZEDRECK	$56,253
MARGARET BARRON	$192,033
TOM MOSER	$105,330
MICHEAL SIROTT	$68,660
DANIEL LEBISH	$167,747
PAMELA GALLAGHER	$231,220
NED LAUBACHER	$158,346

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

IRS FORM 990, SCHEDULE J, PAGE 1, PART I, LINE 4B

THE FOLLOWING REPRESENTS ADDITIONAL DISCLOSURE FOR SCHEDULE J, LINE 4B

PERTAINING TO OFFICERS AND DIRECTORS LISTED IN FORM 990, PART VII,

SECTION A, LINE 1A PARTICIPATING IN A SUPPLEMENTAL NONQUALIFIED

RETIREMENT PLAN:

JACQUELINE BAUER	$1,034
NAN DETURK	$122,925
DAN LEBISH	$56,387

IRS FORM 990, SCHEDULE J, PAGE 1, PART I, LINE 7

THE FOLLOWING REPRESENTS ADDITIONAL DISCLOSURE FOR SCHEDULE J, LINE 7

PERTAINING TO A DIRECTOR LISTED IN FORM 990, PART VII, SECTION A, LINE 1A

RECEIVING A NON-FIXED ONE TIME PERFORMANCE BONUS PAYMENT DURING THE YEAR

ENDED DECEMBER 31, 2013:

TONY FARAH

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

SCHEDULE J, PAGE 2, COLUMN C

THE FOLLOWING INDIVIDUALS HAVE AMOUNTS ACCRUED RELATED TO 457(F)

NON-QUALIFYING RETIREMENT PLANS:

NANETTE DETURK	$20,616
DANIEL LEBISH	$4,142
PATRICIA LIEBMAN	$12,138
JOHN PAUL	$70,973

IRS FORM 990, SCHEDULE J, PAGE 2, PART II, 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:

DANIEL LEBISH

JUDY ZEDRECK

MARGARET BARRON

TOM MOSER

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PAMELA GALLAGHER

NED LAUBACHER

MICHAEL SIROTT

2007A ACHDA ISSUE

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule K (Form990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

WEST PENN ALLEGHENY HEALTH SYSTEM, INC

Employer identification number

25-0969492

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pooled financing Yes	(i) Pooled financing No
A	ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY	25-1327925	01728AGB3	06/19/2007	758,726,273.	ALLEGHENY COUNTY HOSPITAL DEVELOPM		X		X		X
B												
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	139,006,060.			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	758,726,273.			
4	Gross proceeds in reserve funds	50,352,198.			
5	Capitalized interest from proceeds	853,841.			
6	Proceeds in refunding escrows	605,198,542.			
7	Issuance costs from proceeds	15,174,525.			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	136,118,576.			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2012			

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2013

JSA 3E1295 1 0106FS 633M V 13-7.5F

Part III Private Business Use (Continued) 2007A ACHDA ISSUE

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	4.2600 %		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%	
6 Total of lines 4 and 5	4.2600 %		%		%		%	
7 Does the bond issue meet the private security or payment test?	X							
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X							
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?								
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X							
b Name of provider	HYPO PUBLIC FINANCE							
c Term of GIC	3.000							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6 Were any gross proceeds invested beyond an available temporary period?	X							
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

SCHEDULE K, PART III, LINE 9 AND PART IV, LINE 7 AND PART V

WEST PENN ALLEGHENY HEALTH SYSTEM, INC. IS WORKING TOWARDS FINALIZING

THE REFERENCED PROCEDURES.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.	2013 Open to Public Inspection

Name of the organization	Employer identification number
WEST PENN ALLEGHENY HEALTH SYSTEM, INC	25-0969492

IRS FORM 990

WEST PENN ALLEGHENY HEALTH SYSTEM, INC. IS A MEMBER OF THE INTEGRATED DELIVERY SYSTEM NAMED ALLEGHENY HEALTH NETWORK. TO BE CONSISTENT WITH THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS, EFFECTIVE JANUARY 1, 2014 WEST PENN ALLEGHENY HEALTH SYSTEM, INC. CHANGED ITS TAX YEAR FROM A FISCAL YEAR ENDED JUNE 30TH TO CALENDAR YEAR. THIS TRANSITION CAUSED THE SHORT PERIOD JULY 1, 2013 THROUGH DECEMBER 31, 2013 FOR WHICH THIS RETURN IS BEING FILED.

FORM 990, PAGE 2, PART III, LINE 4A

INTRODUCTION TO WEST PENN ALLEGHENY HEALTH SYSTEM, INC.

WEST PENN ALLEGHENY HEALTH SYSTEM, INC. (WPAHS, INC.) IS PART OF THE WEST PENN ALLEGHENY HEALTH SYSTEM (WPAHS). ORGANIZED IN 2000, WPAHS (WWW.WPAHS.ORG) IS COMPRISED OF WEST PENN ALLEGHENY HEALTH SYSTEM, INC. (WPAHS, INC.), ALLE-KISKI MEDICAL CENTER (AKMC), CANONSBURG GENERAL HOSPITAL (CGH), ALLEGHENY MEDICAL PRACTICE NETWORK (AMPN), ALLEGHENY SPECIALTY PRACTICE NETWORK (ASPN), ALLEGHENY-SINGER RESEARCH INSTITUTE (ASRI), WEST PENN PHYSICIAN PRACTICE NETWORK (WPPPN), WEST PENN ALLEGHENY ONCOLOGY NETWORK (WPAON) CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE (CGH AMBULANCE), ALLE-KISKI MEDICAL CENTER TRUST (AKMC TRUST), FORBES HEALTH FOUNDATION (FHF), SUBURBAN HEALTH FOUNDATION (SHF) AND THE WESTERN PENNSYLVANIA HOSPITAL FOUNDATION (WPHF). THIS AFFILIATION ENSURES THAT

Name of the organization: WEST PENN ALLEGHENY HEALTH SYSTEM, INC
Employer identification number: 25-0969492

WPAHS, INC. AREA RESIDENTS HAVE ACCESS TO A COMPLETE CONTINUUM OF HEALTH CARE SERVICES. THROUGH APPROPRIATE INTEGRATION ACROSS THE SYSTEM BOTH CLINICALLY AND OPERATIONALLY, OUR HOSPITALS ARE ABLE TO REMAIN A HIGH QUALITY, LOW-COST PROVIDER WITH LINKAGES TO THE LATEST MEDICAL RESEARCH AND ADVANCED TECHNOLOGY.

WEST PENN ALLEGHENY HEALTH SYSTEM, INC. CONSISTS OF THE FOLLOWING THREE HOSPITAL CAMPUSES: ALLEGHENY GENERAL HOSPITAL (WPAHS, INC. - AGH), FORBES REGIONAL HOSPITAL (WPAHS, INC. - FRH) AND THE WESTERN PENNSYLVANIA HOSPITAL (WPAHS, INC. - WPH). BECAUSE EACH HOSPITAL DOES NUMEROUS CHARITABLE ACTIVITIES FOR THE COMMUNITIES WE SERVE, WE FEEL BEST SERVED BY PRESENTING THE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS FOR EACH HOSPITAL SEPARATELY. IN TOTAL, WE WILL PRESENT THE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS FOR WPAHS, INC. - AGH, WPAHS, INC. - WPH AND WPAHS, INC. - FRH.

PURPOSE AND MISSION

WEST PENN ALLEGHENY HEALTH SYSTEM, INC. IS A TEAM OF CARE GIVERS COMMITTED TO IMPROVING HEALTH AND PROMOTING WELLNESS IN OUR COMMUNITIES, ONE PERSON AT A TIME. WE PLEDGE TO CONSISTENTLY DELIVER SAFE, COMPASSIONATE QUALITY HEALTHCARE BY TREATING THE WHOLE PERSON - BODY, MIND AND SPIRIT.

SUPPORT OF RESEARCH

Name of the organization: WEST PENN ALLEGHENY HEALTH SYSTEM, INC

Employer identification number: 25-0969492

THE HOSPITALS OF WPAHS, INC., THROUGH ITS RESEARCH ARM, AN AFFILIATED ORGANIZATION NAMED ALLEGHENY SINGER RESEARCH INSTITUTE (ASRI), EIN: 25-1320493, ARE EXTREMELY DEDICATED TO PROVIDING FINANCIAL SUPPORT IN MEDICAL RESEARCH ACTIVITIES. DURING THE PERIOD JULY 1, 2013 THROUGH DECEMBER 31, 2013 $2,793,452 WAS UNDERWRITTEN BY WPAHS, INC. AND ASRI IN SUPPORT OF RESEARCH AND EDUCATION. ASRI HAS A DISTINGUISHED HISTORY OF PIONEERING BIOMEDICAL RESEARCH, AND ITS ACCOMPLISHMENTS ARE DESCRIBED IN GREATER DETAIL IN THE FILING OF ITS OWN STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS.

SUPPORT OF EDUCATION

THE HOSPITALS OF WPAHS, INC. ARE EXTREMELY DEDICATED TO PROVIDING FINANCIAL SUPPORT FOR THE EDUCATION OF HEALTHCARE PROFESSIONALS. DURING THE PERIOD JULY 1, 2013 THROUGH DECEMBER 31, 2013 $15,817,604 WAS UNDERWRITTEN BY WPAHS, INC. IN SUPPORT OF EDUCATION. AMONG THE ACTIVITIES SUPPORTED WERE THE TRAINING OF MEDICAL INTERNS, RESIDENTS AND FELLOWS, NURSING SCHOOL TRAINING AND TRAINING PROGRAMS FOR STUDENTS ENROLLED IN THE SCHOOLS OF RESPIRATORY, RADIOLOGY AND PHARMACY. WPAHS, INC. ALSO UPHOLDS AN AFFILIATION WITH BOTH TEMPLE UNIVERSITY AND THE DREXEL UNIVERSITY COLLEGE OF MEDICINE IN AN EFFORT TO ENSURE THE SOLID EDUCATION OF OUR HEALTHCARE PROFESSIONALS OF THE FUTURE.

UNCOMPENSATED CARE

Name of the organization: WEST PENN ALLEGHENY HEALTH SYSTEM, INC

Employer identification number: 25-0969492

TO ENHANCE THE HEALTH STATUS OF THE COMMUNITY IN WHICH IT OPERATES AND CONSISTENT WITH ITS TAX-EXEMPT STATUS, WPAHS, INC. PROVIDES NEEDED HEALTH CARE SERVICES TO INDIVIDUALS REGARDLESS OF THEIR ABILITY TO PAY FOR ALL OR PART OF THE SERVICES RENDERED. THESE SERVICES INCLUDE BOTH INPATIENT AND OUTPATIENT SERVICES AS WELL AS AN EMERGENCY ROOM THAT IS AVAILABLE 24 HOURS A DAY. CONSISTENT WITH THE FILING OF SCHEDULE H, THE COMPONENTS OF UNCOMPENSATED CARE INCLUDE CHARITY CARE AT COST AND UNREIMBURSED MEDICAID. WPAHS, INC. PROVIDED UNCOMPENSATED CARE AT A COST OF $27,872,432 DURING THE PERIOD JULY 1, 2013 THROUGH DECEMBER 31, 2013.

SUBSIDIZED HEALTH SERVICES

SUBSIDIZED HEALTH SERVICES REPRESENT THOSE PROGRAMS PROVIDED TO THE COMMUNITY BY WPAHS, INC. DESPITE THE FACT THE HOSPITALS INCUR A FINANCIAL LOSS TO DO SO. WPAHS, INC. RECOGNIZES THE NEED OF ITS COMMUNITY AND VOLUNTARILY SUBSIDIZES THESE PROGRAMS IN SUPPORT OF ITS CHARITABLE MISSION. AMONG THE SUBSIDIZED HEALTH SERVICES PROVIDED BY WPAHS, INC. IS THE OPERATION OF THE EMERGENCY DEPARTMENT, LIFEFLIGHT OPERATION, DRUG AND ALCOHOL ABUSE TREATMENT AND MENTAL HEALTH. CONSISTENT WITH THE FILING OF SCHEDULE H, WPAHS, INC. PROVIDED SUBSIDIZED HEALTH SERVICES AT A COST OF $11,467,574 DURING THE PERIOD JULY 1, 2013 THROUGH DECEMBER 31, 2013.

COMMUNITY BENEFIT ACTIVITIES

Name of the organization: WEST PENN ALLEGHENY HEALTH SYSTEM, INC

Employer identification number: 25-0969492

WPAHS, INC. UNDERTAKES VARIOUS ACTIVITIES THAT BENEFIT THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE SERVE. THESE ACTIVITIES HAVE LITTLE OR NO REIMBURSEMENT AND ARE OPERATED AT A LOSS. CONSISTENT WITH THE FILING OF SCHEDULE H, WPAHS, INC. PROVIDED THE FOLLOWING COMMUNITY BENEFIT ACTIVITIES AT THE ASSOCIATED COST DURING THE PERIOD JULY 1, 2013 THROUGH DECEMBER 31, 2013:

COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATION	$351,586
HEALTH PROFESSIONS EDUCATION - NET OF INTERN, RESIDENT, FELLOW AND SCHOOL OF NURSING	$359,290
FINANCIAL AND IN-KIND CONTRIBUTIONS	$39,824
COMMUNITY BUILDING ACTIVITIES	$287,973

THE SPECIFIC ACTIVITIES ASSOCIATED WITH THE COST OF PROVIDING COMMUNITY BENEFIT IS DISCLOSED IN THE PAGES THAT FOLLOW IN THE HOSPITAL SPECIFIC COMMUNITY BENEFIT REPORTS OF ALLEGHENY GENERAL HOSPITAL, THE WESTERN PENNSYLVANIA HOSPITAL AND FORBES REGIONAL HOSPITAL.

INTRODUCTION TO WEST PENN ALLEGHENY HEALTH SYSTEM, INC. - ALLEGHENY

Name of the organization: WEST PENN ALLEGHENY HEALTH SYSTEM, INC

Employer identification number: 25-0969492

GENERAL HOSPITAL

FOUNDED IN 1885 ON PITTSBURGH'S HISTORIC NORTH SIDE, WEST PENN ALLEGHENY HEALTH SYSTEM, INC. -ALLEGHENY GENERAL HOSPITAL (AGH) HAS EARNED AN INTERNATIONAL REPUTATION FOR EXCELLENCE AND INNOVATION IN THE CARE OF PATIENTS, MEDICAL EDUCATION AND RESEARCH. SERVING PITTSBURGH AND THE SURROUNDING FIVE-STATE AREA, THE 631 BED ACADEMIC HEALTH CENTER OFFERS A WIDE ARRAY OF MEDICAL AND SURGICAL SERVICES AS WELL AS AN EMERGENCY ROOM OPEN 24 HOURS A DAY 7 DAYS A WEEK OPEN TO EVERYONE REGARDLESS OF THEIR ABILITY TO PAY. AGH HAS HISTORICALLY WON AND CONTINUES TO WIN BOTH NATIONAL AND INTERNATIONAL RECOGNITION AND AWARDS FOR ITS PROGRAMS IN NUMEROUS SPECIALTY AREAS. THE HOSPITAL HAS BEEN RECOGNIZED BY U.S. NEWS AND WORLD REPORT IN 9 AREAS OF EXCELLENCE AS WELL AS ONE OF THE COUNTRY'S BEST HOSPITALS. THE HOSPITAL WAS RECOGNIZED BY THOMSON HEALTHCARE AS ONE OF THE COUNTRY'S "100 TOP HOSPITALS: PERFORMANCE IMPROVEMENT LEADERS" AND BY THOMPSON HEALTHCARE AS ONE OF THE TOP 100 HOSPITALS FOR CARDIOVASCULAR CARE. ADDITIONALLY IT WAS NAMED BY THOMSON REUTERS AS THE TOP TEACHING HOSPITAL IN THE PITTSBURGH. THE HOSPITAL IS RECOGNIZED BY THE AMERICAN HEART ASSOCIATION GET WITH THE GUIDELINES - HEART FAILURE GOLD ACHIEVEMENT AWARD. THE HOSPITAL WAS ALSO LAUDED AS A HIGHMARK BLUE DISTINCTION CENTER FOR SPINE SURGERY, A HIP AND KNEE REPLACEMENT SURGERY CENTER OF EXCELLENCE AND WAS ACCREDITED BY THE JOINT COMMISSION AS A COMPREHENSIVE STROKE CENTER. IT ALSO RECEIVED THE GET WITH THE GUIDELINES - CORONARY ARTERY DISEASE GOLD PERFORMANCE - ACHIEVEMENT AWARD FROM THE AMERICAN HEART ASSOCIATION. HEALTHGRADES RANKED AGH AS THE TOP

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HOSPITAL IN PITTSBURGH FOR STROKE CARE AND AMONG THE NATION'S TOP 10 PERCENT OF HOSPITALS FOR STROKE CARE.

AS ONE OF THE LARGEST TERTIARY FACILITIES IN THE REGION, THE AGH MAIN CAMPUS AND ITS TWO MAIN OUTPATIENT CAMPUSES, AGH SUBURBAN IN NEARBY BELLEVUE AND AGH MCCANDLESS IN THE NORTH HILLS OFFERS THE MOST ADVANCED CARE AVAILABLE IN SPECIALTY AREAS, INCLUDING COLORECTAL SURGERY, DIAGNOSTIC AND INTERVENTIONAL RADIOLOGY, EMERGENCY MEDICINE, ENDOCRINOLOGY, GASTROENTEROLOGY, GENERAL SURGERY, ALLERGY/IMMUNOLOGY, ANESTHESIOLOGY/PAIN MEDICINE, INTERNAL MEDICINE, BARIATRIC/WEIGHT LOSS SURGERY, MINIMALLY INVASIVE SURGERY, NEPHROLOGY, GYNECOLOGY, CARDIOLOGY, CARDIOTHORACIC SURGERY, OPHTHALMOLOGY, OTORHINOLARYNGOLOGY, PEDIATRICS, PSYCHIATRY, CRITICAL CARE MEDICINE, INFECTIOUS DISEASE, ONCOLOGY, PATHOLOGY AND LABORATORY MEDICINE, REPRODUCTIVE MEDICINE AND INFERTILITY, VASCULAR SURGERY, UROGYNECOLOGY, MATERNAL AND FETAL MEDICINE, PULMONARY MEDICINE, RADIATION ONCOLOGY, RHEUMATOLOGY, TRANSPLANT SURGERY, ORAL AND MAXILLOFACIAL SURGERY, DENTAL MEDICINE AND NUTRITION.

THE HOSPITAL'S HIGHLY ACCLAIMED PHYSICIANS ARE LEADERS IN A VAST ARRAY OF SPECIALTY AREAS. AGH SPECIALISTS IN CARDIOLOGY AND CARDIOTHORACIC SURGERY HAVE BEEN RECOGNIZED AMONG THE NATION'S BEST FOR THEIR EXPERIENCE AND ACHIEVEMENTS IN PROVIDING SUPERIOR HEART CARE. THROUGH THE GERALD MCGINNIS CARDIOVASCULAR INSTITUTE, THESE SPECIALISTS OFFER A MORE STREAMLINED PATHWAY OF CARE FOR TREATING CARDIAC AND VASCULAR DISEASES. PATIENTS CAN RECEIVE THE LATEST AND MOST INNOVATIVE THERAPIES, AS WELL AS

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DIAGNOSTIC AND EDUCATIONAL SERVICES, IN ONE CONVENIENT LOCATION.

NEUROLOGISTS AND NEUROSURGEONS AT AGH ARE ADVANCING GROUNDBREAKING, EFFECTIVE TREATMENTS FOR STROKE, EPILEPSY, MOVEMENT DISORDERS AND DISORDERS OF THE PERIPHERAL NERVES AND MUSCLES. THE HOSPITAL'S NEUROSCIENCE PROGRAMS WERE COLLECTIVELY RECOGNIZED AS A NEUROSCIENCE CENTER OF EXCELLENCE.

RECENTLY DESIGNATED AS A COMPREHENSIVE STROKE CENTER BY THE JOINT COMMISSION, AGH OFFERS A DEDICATED STROKE UNIT THAT SERVES AS THE PRIMARY DESTINATION FOR STROKE PATIENTS ADMITTED TO THE HOSPITAL, PROVIDING HIGHLY SPECIALIZED ACUTE CARE FOR ISCHEMIC AND HEMORRHAGIC STROKE, INCLUDING THE POST-OPERATIVE CARE OF PATIENTS WHO UNDERGO INTERVENTIONAL STROKE PROCEDURES.

THE AGH CANCER CENTER IS ONE OF THE NATION'S MOST ADVANCED FACILITIES, OFFERING PATIENTS ACCESS TO STATE-OF-THE-ART PROGRAMS FOR THE COMPLETE SPECTRUM OF MALIGNANT DISEASE, INCLUDING CENTERS FOR LUNG, ESOPHAGEAL, PROSTATE, BREAST, COLON AND RECTAL, LIVER, BRAIN, PANCREATIC, GYNECOLOGIC, HEAD AND NECK, AND BLOOD-BORNE CANCERS. AGH IS THE GATEWAY TO SOME OF THE MOST PROMINENT RESEARCH INTO BREAST AND COLORECTAL CANCER TREATMENT AND PREVENTION THROUGH STUDIES CONDUCTED BY THE NATIONAL SURGICAL ADJUVANT BREAST AND BOWEL PROJECT. THE CANCER RESEARCH INITIATIVE, SUPPORTED BY THE NATIONAL CANCER INSTITUTE, IS BASED ON THE AGH CAMPUS COORDINATES THE EFFORTS OF MORE THAN 6,000 MEDICAL

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PROFESSIONALS IN THE STUDY OF BREAST AND BOWEL CANCER.

AGH WAS THE FIRST IN THE REGION TO RECEIVE DESIGNATION AS A LEVEL I SHOCK TRAUMA CENTER, WHICH IS THE HIGHEST DESIGNATION AVAILABLE, AND ITS LIFE FLIGHT AERO MEDICAL SERVICE WAS THE FIRST TO FLY IN THE NORTHEASTERN UNITED STATES.

HEALTH CARE INDUSTRY EXPERTS CONSIDER THE HOSPITAL AMONG THE COUNTRY'S BEST IN ORTHOPEDICS FOR PATIENT CARE AND FOR BEING ON THE FOREFRONT OF DESIGN, DEVELOPMENT AND INTRODUCTION OF NEW ORTHOPEDIC TECHNOLOGY. AGH IS A HIGHMARK BLUE DISTINCTION CENTER FOR SPINE SURGERY AS WELL AS A HIGHMARK BLUE DISTINCTION CENTER FOR HIP AND KNEE REPLACEMENT SURGERY.

THE HOSPITAL'S HIGHLY REGARDED SPORTS MEDICINE PROGRAM SERVES AS THE OFFICIAL MEDICAL PROVIDER FOR THE PITTSBURGH PIRATES PROFESSIONAL BASEBALL CLUB. THE HOSPITAL ALSO SUPPORTS AND DIRECTS NUMEROUS SCHOLASTIC SPORTS MEDICINE PROGRAMS.

AGH HAS A LONGSTANDING SUCCESSFUL PARTNERSHIP WITH THE NORTHSIDE COMMUNITY AND IS CELEBRATING ITS 25TH YEAR. AGH PROVIDES MANY PROGRAMS, SERVICES AND COMMUNITY BENEFIT ACTIVITIES TO PITTSBURGH'S NORTHSIDE IN THE AREAS OF REINVESTMENT, WORKFORCE HOME BENEFIT, EDUCATION PROGRAMS AND HEALTH IMPROVEMENT PROGRAMS.

AGH SUBURBAN OFFERS THE BEST IN OUTPATIENT SERVICES TO RESIDENTS OF THE

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NORTHERN COMMUNITIES WHILE MAINTAINING A CLOSE CONNECTION WITH THE PHYSICIANS AND SERVICES AT AGH'S MAIN CAMPUS, WHICH IS JUST A FEW MILES AWAY ON THE CITY'S NORTH SIDE. IT PROVIDES AN URGENT CARE CENTER WHICH IS OPEN FROM 10:00 AM TO 10:00 PM MONDAY-FRIDAY AND 10:00 AM - 6:00 PM SATURDAY AND SUNDAY. BOARD-CERTIFIED PHYSICIANS TREAT MANY COMMON EMERGENCY INJURIES AND ILLNESSES. OUTPATIENT SERVICES PROVIDE THE RESIDENTS OF BELLEVUE AND SURROUNDING NEIGHBORHOODS A VARIETY OF OUTPATIENT SERVICES INCLUDING OUTPATIENT TESTING, CARDIOGRAM (EKG) AND LAB WORK; OUTPATIENT REHABILITATION SERVICES INCLUDING PHYSICAL THERAPY, SPEECH THERAPY AND OCCUPATIONAL THERAPY; RADIOLOGY AND DIAGNOSTIC IMAGING SERVICES INCLUDING CT SCAN, ULTRASOUND, MAMMOGRAPHY AND BONE DENSITY SCANNING AND CARDIOLOGY SERVICES INCLUDING ECHO.

AGH SUBURBAN PROVIDES MULTIPLE HEALTH SCREENING AND EDUCATIONAL PROGRAMS FOR THE BELLEVUE AND SURROUNDING NORTHERN PITTSBURGH COMMUNITIES. PHYSICIANS AND OTHER HEALTHCARE PROVIDERS FACILITATE SESSIONS AIMED AT IMPROVING HEALTH AND INJURY PREVENTION. SESSIONS ARE OFFERED AT THE SUBURBAN GENERAL CAMPUS AS WELL AS IN COLLABORATION WITH OTHER LOCAL COMMUNITY GROUPS AND PARTNERS.

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AGH MCCANDLESS GIVES PATIENTS IN THE NORTH HILLS EASY ACCESS TO A HOST OF ITS STATE-OF-THE-ART SERVICES AND LEADING PHYSICIANS. AT AGH MCCANDLESS, THE LATEST IN IMAGING CAPABILITIES ARE AVAILABLE INCLUDING OPEN BORE MRI, CT SCANS, ULTRASOUND, X-RAY, DIGITAL MAMMOGRAPHY, BONE DENSITOMETRY AND NUCLEAR MEDICINE. AN ARRAY OF SOME OF THE REGION'S FINEST DOCTORS ARE

SEEING PATIENT AT AGH MCCANDLESS. FROM CARDIOLOGY TO RHEUMATOLOGY, GENERAL SURGERY, NEUROSURGERY, THORACIC SURGERY AND VASCULAR SURGERY, AGH MCCANDLESS BRINGS THE HIGHLY REGARDED EXPERTISE OF ALLEGHENY GENERAL RIGHT INTO THE NORTHERN SUBURBS. IN ADDITION, THERE IS ON-SITE LAB SERVICES AND FREE PARKING.

A LONG-STANDING COMMITMENT TO EDUCATION AND RESEARCH REMAINS A CORNERSTONE OF AGH, AS EVIDENCED BY IT SERVING AS A REGIONAL CAMPUS OF THE PHILADELPHIA-BASED DREXEL UNIVERSITY COLLEGE OF MEDICINE AND TEMPLE UNIVERSITY SCHOOL OF MEDICINE AND ONGOING, INNOVATIVE RESEARCH STUDIES IN THE NEUROSCIENCES, MEDICAL ONCOLOGY, HUMAN GENETICS, CARDIOVASCULAR AND PULMONARY DISEASES, ORTHOPEDICS AND TRAUMA.

COMMUNITY HEALTH IMPROVEMENT AND COMMUNITY BENEFIT OPERATIONS

COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS INCLUDE ACTIVITIES INTENDED TO IMPROVE HEALTH AND WELLNESS. THEY EXTENDED BEYOND PATIENT CARE ACTIVITIES AND ARE SUBSIDIZED BY THE HOSPITAL. THE PROGRAMS RANGE FROM COMMUNITY HEALTH EDUCATION TO FREE CLINICS AND SCREENINGS. AS A COMPONENT OF WEST PENN ALLEGHENY HEALTH SYSTEM, INC. AND CONSISTENT WITH THE FILING OF SCHEDULE H, AGH PROVIDED THE FOLLOWING COMMUNITY HEALTH SERVICES DURING THE 6 MONTHS ENDED DECEMBER 31, 2013 AT AN ESTIMATED COST OF $168,944.

COMMUNITY HEALTH SERVICES - COMMUNITY HEALTH EDUCATION

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COMMUNITY YOUTH SPORTS DAY - AGH SUPPORTED A COMMUNITY AWARENESS DAY FOR ATHLETES AT KENNYWOOD AMUSEMENT PARK. DURING THIS EVENT, AGH STAFF ANSWERED QUESTIONS FROM INTERESTED PARTICIPANTS AND HANDED OUT EDUCATIONAL MATERIALS.

A-FIB SYMPOSIUM - A REGISTERED AGH DIETITIAN PROVIDED HEART HEALTHY INFORMATION TO ASSIST PARTICIPANTS IN CONTROLLING THEIR INTAKE OF HIGH CHOLESTEROL AND HIGH SODIUM FOODS AND DISCUSSED POTENTIAL FOOD AND DRUG REACTIONS FOR INDIVIDUALS TAKING CERTAIN PRESCRIPTION MEDICATIONS.

WORLD DIABETES DAY - AGH PROVIDED NUMEROUS MEANS OF EDUCATING THE COMMUNITY ON DIABETES, INCLUDING BUT NOT LIMITED TO AN "ASK THE PHARMACIST" TABLE, NUTRITIONAL INFORMATION AND DIABETES RISK ASSESSMENT.

PHARMACY TABLES - AGH PROVIDED A TABLE MANNED BY AGH PHARMACISTS WHO WERE ON HAND TO PROVIDE INFORMATION ON NUMEROUS TOPICS, INCLUDING BUT NOT LIMITED TO QUESTION AND ANSWER SESSIONS WITH INTERESTED PARTIES ABOUT THEIR OWN MEDICATION OR GENERAL DRUG INFORMATION. THE TABLE ALSO INCLUDED EDUCATIONAL MATERIALS ON SMOKING CESSATION, CARDIOVASCULAR HEALTH, AND HAND-HYGIENE AMONG OTHER TOPICS.

COMMUNITY HEALTH AND SAFETY DAY - EMERGENCY MEDICINE PHYSICIANS AND STAFF FROM AGH PROVIDED INJURY PREVENTION EDUCATION ON NUMEROUS TOPICS,

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INCLUDING SKATE BOARDING AND BIKE SAFETY AND ALSO PROVIDED EDUCATION ON THE RECOGNITION OF AND TREATMENT FOR CONCUSSIONS.

PATHWAYS TO WELLNESS - THIS IS A COMMUNITY HEALTH AND PREVENTION EDUCATION PROGRAM OFFERED MONTHLY AT THE SUBURBAN CAMPUS AT NO COST TO PARTICIPANTS. THE PROGRAM IS OPEN TO ANY INTERESTED MEMBER OF THE COMMUNITY. THE PROGRAM INCLUDES A HEALTH LECTURE WITH DISCUSSIONS REGARDING PREVENTION STRATEGIES AND AN INFORMAL QUESTION AND ANSWER PERIOD. TOPICS COVERED INCLUDED STRATEGIES FOR HEALTHY DIETS AIMED AT DECREASING THE RISK OF DIABETES AS WELL AS DIETS AIMED AT CANCER PREVENTION.

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HEALTHY LIVING GUEST LECTURE SERIES - THE HEALTH LIVING GUEST LECTURE SERIES IS A SERIES OF EDUCATION OPPORTUNITIES PROVIDED BY AGH PHYSICIANS FOR THE BENEFIT OF THE GENERAL PUBLIC. TOPICS COVERED INCLUDED THE CAUSES AND SOLUTIONS TO BACK PAIN AND DIABETES.

SPEAKERS REQUEST PROGRAM - AN AHG PHYSICIAN PRESENTED ON THE TOPIC OF FOODS THAT LOWER HIGH BLOOD PRESSURE AND LDL CHOLESTEROL. THE PRESENTATION WAS FREE OF CHARGE AND OPEN TO ANY INTERESTED ADULT OF THE PARISH.

INJURY PREVENTION- THIS PROGRAM INCLUDED DISCUSSIONS BY AN AGH PHYSICIAN ON COMMON TEENAGE RISK-TAKING BEHAVIORS AND THEIR CONSEQUENCES. A SHORT FILM WAS SHOWN TO REINFORCE THE MESSAGE THAT SAFE CHOICES CAN PREVENT

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MANY INJURIES FROM OCCURRING. THIS PROGRAM IS PROVIDED AT NO CHARGE.

STRIKE OUT STROKE -THIS EVENT WAS ORCHESTRATED TO PROVIDE MASS COMMUNITY STROKE AWARENESS EDUCATION TO ATTENDEES OF A MAJOR LEAGUE BASEBALL GAME. THIS EVENT INCLUDED PREGAME ONE-ONE-ONE RISK SCREENINGS, THE DISTRIBUTION OF EDUCATIONAL MATERIALS AND T-SHIRTS, AND AN EDUCATIONAL VIDEO AIRED ON THE JUMBOTRON SCREEN AT THE BASEBALL PARK. FURTHER, AN AGH PHYSICIAN SHARED TEACHING POINTS LIVE ON-AIR DURING THE RADIO BROADCAST OF THE BASEBALL GAME.

HATS ON THE CATWALK - SURGICAL AND MEDICAL ONCOLOGISTS AND CANCER CENTER STAFF FROM AGH HELD A "HATS ON THE CATWALK" EVENING EDUCATIONAL AND SOCIAL EVENT FOR BREAST CANCER SURVIVORS.

COMMUNITY HEALTH SERVICES - HEALTH FAIRS & SCREENINGS AND COMMUNITY EVENTS

HEALTH FAIRS AND SCREENINGS - AGH PARTICIPATED IN NUMEROUS HEALTH AND WELLNESS FAIRS DURING THE COURSE OF THE FISCAL YEAR. THESE FAIRS INCLUDED EDUCATION AND SCREENING RELATED TO BUT NOT LIMITED TO: BLOOD PRESSURE SCREENINGS, STROKE RISK ASSESSMENT, PROSTATE SCREENING, MAMMOGRAPHY SCREENING, ABNORMAL LUNG FUNCTION, SMOKING CESSATION, BODY FAT ANALYSIS, SPIROMETRIC LUNG SCREENING, HEALTHY DIET EDUCATION, CHOLESTEROL AND GLUCOSE TESTING, BONE DENSITY SCREENING, CHILDREN SAFETY,

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HEART HEALTH, GENERAL FIRST AID, COLON CANCER AND STROKE RISK ASSESSMENT.

COMMUNITY DAYS AND EVENTS - AGH PARTICIPATED IN MANY COMMUNITY EVENTS INCLUDING HEARTS IN THE PARK EXPO, PUMPKIN FESTIVALS, BELLEVUE COMMUNITY DAY, STEEL CITY SHOWDOWN AND RIVERVIEW PARK HERITAGE DAYS. EDUCATION ACTIVITIES AND SCREENINGS WERE CONDUCTED AT THESE EVENTS INCLUDING: DIETARY ADVICE FOR CONTROLLING DIABETES, HEART HEALTHY MENUS, HEALTHY CHOICES FOR CHILDREN, DIETARY CONTROL, ATHLETIC SAFETY, BLOOD PRESSURE SCREENING, BODY FAT ANALYSIS AND INFORMATION ON HOW TO ACHIEVE A HEART HEALTHY LIFESTYLE.

COMMUNITY HEALTH EDUCATION - ELDERLY

HEALTHY LIVING GUEST LECTURE SERIES - SENIOR CITIZENS - AGH PROVIDES NUMEROUS EDUCATIONAL OPPORTUNITIES FOR THE SENIOR POPULATION THROUGH THE HEALTHY LIVING GUEST LECTURE SERIES. THESE OPPORTUNITIES ARE PROVIDED THROUGHOUT THE COMMUNITY AND INCLUDES THE FOLLOWING TOPICS: ENERGY CONSERVATION, SHINGLES, DIABETES, SCIATICA, AND SWOLLEN ANKLES AND FEET.

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BINGO 4 HEALTH- THIS PROGRAM FEATURED AGH PHYSICIANS PRESENTING ON TOPICS INCLUDING THE IMPORTANCE OF WATER, DIABETES AND THE FLU VIRUS, FOLLOWED BY A REVIEW OF THE DISCUSSION TOPICS IN THE FORM OF A BINGO GAME. THIS PROGRAM WAS OFFERED AT NO COST AND OPEN TO ANY INTERESTED ADULT IN THE

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COMMUNITY.

COMMUNITY HEALTH EDUCATION - MASS MEDIA COMMUNICATION

MEDICAL FRONTIERS RADIO SHOW - THE MEDICAL FRONTIERS RADIO SHOW IS AN INTERACTIVE RADIO TALK SHOW FEATURING VARIOUS AGH STAFF PHYSICIANS DISCUSSING DIFFERENT HEALTH TOPICS. THESE TALK SHOWS PROVIDE PATIENT EDUCATION AND PUBLIC HEALTH AWARENESS. TOPICS COVERED DURING THE FISCAL YEAR ENDED INCLUDE BUT ARE NOT LIMITED TO: HAND SURGERY, RHEUMATOLOGIC DISEASE, SLEEP DISORDERS, HEART DISEASE, DIABETES, CANCER, EYE DISEASE, ATRIAL FIBRILLATION, CARDIOVASCULAR DISEASE, BREAST CANCER AND HIP AND KNEE RECONSTRUCTION.

TELEVISION APPEARANCES - AGH STAFF PHYSICIANS PARTICIPATE IN TELEVISION SPOTS BY MAKING APPEARANCES TO DISCUSS A VARIETY OF HEALTH RELATED TOPICS. THESE TOPICS INCLUDED BREAST CANCER AND WOMEN'S CANCER SURVIVORSHIP PROGRAMS.

HEALTH PROFESSIONS EDUCATION

AGH PROVIDES ASPIRING HEALTH PROFESSIONALS WITH MANY EDUCATIONAL OPPORTUNITIES TO FURTHER THEIR CAREER IN HEALTHCARE. IN ADDITION TO THE EDUCATIONAL SUPPORT WE PROVIDE TO INTERNS, RESIDENTS, FELLOWS, NURSES AND OTHER ALLIED HEALTH PROFESSIONALS, AGH PROVIDES HEALTH PROFESSION EDUCATION TO THE COMMUNITY IN A VARIETY OF WAYS AND FORUMS. AS A

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DIVISION OF WEST PENN ALLEGHENY HEALTH SYSTEM, INC. AND CONSISTENT WITH THE FILING OF THE WPAHS, INC. SCHEDULE H, AGH PROVIDED THESE SERVICES IN ADDITION TO THE EDUCATIONAL SUPPORT PROVIDED TO INTERNS, RESIDENTS AND FELLOWS, NURSES AND OTHER ALLIED HEALTH PROFESSIONALS AT A COST OF $263,025.

NURSING EDUCATION

CLINICAL OBSERVATION SITE FOR NURSING STUDENTS - THE AGH OPERATING ROOM SUPPORTS NURSING EDUCATION FROM VARIOUS NURSING PROGRAMS IN PITTSBURGH. THE OPERATING ROOM FACILITATES OBSERVATION OF A UNIQUE PATIENT CARE SETTING. A POSITIVE RAPPORT IS CREATED BETWEEN THE HOSPITAL AND THE STUDENTS WITH A GOAL OF GRADUATION AND A FULLFILLING CAREER IN THE HEALTHCARE INDUSTRY.

NURSE EXTERNS - SIXTEEN SENIOR NURSING STUDENTS WORK SIDE BY SIDE WITH A NURSING PRECEPTOR TO GAIN EXPERIENCE CARING FOR PATIENTS. THEY WORK THE SAME SCHEDULE AS THE PRECEPTOR AND CARE FOR THE SAME PATIENT ASSIGNMENT. THIS BENEFITS OUR COMMUNITY BY ALLOWING NURSING STUDENTS TO UTILIZE CONCEPTS LEARNED IN THEIR NURSING PROGRAMS RELATED TO THE CARE OF THE PATIENTS. IT BROADENS THEIR KNOWLEDGE BASE AND SKILL BY BEING EXPOSED TO MORE COMPLEX PATIENTS ON AN INDIVIDUAL BASIS.

GRADUATE NURSE CAPSTONE PROJECT - ONE GRADUATE STUDENT COMPLETED THE CAPSTONE PROJECT FOR THEIR MASTER'S DEGREE. THE PROJECT FOCUSED ON

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FINDING SOLUTIONS TO MAKE HEALTHCARE SAFER FOR OUR PATIENTS RELATED TO CRITICAL VALUES.

CAMEO OF CARING - NURSES NOMINATE THEIR COLLEAGUES FOR THE CAMEO OF CARING EVENT. EACH NURSE IS INTERVIEWED AND A TEAM OF PAST WINNERS AND THE NURSING ADMINISTRATION SCORE EACH NURSE TO DETERMINE WHO THE WINNER IS FOR EACH CATEGORY. THIS EVENT BENEFITS THE COMMUNITY BY RECOGNIZING EXCELLENT NURSES AT THE BEDSIDE WHO CARE FOR PEOPLE AND THEIR FAMILIES IN THE COMMUNITY.

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HEALTH PROFESSIONS EDUCATION - TECHNICIANS

CLINICAL SITE FOR SURGICAL TECHNICIAN PROGRAMS - THE AGH OR HAS BEEN A DEDICATED CLINICAL SITE FOR SURGICAL TECHNICIAN PROGRAMS FOR SEVERAL YEARS. THIS BENEFITS THE COMMUNITY BY ALLOWING STUDENTS TO GAIN KNOWLEDGE OF THEIR FUTURE PROFESSION IN THE WORKPLACE. IT IS A POSITIVE EXPERIENCE FOR THE STUDENTS AND CREATES A CONNECTION BETWEEN OUR ORGANIZATION AND EDUCATIONAL PROGRAMS IN THE COMMUNITY.

HEALTH PROFESSIONS EDUCATION - OTHER PROFESSIONALS

ASEPSIS CLASSES - TWO REGISTERED NURSES FROM THE OPERATING ROOM TEACH RESIDENTS AND MEDICAL STUDENTS HOW TO SCRUB FOR THE OPERATING ROOM.

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GREATER PITTSBURGH NURSING RESEARCH COUNCIL - THIS COUNCIL HIGHLIGHTS AND PROMOTES NURSING RESEARCH WHICH BENEFITS PATIENTS AND HEALTHCARE TO ADVANCE SAFE, EVIDENCED BASED PRACTICES. AN AGH MEDICAL PROFESSIONAL PRESENTED AT THE CONFERENCE ON "PEDIATRIC CODE BLUE SIMULATION TO IMPROVE NURSING PERFORMANCE."

OPEN HEART SURGERY OBSERVATION PROGRAM - THE AGH OPEN HEART SURGERY OBSERVATION PROGRAM PROVIDES HIGH SCHOOL, COLLEGE AND OTHER VOCATIONAL SCHOOL STUDENTS WITH A UNIQUE EDUCATIONAL OPPORTUNITY TO OBSERVE OPEN HEART SURGERY AND INTERACT WITH AGH CARDIAC SURGEONS AND OPERATION ROOM PROFESSIONAL STAFF.

ADAGIO HEALTH DIETETIC INTERNSHIP CLINICAL ROTATION - THREE DIETETIC INTERNS EACH COMPLETED AN EIGHT WEEK CLINICAL ROTATION AT AGH THAT FOCUSED ON DISEASE MANAGEMENT AND MEDICAL NUTRITION THERAPY AND THE NUTRITION CARE PROCESS. DIETITIANS REVIEWED CASES, RECOMMENDED TREATMENT, OBSERVED PATIENT INTERACTIONS AND SIGNED OFF ON ALL DOCUMENTATION.

CMU STUDENTS EDUCATIONAL OPPORTUNITY - AN AGH PHYSICIAN PROVIDED PERIODIC LECTURES TO CARNEGIE MELLON ENGINEERING STUDENTS ON ROBOTIC HEART SURGERY.

PHYSICAL THERAPY STUDENT AFFILIATIONS - AGH PHYSICAL THERAPIST (PT) AND PHYSICAL THERAPIST ASSISTANT (PTA) STUDENTS SPEND TIME IN THE CLINICAL

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SETTING OBSERVING, TRAINING AND PARTICIPATING IN THE EVALUATION AND TREATMENT OF PATIENTS UNDER THE SUPERVISION OF A LICENSED PT OR PTA. A TOTAL OF 11 STUDENTS BENEFITTED FROM THIS TRAINING.

OCCUPATIONAL THERAPY STUDENT AFFILIATION - OCCUPATIONAL THERAPY STUDENTS COMPLETE REQUIRED OBSERVATION AND TRAINING IN THE EVALUATION AND TREATMENT OF PATIENTS UNDER THE DIRECT SUPERVISION OF A LICENSED OCCUPATIONAL THERAPIST. THREE LEVEL II OTR STUDENTS, TWO LEVEL I OTR STUDENTS, ONE LEVEL -II COTA STUDENT AND ONE LEVEL- I COTA STUDENT BENEFITTED FROM THE AFFILIATION.

OBSERVATION BY ALLIED HEALTH CARE STUDENTS - THE AGH OPERATING ROOM WELCOMES STUDENTS FROM VARIOUS ALLIED HEALTH PROGRAMS FOR OBSERVATIONAL HOURS. THIS IS REQUIRED FOR PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AND PA PROGRAMS. THE OPERATING ROOM COORDINATES OBSERVATIONS WITH THE CLINICAL PROGRAM DIRECTOR TO ENABLE THE STUDENTS TO SEE A UNIQUE ASPECT OF PATIENT CARE AND TREATMENT. THIS BENEFITS THE COMMUNITY BY FACILITATING A POSITIVE RELATIONSHIP WITH THE SCHOOLS AND THEIR STUDENTS. THIS PROMOTES THE EDUCATIONAL PROCESS AND FUTURE EMPLOYMENT OF THE GRADUATES.

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HEALTH PROFESSIONS EDUCATION - HIGH SCHOOL STUDENTS

HEALTH/MEDICAL CAREER BROWN BAG - THIS EVENT WAS A PANEL DISCUSSION FOR FRESHMAN STUDENTS AT A LOCAL CITY HIGH SCHOOL. DURING THIS EVENT, AGH

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STAFF ANSWERED QUESTIONS RELATED TO STUDY HABITS, PROFESSIONAL DEVELOPMENT AND OTHER GENERAL QUESTIONS REGARDING THE STAFF'S CAREER AND THE PATH TAKEN TO GET TO THAT POINT.

STEMMS PROGRAM - THIS EVENT WAS A PANEL DISCUSSION FOR HIGH SCHOOL STUDENTS INTERESTED IN THE HEALTH PROFESSION. DURING THIS EVENT THE PANEL ANSWERED QUESTIONS RELATING TO REQUIREMENTS FOR SCHOOLING TO BE A PHARMACIST AND OTHER PHARMACY RELATED CAREER PATHS, SUCH AS PHARMACY TECHNICIANS.

CITY HIGH CHARTER SCHOOL INTERNSHIP PROGRAM - AGH HOSTS STUDENTS FROM THE CITY HIGH CHARTER SCHOOL IN PITTSBURGH FOR THEIR SENIOR INTERNSHIP. STUDENTS ARE PLACED IN VARIOUS AREAS OF THE HOSPITAL FOR A HANDS-ON LEARNING APPROACH. THIS PROJECT IS COORDINATED THROUGH THE VOLUNTEER SERVICES DEPARTMENT. THIS IS A WONDERFUL LEARNING EXPERIENCE FOR THE YOUTH WHO ARE CONSIDERING A CAREER IN THE HEALTHCARE FIELD.

HIGH SCHOOL STUDENT VISITS TO OBSERVATION ROOM - THE AGH OPERATING ROOM IN COORDINATION WITH VASCULAR/OPEN HEART SURGERY PROVIDES FOR OBSERVATION OF OPEN HEART PROCEDURES FOR AREA HIGH SCHOOL STUDENTS WHO ARE INTERESTED IN HEALTH CARE CAREERS. THIS PROGRAM BENEFITS BY COMMUNITY BE STIMULATING AN INTEREST IN ADVANCED DEGREES FOR HIGH SCHOOL STUDENTS.

FINANCIAL CONTRIBUTIONS

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THIS CATEGORY INCLUDES CASH AND IN-KIND SERVICES DONATED TO INDIVIDUALS AND THE COMMUNITY AT LARGE. IN-KIND SERVICES COULD INCLUDE HOURS DONATED BY STAFF TO THE COMMUNITY DURING HOSPITAL WORK HOURS, OVERHEAD EXPENSES OF MEETING SPACE DONATED TO NOT-FOR-PROFIT COMMUNITY GROUPS AND THE FREE PROVISION OF FOOD, EQUIPMENT, SUPPLIES AND GIVEAWAY ITEMS AS WELL AS MONETARY DONATION. AS A DIVISION OF WEST PENN ALLEGHENY HEALTH SYSTEM, INC. AND CONSISTENT WITH THE FILING OF THE WEST PENN ALLEGHENY HEALTH SYSTEM, INC. SCHEDULE H, AGH PROVIDED THESE SERVICES AT A COST OF $28,104 DURING THE 6 MONTHS ENDED 12/31/2013.

NORTH BOROUGHS YMCA 5K RUN/FUN WALK - AGH PROFESSIONALS WERE ON HAND TO PROVIDE EDUCATION ON PROPER WARM UP PRIOR TO PHYSICAL ACTIVITY AND STRETCHING TECHNIQUES TO AVOID INJURY.

AARP DRIVER REFRESHER COURSE - THIS IS A FOUR HOUR DRIVER SAFETY RENEWAL CLASS. STUDENTS REVIEW DEFENSIVE DRIVING TECHNIQUES, NEW TRAFFIC LAWS AND RULES OF THE ROAD. THROUGH INTERACTION WITH ONE ANOTHER, THEY LEARN HOW TO SAFELY ADJUST THEIR DRIVING TO COMPENSATE FOR AGE RELATED CHANGES. LIGHT REFRESHMENTS ARE PROVIDED AND THE COURSE IS AT NO COST.

PRINTING AND PUBLICATION - AGH PROVIDED COMPLIMENTARY PRINTING AND PUBLICATION SERVICES TO VARIOUS LOCAL ORGANIZATIONS INCLUDING THE NORTHSIDE CHRONICAL, BRIGHTON HEIGHTS CITIZENS REPORT, BRIGHTON HEIGHTS CHOCOLATE HOUSE TOUR, MEXICAN HOUSE TOUR, NORTHSIDE LEADERSHIP CONFERENCE BOOK, SHADYSIDE HOUSE TOUR, SPRING HILL COMMUNITY NEWSLETTER, PUMPKIN

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FESTIVAL BROCHURE, NORTHSIDE COMMUNITY GUIDE MAP AND THE KIDNEY FOUNDATION PROGRAM.

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NORTHSIDE HEALTH IMPROVEMENT PARTNERSHIP MEETINGS - AGH DONATES SPACE AND REFRESHMENTS FOR THE MONTHLY NSHIP COMMITTEE MEETINGS. NSHIP IS COMPRISED OF VARIOUS NORTHSIDE STAKEHOLDERS IN ADDITION TO SEVERAL AGH STAFF MEMBERS.

WEEKLY PARKING FOR PARISHIONERS TO ATTEND SERVICE - AGH PARKING DEPARTMENT PROVIDES PARKING FOR MEMBERS AND VISITORS OF THE COMMUNITY HOUSE PRESBYTERIAN CHURCH AND ALLEGHENY CENTER ALLIANCE CHURCH. PARKING IS PROVIDED EVERY WEEKEND FOR MULTIPLE SERVICES FOR BOTH CHURCHES. ADDITIONAL PARKING FOR SPECIAL EVENTS AT THE CHURCHES IS PROVIDED FOUR TIMES A YEAR.

CASH DONATIONS - AGH SUPPORTS THE COMMUNITY THROUGH CASH CONTRIBUTIONS MADE AT THE DISCRETION OF THE HOSPITAL AND ITS DIRECTORS, BENEFITTING NOT ONLY THE NON-PROFIT RECIPIENT BUT ALSO ULTIMATELY THE COMMUNITY AS A WHOLE. DURING THE 6 MONTHS ENDED 12/31/13, AGH MADE CASH DONATION TO THE FOLLOWING ORGANIZATIONS:

SUSAN G. KOMEN FOR THE CURE

WOODLAND FOUNDATION

PIRATE CHARITIES

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COMMUNITY BUILDING ACTIVITIES

COMMUNITY BUILDING ACTIVITIES INCLUDE ACTIVITIES ENGAGED IN FOR THE PURPOSE OF IMPROVING OR PROTECTING THE HEALTH, FUTURE AND WELLBEING OF THE COMMUNITY. AS A DIVISION OF WEST PENN ALLEGHENY HEALTH SYSTEM, INC. AND CONSISTENT WITH THE FILING OF THE WEST PENN ALLEGHENY HEALTH SYSTEM, INC. SCHEDULE H, AGH PROVIDED THESE SERVICES AT A COST OF $125,777 DURING THE 6 MONTHS ENDED 12/31/2013.

NORTHSIDE VENDOR FAIR - THE AGH NORTHSIDE PARTNERSHIP HOSTS ANNUAL VENDOR FAIRS TO ENCOURAGE AGH STAFF TO SHOP/SUPPORT LOCAL BUSINESSES. AGH PROVIDES STAFF SUPPORT TO ASSIST WITH THE EVENT, LUNCH FOR VENDORS, AS WELL AS MARKETING SPACE.

PARTNERSHIP COORDINATOR SALARY AND OPERATING COST - AGH PROVIDES FUNDS TO THE NORTHSIDE LEADERSHIP CONFERENCE (NSLC) FOR BOTH THE SALARY OF THE AGH PARTNERSHIP COORDINATOR AS WELL AS OPERATING COSTS ASSOCIATED WITH THE POSITION.

COORDINATING COMMITTEE - THE AGH NORTHSIDE PARTNERSHIP HOSTS MONTHLY MEETINGS WITH AGH EMPLOYEES FROM VARIOUS DEPARTMENTS, INCLUDING BUT NOT LIMITED TO FACILITIES, VOLUNTEER SERVICES, PSYCHIATRY, AND EMERGENCY SERVICES. THESE ACT AS ADVISORY MEETINGS TO DISCUSS ONGOING AND UPCOMING NORTHSIDE INITIATIVES.

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NORTHSIDE YOUTH SUMMER GUIDE - THE AGH NORTHSIDE PARTNERSHIP AND THE NSHIP CREATE AND DISTRIBUTE A SUMMER GUIDE FOR YOUTH; WHICH IS A LISTING OF ALL SUMMER ACTIVITIES AIMED AT OUR YOUTH. THE NORTHSIDE CHRONICLE PRINTS AND CIRCULATES THE GUIDE TO NORTHSIDE RESIDENTS AND NORTHSIDE SCHOOLS. THE GOAL IS TO OFFER PARENTS AND GUARDIANS OPTIONS TO KEEP THEIR CHILDREN ENGAGED IN HEALTHY AND EDUCATIONAL ACTIVITIES ALL SUMMER.

NORTHSIDE HOLIDAY PARTY - THE AGH NORTHSIDE PARTNERSHIP PROVIDES STAFFING FOR THE ANNUAL NORTHSIDE HOLIDAY PARTY, WHERE DISADVANTAGED NORTHSIDE YOUTH RECEIVE A GIFT. THE PARTY ALSO PROVIDES FOOD, ACTIVITIES AND CRAFTS FOR THE CHILDREN IN ATTENDANCE.

DISABILITY MENTORING DAY - THE AGH NORTHSIDE PARTNERSHIP SUPPORTED THE UNITED WAY DISABILITY MENTORING DAY WITH THE SUPPORT OF SEVEN AGH STAFF MEMBERS, PROVIDING INFORMATION AND SUPPORT TO THE STUDENTS REGARDING MEDICAL CAREERS.

BOARD OF DIRECTORS - AN AGH DIRECTOR FOR CARDIOVASCULAR SERVICES SERVES AS A MEMBER OF THE BOARD OF DIRECTORS OF THE AMERICAN HEART ASSOCIATION, PROVIDING A PATHWAY BETWEEN ALLEGHENY GENERAL HOSPITAL, THE AHA AND COMMUNITY IN DEVELOPING A PROGRAM WITH A FOCUS ON HEALTH RELATED PROGRAMS, INCLUDING CHILDHOOD OBESITY AND WOMEN'S HEART. VARIOUS OTHER MEMBERS OF AGH STAFF, EXECUTIVES AND PHYSICIANS HOLD BOARD POSITIONS.

MYASTHENIA GRAVIS - AGH SUPPORTS STAFFING AND SPACE FOR MYASTHENIA GRAVIS

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FOUNDATION, WHICH IS THE ONLY NATIONAL VOLUNTEER HEALTH AGENCY IN THE UNITED STATES DEDICATED SOLELY TO THE FIGHT AGAINST MYASTHENIA GRAVIS, A CHRONIC AUTOIMMUNE NEUROMUSCULAR DISORDER.

START ON SUCCESS MENTORING PROGRAM - AGH EMPLOYEES MENTOR PITTSBURGH PUBLIC SCHOOL STUDENTS DAILY THROUGHOUT THE SCHOOL YEAR AND SUMMER. THESE STUDENTS LEARN BASIC WORKFORCE SKILLS AND JOB READINESS TRAINING.

WORK READY PITTSBURGH MENTORING PROGRAM - AGH MENTORED A HIGH SCHOOL STUDENT THROUGH THE THREE RIVERS WORKFORCE INVESTMENT BOARD.

PROJECT MOVE MENTORING - TEN AGH STAFF MEMBERS MENTOR PITTSBURGH PUBLIC SCHOOL (NORTHSIDE) SOPHOMORES IN TRAINING, WORKPLACE READINESS OVER A 6 WEEK PERIOD.

ALLEGHENY COMMONS INITIATIVE - ALLEGHENY COMMONS INITIATIVE (ACI) IS A COMMUNITY BASED EFFORT TO RESTORE THE ALLEGHENY COMMONS PARK, PITTSBURGH'S FIRST PLANNED PUBLIC PARK. AGH HAS WORKED AND HAVE PLANTED OVER 100 NEW TREES, RESTORED TWO PARK SEGMENTS, PROVIDED NEW PATHS, LIGHTING, TURF IMPROVEMENTS, PARK BENCHES, DRINKING FOUNTAINS AND PLAYGROUNDS IN THE PARK.

BIG BLUE QUEST - AGH FOOD & NUTRITION PROVIDED FOOD AND LABOR TO SERVE THE VOLUNTEERS AND WALKERS FOR THE EVENT THAT SUPPORTS COLON CANCER RESEARCH & EDUCATION.

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COMMUNITY EVENT SUPPORT - THE VOLUNTEER DEPARTMENT PROVIDES VOLUNTEER SUPPORT AND THE DIRECTOR OF VOLUNTEER SERVICES ANNUALLY CONTRIBUTES 5% OF YEARLY SALARY/HOURS TO COORDINATE VOLUNTEER SUPPORT FOR VARIOUS COMMUNITY EVENTS: AUXILIARY COMMUNITY SPONSORED EVENTS, PUMPKINFEST, BLOOD DRIVES, GIFT WRAPPING FOR COMMUNITY CHILDREN'S HOLIDAY PARTY, FRUIT BASKET PREPARATION FOR COMMUNITY CHILDREN'S HOLIDAY PARTY, BULK MAILINGS FOR WALKS AND SPECIAL COMMUNITY EVENTS, BRING YOUR CHILD TO WORK DAY EDUCATIONAL EVENT VOLUNTEER SUPPORT AND THE RIVERVIEW PARK COMMUNITY EVENT.

AGH NORTHSIDE CHILDREN'S HOLIDAY PARTY - PROVIDED VOLUNTEER TIME TO UNDERSERVED COMMUNITY MEMBERS AND THEIR CHILDREN AROUND THE HOLIDAY SEASON.

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INTRODUCTION TO WEST PENN ALLEGHENY HEALTH SYSTEM, INC. - WEST PENN HOSPITAL

FOUNDED IN 1848 AS PITTSBURGH'S FIRST CHARTERED PUBLIC HOSPITAL, WEST PENN ALLEGHENY HEALTH SYSTEM, INC. - WEST PENN HOSPITAL (WEST PENN HOSPITAL) HAS EARNED AN INTERNATIONAL REPUTATION FOR EXCELLENCE AND INNOVATION IN THE CARE OF PATIENTS, MEDICAL EDUCATION AND RESEARCH. TODAY, WEST PENN HOSPITAL IS A SPECIALIZED TERTIARY HOSPITAL THAT SERVES PITTSBURGH AND THE SURROUNDING FIVE-STATE AREA.

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WEST PENN HOSPITAL, WITH 308 LICENSED BEDS, IS RECOGNIZED FOR NURSING EXCELLENCE. IT WAS THE FIRST HOSPITAL IN WESTERN PENNSYLVANIA (2006) TO BE AWARDED THE MAGNET® RECOGNITION STATUS AND THE FIRST IN THE REGION TO RECEIVE RE-DESIGNATION STATUS (2012) FROM THE AMERICAN NURSES CREDENTIALING CENTER (ANCC), SETTING IT AMONG THE TOP 6% OF ALL HEALTHCARE FACILITIES IN THE WORLD RECOGNIZED BY THE ANCC. THE ANCC'S MAGNET® RECOGNITION PROGRAM RECOGNIZES HEALTHCARE ORGANIZATIONS THAT PROVIDE NOT ONLY EXCELLENCE IN NURSING, BUT THE HIGHEST QUALITY OF PATIENT CARE AT ALL LEVELS THROUGHOUT THE HOSPITAL. A MAGNET® HOSPITAL ATTRACTS AND RETAINS PROFESSIONAL NURSES WHO EXPERIENCE A HIGH DEGREE OF PROFESSIONALISM AND PERSONAL SATISFACTION IN THEIR PRACTICE. THEY ALSO EXHIBIT IMPROVED PATIENT OUTCOMES, ENHANCED NURSING PRACTICE, INCREASED STAFF MORALE, AND IMPROVED RECRUITMENT AND RETENTION. THE MAGNET® RECOGNITION PROGRAM ALSO PROVIDES CONSUMERS WITH THE ULTIMATE BENCHMARK TO MEASURE THE QUALITY OF CARE THAT THEY CAN EXPECT TO RECEIVE.

FOR THE 6 MONTHS ENDED DECEMBER 31, 2013, WPH SERVED 4,877 INPATIENTS, REGISTERED 46,884 OUTPATIENT VISITS (INCLUDING OUTPATIENT EMERGENCY DEPARTMENT VISITS), TREATED 9,394 PATIENTS IN THE EMERGENCY DEPARTMENT (1,233 OF WHICH WERE ADMITTED) AND PERFORMED 3,777 SURGERIES. BASED ON GROSS CHARGES, MEDICAL ASSISTANCE PAYERS (MEDICAID, GATEWAY/MEDPLUS, BEST, THREE RIVERS, MA HMO ALL OTHER, MEDICAID APPLYING) COMPRISED 23.8% FOR INPATIENT AND 13.8% FOR OUTPATIENT. WPH EMPLOYS A WORKFORCE OF 1,212 AND HAS 978 PHYSICIANS ON ITS MEDICAL STAFF.

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WEST PENN HOSPITAL OFFERS A SOPHISTICATED LEVEL OF CARE, BRINGING THE LATEST IN CLINICAL EXPERTISE AND MEDICAL TECHNOLOGY SERVING PATIENTS WITH THE MOST COMPLEX OF NEEDS. SPECIALTY SERVICES INCLUDE: ALLERGY/IMMUNOLOGY, ANESTHESIOLOGY/PAIN MEDICINE, BARIATRIC SURGERY, CANCER, CARDIOVASCULAR, COLORECTAL SURGERY, CRITICAL CARE MEDICINE, DERMATOLOGY, EMERGENCY MEDICINE, ENDOCRINOLOGY/DIABETES, ESOPHAGEAL DISEASE, FAMILY MEDICINE, GASTROENTEROLOGY, GENERAL SURGERY, GERIATRICS, GYNECOLOGIC ONCOLOGY, INFECTIOUS DISEASE, INTERNAL MEDICINE, LUPUS, MINIMALLY INVASIVE GYNECOLOGY, NEONATOLOGY, NEPHROLOGY, NEUROSURGERY, OBSTETRICS/GYNECOLOGY, OPHTHALMOLOGY, ORAL AND MAXILLOFACIAL SURGERY, ORTHOPAEDIC SURGERY, OTOLARYNGOLOGY (EAR, NOSE, THROAT), PATHOLOGY AND LABORATORY MEDICINE, PEDIATRICS, PELVIC FLOOR DISORDERS, PLASTIC RECONSTRUCTIVE SURGERY, PODIATRY, PRIMARY CARE MEDICINE, PULMONARY MEDICINE, RADIATION ONCOLOGY, RADIOLOGY, RHEUMATOLOGY, SLEEP DISORDERS, SURGERY, THORACIC SURGERY, UROGYNECOLOGY, UROLOGY AND MORE.

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THE HOSPITAL'S HIGHLY REGARDED WOMEN'S AND INFANT'S SERVICES FEATURES A LEVEL III NEONATAL INTENSIVE CARE UNIT, ONE OF ONLY TWO IN THE REGION, A HIGH-RISK LABOR AND DELIVERY CENTER ALONG WITH REPRODUCTIVE MEDICINE OFFERED THROUGH THE JONES INSTITUTE FOR REPRODUCTIVE MEDICINE.

WEST PENN HOSPITAL'S BURN CENTER CONTINUES TO BE A LEADER IN BURN CARE IN THE REGION AS THE REGION'S FIRST AND ONLY AMERICAN BURN ASSOCIATION, AMERICAN COLLEGE OF SURGEONS-VERIFIED CENTER FOR CARE OF BOTH ADULTS AND CHILDREN.

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A LONG-STANDING COMMITMENT TO EDUCATION AND RESEARCH REMAINS A CORNERSTONE OF ALLEGHENY HEALTH NETWORK AND WEST PENN HOSPITAL. THE HOSPITAL SPONSORS MEDICAL RESIDENCY AND FELLOWSHIP PROGRAMS AND PROVIDES CLINICAL TRAINING TO THIRD- AND FOURTH-YEAR MEDICAL STUDENTS OF THE PHILADELPHIA-BASED TEMPLE UNIVERSITY SCHOOL OF MEDICINE. THE HOSPITAL ALSO OFFERS A SCHOOL OF NURSING DIPLOMA PROGRAM AS WELL AS EDUCATIONAL OPPORTUNITIES IN RESPIRATORY THERAPY, RADIOLOGY TECHNOLOGY AND NURSING THROUGH AFFILIATIONS WITH INDIANA UNIVERSITY OF PENNSYLVANIA, PENN STATE UNIVERSITY, AND CLARION UNIVERSITY. THE HOSPITAL IS ALSO HOME TO STAR STIMULATION, TEACHING AND ACADEMIC RESEARCH CENTER AND IS A SITE OF THE ALLEGHENY-SINGER RESEARCH INSTITUTE, AN AFFILIATED 501(C)(3) ORGANIZATION.

COMMUNITY ASSESSMENT

COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS INCLUDE ACTIVITIES CARRIED OUT TO IMPROVE COMMUNITY HEALTH. THEY EXTEND BEYOND PATIENT CARE TO INCLUDE ACTIVITIES THAT ARE SUBSIDIZED BY THE HOSPITAL. THE ACTIVITIES RANGE FROM COMMUNITY HEALTH CLINICS AND SCREENINGS TO HEALTH EDUCATION PROGRAMS DESIGNED TO RAISE COMMUNITY AWARENESS OF VARIOUS HEALTHCARE TOPICS AND ISSUES. AS A DIVISION OF WEST PENN ALLEGHENY HEALTH SYSTEM, INC. AND CONSISTENT WITH THE FILING OF SCHEDULE H, WEST PENN HOSPITAL PROVIDED THESE SERVICES AT A COST OF $51,542 FOR THE 6 MONTHS ENDED DECEMBER 31, 2013.

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BURN CARE

WEST PENN HOSPITAL PROVIDES EXCEPTIONAL, SPECIALIZED PATIENT CARE TO BURN VICTIMS IN ITS BURN CENTER. THIS INTERNATIONALLY RECOGNIZED TREATMENT CENTER FOR BURN VICTIMS NOT ONLY DEALS WITH THE IMMEDIATE CRISIS OF THE BURN INJURY, BUT ALSO THE IMPORTANT PSYCHOSOCIAL DYNAMICS OF A BURN VICTIM'S REHABILITATION AND RETURN TO THE COMMUNITY. ONE HUNDRED NINETY-NINE (199) PATIENTS WERE ADMITTED FOR THE 6 MONTHS ENDED DECEMBER 31, 2013 WHILE 882 WERE SEEN AS OUTPATIENTS; OF THESE, 226 WERE NEW OUTPATIENTS. THE FOLLOWING DETAILS HIGHLIGHT THE CENTER'S EFFORTS TOWARD BURN CARE:

BURN CARE AND PREVENTION PROGRAM - THE HOSPITAL SPONSORS A BURN CARE AND PREVENTION PROGRAM. THE OUTREACH COORDINATOR PROVIDES EDUCATIONAL PROGRAMS TO THE SURROUNDING COMMUNITIES. FOR THE 6 MONTHS ENDED DECEMBER 31, 2013, THE PHYSICIANS, OUTREACH COORDINATOR AND STAFF CONDUCTED 19 BURN PREVENTION AND BURN MANAGEMENT PRESENTATIONS AND PARTICIPATED IN 8 HEALTH FAIRS AND EXHIBITIONS AT NUMEROUS SITES COVERING ALLEGHENY, BEAVER, FAYETTE, BLAIR AND CRAWFORD COUNTIES IN PENNSYLVANIA AS WELL AS MONONGALIA AND HANCOCK COUNTIES IN WEST VIRGINIA. APPROXIMATELY 800 HEALTHCARE PROFESSIONALS ATTENDED THE EDUCATIONAL PROGRAMS WITH MORE THAN 1,500 COMMUNITY MEMBERS ATTENDING THE HEALTH FAIRS.

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COMMUNITY HEALTH EDUCATION

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LITTLE ITALY DAYS - WEST PENN HOSPITAL WAS A SPONSOR OF THE BLOOMFIELD BUSINESS ASSOCIATION'S LITTLE ITALY DAYS FESTIVAL. THE HOSPITAL PROVIDED STAFFING FOR A BOOTH WITH EDUCATIONAL INFORMATION AND GIVEAWAY ITEMS FOR THE PUBLIC. THE HOSPITAL'S BOOTH WAS MANNED BY REPRESENTATIVES FROM RADIOLOGY, JOSLIN DIABETES CENTER, NICU, PHARMACY, EMERGENCY DEPARTMENT, ALLEGHENY PERINATAL ASSOCIATES, OB PRACTICES, LUPUS CENTER, MULTISPECIALTY GYNECOLOGY/ONCOLOGY, NURSING ADMINISTRATION, RADIATION ONCOLOGY, BURN CENTER, AND INPATIENT REHABILITATION. ADDITIONALLY, FREE PARKING WAS PROVIDED TO THE COMMUNITY FOR TWO DAYS.

PHARMACY HEALTH FAIR -WEST PENN HOSPITAL STAFF PRESENTED POSTERS ON HEALTH AND DRUG INFORMATION, PROVIDED FREE BLOOD PRESSURE SCREENINGS, AND PROVIDED FLU SHOTS.

MATERNAL CHILD WOMEN'S HEALTH AT THE NURSING CAFÉ - THIS ACTIVITY WAS STARTED IN AN EFFORT TO PROVIDE SUPPORT TO NEW NURSING MOTHERS DELIVERING THEIR BABIES AT WEST PENN HOSPITAL AND IN THE SURROUNDING COMMUNITY. MOTHERS ATTENDING THIS CAFÉ ARE PROVIDED WITH A WARM, SUPPORTIVE ATMOSPHERE WHERE THEY COME TO LEARN HOW TO NURSE THEIR BABIES AND GET QUESTIONS ANSWERED BY A BOARD-CERTIFIED LACTATION CONSULTANT. THE CAFÉ IS A FREE SERVICE TO THE COMMUNITY. THE GROUP SIZE VARIES BUT AVERAGES 6-10 MOMS WHO ATTEND REGULARLY AT ANY GIVEN WEEK.

THE EMOTIONAL AND HEALTH BENEFITS FOR THE NURSING INFANT AND COMMUNITY AT

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LARGE EXTEND BEYOND THE PREVENTION OF COMMON INFECTIONS AND ALLERGIES TO AN IMPRESSIVE REDUCTION IN THE INCIDENCE OF MORE SERIOUS ILLNESSES, INCLUDING DIABETES AND CHILDHOOD OBESITY. PERHAPS MORE EASILY OBSERVABLE HOWEVER IS THE CLOSE EMOTIONAL RELATIONSHIP NURSING MOTHERS AND BABIES ENJOY AND THE FEELINGS OF ACCOMPLISHMENT MOMS EXPRESS WHEN THEY RECEIVE THE SUPPORT THEY NEED TO SUCCESSFULLY NURSE THEIR BABIES.

AMERICAN DIABETES ASSOCIATION'S DIABETES EXPO - WEST PENN HOSPITAL, IN COORDINATION WITH THE AMERICAN DIABETES ASSOCIATION (ADA), SPONSORED A BOOTH AT THE HEALTHY FOR LIFE EXPO. THE ESTIMATED ATTENDANCE AT THE EXPO WAS IN EXCESS OF 500,000. WEST PENN HOSPITAL CERTIFIED DIABETES EDUCATORS STAFFED THE BOOTH WHERE THE PARTICIPANTS COULD LEARN ABOUT HEALTHY EATING, THE FOOD CONTENT OF FAST FOOD, AND PORTION CONTROL. ADDITIONALLY, 25 STUDENTS FROM THE WEST PENN HOSPITAL SCHOOL OF NURSING ATTENDED THE EXPO ASSISTING WITH BLOOD PRESSURE SCREENINGS AND HEALTH EDUCATION.

MEDICAL FRONTIERS - SEVERAL WEST PENN HOSPITAL PHYSICIANS PARTICIPATED IN THIS PROGRAM, WHICH IS A WEEKLY, ONE-HOUR MEDICAL TALK SHOW ON KDKA SPONSORED BY ALLEGHENY HEALTH NETWORK PHYSICIANS.

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DOC TALKS -WEST PENN HOSPITAL PHYSICIANS PROVIDED EDUCATIONAL PRESENTATIONS ON TOPICS COVERING DIABETES AND CANCER REGISTRY, WHICH WERE ATTENDED BY MORE THAN 100 PEOPLE, INCLUDING 62 SENIORS.

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COMMUNITY FAIRS - WEST PENN HOSPITAL STAFF PARTICIPATED IN A NUMBER OF COMMUNITY FAIRS, INCLUDING THE HIGHMARK HEALTH FAIR WHEREBY STAFF OFFERED FREE SCREENINGS AND EDUCATIONAL INFORMATION TO THE BENEFIT OF OVER 60 SENIORS. OTHER COMMUNITY FAIRS ATTENDED BY HOSPITAL STAFF INCLUDE ROSS COMMUNITY DAYS, CONSOL ENERGY FAIR, FUN FIT & FABULOUS, WESTINGHOUSE HEALTH AND WELLNESS FAIR, JDRF WALK TO CURE DIABETES AND THE COLUMBUS DAY PARADE.

WORLD DIABETES DAY - WEST PENN HOSPITAL STAFF HANDED OUT EDUCATIONAL INFORMATION ABOUT SCREENINGS, HEALTHY EATING AND EXERCISE.

NEONATAL EDUCATION - WEST PENN HOSPITAL STAFF AND PHYSICIANS TRAVELED THROUGHOUT WESTERN PENNSYLVANIA EDUCATING OTHER CLINICIANS ON TOPICS SUCH AS NEONATAL RESUSCITATION, BREAST FEEDING, AND NEW NEONATAL ABSTINENCE PROTOCOLS.

WEST PENN HOSPITAL SCHOOL OF RESPIRATORY CARE - THE WEST PENN HOSPITAL SCHOOL OF RESPIRATORY CARE PROVIDED MANY EDUCATIONAL OPPORTUNITIES. INCLUDED IN THOSE OPPORTUNITIES WAS AN OPEN HOUSE ON HEALTH PROFESSION EDUCATION TO TALK WITH PROSPECTIVE STUDENTS, VOLUNTEERING WITH THE PENNSYLVANIA SOCIETY OF RESPIRATORY CARE ON SEMINAR PLANNING, VISITING 24 HIGH SCHOOLS TO DESCRIBE RESPIRATORY CARE TO INTERESTED SENIORS, AND ATTENDING 2 CAREER FAIRS.

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SUPPORT GROUPS

ANGELHEART PERINATAL BEREAVEMENT TEAM - ANGELHEART IS A GROUP OF LABOR & DELIVERY NURSES THAT DEAL WITH THE LOSS AND GRIEF OF A PATIENT AND HER FAMILY FOLLOWING THE LOSS OF A PREGNANCY, STILLBIRTH OR INFANT DEATH. TWO COMMUNITY EVENTS, THE MEMORIAL BUTTERFLY RELEASE AND A CANDLE LIGHTING SERVICE, ARE HOSTED EACH YEAR TO PROVIDE A FORUM FOR GRIEVING FAMILY MEMBERS.

THE ANGELHEART TEAM IS A MULTIDISCIPLINARY GROUP CONSISTING OF 12 RN'S, 4 PROVIDERS, A UC AND A DEACON FROM THE PITTSBURGH DIOCESES ALONG WITH OTHER STUDENT AND COMMUNITY VOLUNTEERS AS WELL AS PREVIOUS PATIENTS WHO DONATE THEIR TIME TO THE EVENTS.

CANCER SURVIVOR GROUP - WEST PENN HOSPITAL PROVIDES STANDING STRONG, A SUPPORT GROUP FOR WOMEN CURRENTLY UNDERGOING CANCER TREATMENT OR THOSE WHO ARE CANCER SURVIVORS.

BURN CONCERN - WEST PENN HOSPITAL PROVIDES BURN CONCERN, A VOLUNTEER GROUP WHO MEETS MONTHLY TO SUPPORT BURN SURVIVORS AND THEIR FAMILIES. EVENTS ARE HELD THROUGHOUT THE YEAR TO JOIN HOSPITAL BURN STAFF WITH BURN SURVIVORS.

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HEALTH PROFESSIONS EDUCATION

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WEST PENN HOSPITAL PROVIDES ASPIRING HEALTH PROFESSIONALS WITH MANY EDUCATIONAL OPPORTUNITIES TO FURTHER THEIR CAREER IN HEALTHCARE. IN ADDITION TO THE EDUCATIONAL SUPPORT PROVIDED TO INTERNS, RESIDENTS, FELLOWS, NURSES AND OTHER ALLIED HEALTH PROFESSIONALS, WEST PENN HOSPITAL PROVIDES HEALTH-PROFESSION EDUCATION TO THE COMMUNITY IN A VARIETY OF WAYS AND FORUMS. AS A DIVISION OF WEST PENN ALLEGHENY HEALTH SYSTEM, INC. AND CONSISTENT WITH THE FILING OF THE SCHEDULE H, WEST PENN HOSPITAL PROVIDED THESE SERVICES IN ADDITION TO THE EDUCATIONAL SUPPORT PROVIDED TO INTERNS, RESIDENTS, FELLOWS, NURSES, AND OTHER ALLIED HEALTH PROFESSIONALS AT A COST OF $93,461 DURING THE 6 MONTHS ENDED DECEMBER 31, 2013.

OBSERVATION AND SHADOWING - THE HOSPITAL PROMOTES HEALTHCARE CAREERS THROUGHOUT THE REGION. IN AN EFFORT TO DO THIS, THE HOSPITAL PROVIDES INDIVIDUALS WITH THE OPPORTUNITY TO OBSERVE THE MEDICAL STAFF IN AREAS SUCH AS PEDIATRICS, BURN UNIT, OB/GYN, PHARMACY, NURSING, OCCUPATIONAL THERAPY, SURGERY, RADIOLOGY, MEDICAL GENETICS, OPHTHALMOLOGY, AND ULTRASOUND. THERE WERE A TOTAL OF 54 PARTICIPANTS.

IN ADDITION, THE HOSPITAL HAS MANY VOLUNTEERS ASSISTING IN PROVIDING SERVICES AS WELL AS LEARNING ABOUT HEALTHCARE IN GENERAL. OUR VOLUNTEERS INCLUDED: 102 ACTIVE ADULTS, 23 COLLEGE VOLUNTEERS , 43 INTERN/EXTERNS, 58 JUNIOR SUMMER VOLUNTEERS, 4 AARP VOLUNTEERS, 3 EARN VOLUNTEERS, 1 SUMMER YOUTH WORKS STUDENT, 7 HIGH SCHOOL STUDENTS AND 6 COMMUNITY LIVING & SUPPORT SERVICES VOLUNTEERS.

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THE STAR CENTER (STIMULATION, TEACHING, ACADEMIC AND RESEARCH) - THE STAR CENTER AT WEST PENN HOSPITAL IS DEDICATED TO ACHIEVING EXCELLENCE IN PATIENT CARE THROUGH THE PURSUIT OF LIFELONG LEARNING, RESEARCH AND INNOVATION. USING STATE-OF-THE-ART MANNEQUINS THAT MIMIC SYMPTOMS OF A WIDE RANGE OF HEALTH CONDITIONS, THE STAR CENTER PROVIDES HANDS-ON LEARNING OPPORTUNITIES TO ALLOW ASPIRING PRACTICING HEALTH PROFESSIONALS TO PERFECT THEIR SKILLS IN SITUATIONS CLOSELY RESEMBLING THE CLINICAL ENVIRONMENT.

THE STAR CENTER WAS UTILIZED DURING THE EMERGENCY MEDICAL SERVICE REGIONAL CONFERENCE TO PROVIDE PARTICIPANTS WITH EDUCATION ON HIGH PERFORMANCE CPR.

STAR PROVIDED FREE HEARTSAVER AND AED TRAINING AND DEMONSTRATIONS ON THE USE OF SIMULATION AT THE ALLE-KISKI MEDICAL CENTER AND DESTINATION WELLNESS ANNUAL MALL-WIDE HEALTH FAIR. STAR ALSO PROVIDES CPR CLASSES FOR THE COMMUNITY. THESE CLASSES ARE DESIGNED FOR THE GENERAL PUBLIC TO RECEIVE CONVENIENT, FREE, AND ADULT LEARNER-FRIENDLY CPR TRAINING AND VALUABLE LIFE-SAVING SKILLS. COURSES WERE HELD THREE TIMES DURING THE YEAR AND LASTED TWO HOURS. LEARNERS RECEIVED TRAINING IN ADULT CPR, PEDIATRIC CPR, OBSTRUCTED AIRWAY TECHNIQUES, AND IN THE USE OF AN AUTOMATIC EXTERNAL DEFIBRILLATOR (AED). LEARNERS BENEFITTED FROM A LOW STUDENT-TO-INSTRUCTOR RATIO, ALLOWING THEM TO BECOME COMFORTABLE WITH THE NECESSARY SKILLS.

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AS PART OF THE EAST SIDE NEIGHBORHOOD EMPLOYMENT CENTER'S YOUTH INITIATIVE, STAR DEMONSTRATED TO STUDENTS HOW AN INTEREST IN MEDICINE, HEALTH, NUTRITION, AND FITNESS CAN TRANSLATE INTO A FULFILLING CAREER. THE STAR SIMULATION ENCOURAGED YOUTH TO ASK QUESTIONS AND ENABLE THEM TO EXPERIENCE WHAT IT IS LIKE TO WORK IN A HOSPITAL BY HOSTING THE EVENT AT ITS FACILITY WITH WEST PENN HOSPITAL.

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THE STAR CENTER FOSTERED A RELATIONSHIP WITH THE GATEWAY MEDICAL SOCIETY. THIS PROGRAM CONSISTS OF MULTIPLE SESSIONS DESIGNED TO PREPARE STUDENTS FOR HEALTHCARE STUDIES AND JOBS. STUDENTS FROM THE SIXTH AND SEVENTH GRADE ATTEND MONTHLY COURSES AND LEARN TOPICS SUCH AS FIRST AID, NUTRITION, CPR, VITAL SIGNS, SKILLS ASSESSMENTS AND COMMUNICATIONS SKILLS. STAR ALSO PARTICIPATED IN THE FORBES REGIONAL HOSPITAL TRAUMA SYMPOSIUM WHERE PARTICIPANTS HAD THE OPPORTUNITY TO PRACTICE TRAUMA SKILLS ON MULTIPLE SIMULATORS.

FINANCIAL CONTRIBUTIONS

THIS CATEGORY INCLUDES MONETARY DONATIONS AND IN-KIND SERVICES DONATED TO INDIVIDUALS AND THE COMMUNITY AT LARGE. AS A DIVISION OF WEST PENN ALLEGHENY HEALTH SYSTEM, INC. AND CONSISTENT WITH THE FILING OF SCHEDULE H, WEST PENN HOSPITAL PROVIDED THESE SERVICES AT A COST OF $2,820 FOR THE 6 MONTHS ENDED DECEMBER 31, 2013.

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CASH DONATIONS - WEST PENN HOSPITAL SUPPORTS THE COMMUNITY THROUGH CASH CONTRIBUTIONS MADE AT THE DISCRETION OF THE HOSPITAL AND ITS DIRECTORS, BENEFITTING NOT ONLY THE NON-PROFIT RECIPIENT BUT ALSO ULTIMATELY THE COMMUNITY AS A WHOLE. FOR THE 6 MONTHS ENDED DECEMBER 31, 2013, WEST PENN HOSPITAL MADE CASH DONATIONS TO THE FOLLOWING ORGANIZATIONS:

ALLE-KISKI MEDICAL CENTER TRUST

BUTLER HEALTH SYSTEM FOUNDATION

IN-KIND DONATIONS - IN ADDITION TO THE CASH DONATIONS, WEST PENN HOSPITAL ALSO MADE IN-KIND DONATIONS OF TIME AND RESOURCES TO HELP SUPPORT VARIOUS COMMUNITY FUNCTIONS. THESE DONATIONS INCLUDE BUT ARE NOT LIMITED TO PRINTING AND PUBLICATION OF FLYERS, PROVIDING COMPLIMENTARY MEALS, AND THE FREE USE OF SPACE TO COMMUNITY GROUPS.

COMMUNITY BUILDING ACTIVITIES

COMMUNITY BUILDING ACTIVITIES INCLUDE ACTIVITIES ENGAGED IN FOR THE PURPOSE OF IMPROVING OR PROTECTING THE HEALTH, FUTURE, AND WELLBEING OF THE COMMUNITY. AS A DIVISION OF WEST PENN ALLEGHENY HEALTH SYSTEM, INC. AND CONSISTENT WITH THE FILING OF SCHEDULE H, WEST PENN HOSPITAL PROVIDED THESE SERVICES AT A COST OF $127,896 FOR THE 6 MONTHS ENDED DECEMBER 31, 2013.

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FREE PARKING PASSES & SHUTTLE SERVICES TO ASSIST WITH THE MANY EVENTS HELD AT WPH, PARKING VALIDATION TICKETS WERE PROVIDED FOR 31 EVENTS. ADDITIONALLY, THE WEST PENN HOSPITAL SECURITY AND PARKING DEPARTMENT PROVIDES FREE PARKING AND SHUTTLE SERVICES TO PATIENTS AND FAMILY MEMBERS BY UTILIZING A PARKING LOT CLOSE TO THE HOSPITAL WHICH THE HOSPITAL CONTROLS AND MAINTAINS.

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INTRODUCTION TO WEST PENN ALLEGHENY HEALTH SYSTEM, INC. - FORBES REGIONAL HOSPITAL

WEST PENN ALLEGHENY HEALTH SYSTEM, INC. - FORBES REGIONAL HOSPITAL (FORBES HOSPITAL) HAS CONTINUOUSLY PROVIDED HEALTH CARE SERVICES TO RESIDENTS OF EASTERN ALLEGHENY AND WESTMORELAND COUNTIES SINCE 1978. FORBES OWNS AND OPERATES A 349-BED ACUTE CARE HOSPITAL LOCATED IN MONROEVILLE, AND IS LICENSED BY THE PENNSYLVANIA DEPARTMENT OF HEALTH. IT IS ALSO ACCREDITED BY THE JOINT COMMISSION.

FORBES HOSPITAL OFFERS A COMPLETE ARRAY OF SURGICAL, MEDICAL AND INPATIENT REHABILITATION SERVICES. THE FACILITY OFFERS CARE IN THE FOLLOWING SPECIALTY AREAS: BACK SURGERY, CARDIAC SURGERY, CARDIOLOGY, COLON AND RECTAL SURGERY, DIABETES, DIAGNOSTIC IMAGING, EMERGENCY MEDICINE, ENDOCRINOLOGY, FAMILY MEDICINE, FOOT AND ANKLE SURGERY, GASTROENTEROLOGY, GENERAL SURGERY, GYNECOLOGY, HOSPICE CARE, NEUROLOGY, NEUROSURGERY, OBSTETRICS, ONCOLOGY, ORTHOPEDICS, OUTPATIENT SURGERY, PEDIATRICS, PSYCHIATRY AND UROLOGY. THE HOSPITAL FEATURES AN AFFILIATE

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OFFICE OF THE WORLD RENOWNED JOSLIN DIABETES CENTER AND OPERATES AN EMERGENCY ROOM AND LEVEL II TRAUMA CENTER THAT ARE OPEN TO ALL PERSONS WITHOUT REGARD TO THEIR ABILITY TO PAY.

FORBES HOSPICE, LOCATED IN BLOOMFIELD, IS PITTSBURGH'S OLDEST AND MOST RESPECTED END-OF-LIFE AND PALLIATIVE CARE PROGRAM, PROVIDING CARE FOR FAMILIES FROM ALLEGHENY, BEAVER, BUTLER, WASHINGTON AND WESTMORELAND COUNTIES. FORBES HOSPICE HAS A WEALTH OF EXPERIENCE IN DELIVERING COMPREHENSIVE HOSPICE CARE TO THE COMMUNITY AND FEATURE NATIONALLY-RECOGNIZED LEADERSHIP, INCLUDING A FULL-TIME MEDICAL DIRECTOR, BOARD CERTIFIED IN HOSPICE AND PALLIATIVE MEDICINE.

FORBES HOSPICE'S TEAM OF CAREGIVERS OFFERS A COMPASSIONATE, LOVING APPROACH TO MEETING THE NEEDS OF OUR PATIENTS AND THEIR FAMILIES. AT A TIME WHEN FAMILIES ARE FACED WITH THE BURDEN OF CARE GIVING AND EMOTIONAL STRESS, FORBES HOSPICE IS THERE TO HELP THEM IN THEIR TIME OF NEED. THE FOCUS OF OUR HOSPICE CARE IS TO CREATE A COMFORTABLE AND PEACEFUL ENVIRONMENT IN WHICH THE PATIENT MAY LIVE EACH DAY TO THE FULLEST.

AT FORBES HOSPICE IT IS UNDERSTOOD THAT A SERIOUS ILLNESS AFFECTS THE ENTIRE FAMILY AND OUR COMPASSIONATE SUPPORT AND GUIDANCE ARE OFFERED TO THEM AS WELL. AFTER THEIR LOSS, SPIRITUAL AND PSYCHOLOGICAL SUPPORT IS PROVIDED THROUGH THE BEREAVEMENT PROGRAM. AS LIFE COMES TO A CLOSE, WE OPEN OUR HEARTS. WHEN A CURE IS NO LONGER POSSIBLE, WE ARE ABLE TO PROVIDE COMFORT. WHEN YOU DON'T KNOW WHAT TO EXPECT, WE WILL BE THERE TO

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HELP YOU EVERY STEP OF THE WAY.

FORBES ADMITS MORE THAN 18,000 PATIENTS ANNUALLY, LOGS MORE THAN 38,000 EMERGENCY VISITS, AND PERFORMS NEARLY 11,000 SURGICAL PROCEDURES EACH YEAR. MORE THAN 700 PHYSICIANS AND 1,300 EMPLOYEES SHARE THE HOSPITAL'S COMMITMENT TO EXCELLENCE IN PATIENT CARE.

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COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS

COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS INCLUDE ACTIVITIES INTENDED TO IMPROVE HEALTH AND WELLNESS. THEY EXTENDED BEYOND PATIENT CARE ACTIVITIES AND ARE SUBSIDIZED BY THE HOSPITAL. THE PROGRAMS RANGE FROM COMMUNITY HEALTH EDUCATION TO FREE CLINICS AND SCREENINGS. AS A COMPONENT OF WEST PENN ALLEGHENY HEALTH SYSTEM, INC. AND CONSISTENT WITH THE FILING OF SCHEDULE H, FORBES HOSPITAL PROVIDED THE FOLLOWING COMMUNITY HEALTH SERVICES DURING THE SIX MONTHS ENDED DECEMBER 31, 2013 AT AN ESTIMATED COST OF $131,100.

DIABETES EDUCATION - FORBES HOSPITAL UNDERSTANDS THAT MANY INDIVIDUALS LIVE WITH DIABETES OR ARE AT RISK FOR DEVELOPING DIABETES. AS SUCH, THE HOSPITAL PROVIDES EDUCATION TO THOSE LIVING AND AT RISK FOR DIABETES. THE EDUCATIONAL ACTIVITIES CONDUCTED BY THE HOSPITAL INCLUDE, BUT ARE NOT LIMITED TO EDUCATIONAL SEMINARS, RADIO INTERVIEWS, TALKS ON MEAL PLANNING, PRESENTATIONS ON THE IMPACT OF A DISEASE MANAGEMENT REPORT CARD ON LAB TESTS ASSESSING THE AVERAGE LEVEL OF BLOOD SUGAR AND PARTICIPATION

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IN THE AMERICAN DIABETES EXPO. THE NATURE AND SCOPE OF THE AMERICAN DIABETES EXPO WAS TO PROVIDE SPECIFIC DIABETES HEALTH AND WELLNESS TOPICS, HEALTH CARE ACCESS, COUNSELING AND SCREENINGS. OVER 500 PEOPLE BENEFITTED FROM OUR EFFORTS TOWARDS DIABETES EDUCATION.

HEALTH EDUCATION FOR WOMEN - FORBES HOSPITAL CONDUCTS MANY EDUCATIONAL ACTIVITIES GEARED TOWARDS WOMEN'S HEALTH. INCLUDED IN THESE ACTIVITIES ARE LECTURES, DISCUSSIONS ON ADVANCED LIFE SUPPORT FOR OBSTETRICS, CHILDBIRTH EDUCATION CLASSES AND BREAST CANCER EDUCATION AND OUTREACH.

LECTURES ON ISSUES FOR ELDERLY - STAFF FROM FORBES HOSPITAL PRESENTED LECTURES ON DEMENTIA, FALLS AND HEALTH CONCERNS FOR THE ELDERLY AT A SENIOR CENTER AND THE HOSPITAL. THESE LECTURES INCLUDED INFORMATION ON THE SIGNS AND SYMPTOMS OF DEMENTIA AND COMMON CONCERNS OF THE ELDERLY AND THEIR FAMILIES.

ADVANCED STROKE LIFE SUPPORT CLASS - THE STROKE CENTER AT FORBES HOSPITAL PROVIDED A PRESENTATION ON ADVANCED STROKE LIFE SUPPORT. EARLY AND ACCURATE IDENTIFICATION OF STROKE AND QUICKER TREATMENT WILL REDUCE THE DISABILITY ASSOCIATED WITH STROKE. THE COURSE NOT ONLY PROVIDES THE ASSESSMENT TOOLS FOR STROKE DETECTION, BUT ALSO PROVIDES INSIGHT INTO TO THE TREATMENT AND CARE OF THE STROKE PATIENTS BEYOND THE EMERGENCY ROOM.

HEART AND VASCULAR PRESENTATIONS - THE FORBES CARDIOVASCULAR INSTITUTE

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OFTEN FILLS REQUESTS TO SPEAK AT DIFFERENT ORGANIZATIONS OR EVENTS. IN THE SIX MONTHS ENDED DECEMBER 31, 2013, THIS INCLUDED PRESENTATIONS AT COMMUNITY COLLEGES, SENIOR LIVING CENTERS AND VARIOUS LOCAL EMERGENCY MEDICAL SERVICES (EMS) PROVIDERS.

HEALTH FAIRS

PROTECTING OUR PROTECTORS -FORBES HOSPITAL PROVIDED FREE HEALTH SCREENINGS FOR EMERGENCY MEDICAL SERVICE PROVIDERS. INCLUDED IN THE SCREENING WAS LAB WORK, ELECTROCARDIOGRAMS, HEARING SCREENINGS AND A REVIEW OF ALL INFORMATION WITH A CARDIOLOGIST.

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CELEBRATE MONROEVILLE - FORBES HOSPITAL WAS A SPONSOR OF CELEBRATE MONROEVILLE, WHICH TOOK PLACE AT THE MONROEVILLE CONVENTION CENTER. THE HOSPITAL PROVIDED HEALTH AND WELLNESS INFORMATION, MEDICAL SCREENINGS, MEDICAL AND HEALTH INFORMATION AND HELP WITH PROVIDING ACCESS TO HEALTH AND MEDICAL INFORMATION. THIS EVENT BENEFITED THE COMMUNITY BY HELPING TO PROVIDE RESOURCES AND ALSO HELPED THE COMMUNITY OBTAIN INFORMATION ABOUT THEIR HEALTH CARE NEEDS. MORE THAN 3,000 PEOPLE ATTENDED THIS EVENT.

PINK GLOVE DANCE - FORBES HOSPITAL SPONSORED THE PINK GLOVE DANCE AT ITS BREAST CARE CENTER ON CAMPUS, WHICH BENEFITTED BREAST CARE AWARENESS AND BREAST CANCER RESEARCH. THE EVENT IS A NATIONAL ONLINE CONTEST, WITH MORE

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THAN 50 HEALTHCARE PROVIDERS PARTICIPATING.

MCKEESPORT HEALTH FAIR- FORBES HOSPITAL WAS A SPONSOR OF A HEALTH FAIR, WHICH TOOK PLACE IN MCKEESPORT PALISADES. THE HOSPITAL PROVIDED HEALTH AND WELLNESS INFORMATION, FLU SHOTS AND LUNCHES TO THE COMMUNITY. MORE THAN 500 PEOPLE ATTENDED THIS EVENT.

EMS SPONSORED FLU CLINICS - FORBES HOSPITAL EMS PROVIDED A NUMBER OF FLU CLINICS TO THE LOCAL COMMUNITIES INCLUDING MONROEVILLE, JEANNETTE, PENN HILLS, PENN TOWNSHIP, NORTH HUNTINGDON, SWISSVALE, PLUM, PITCAIRN AND TRAFFORD. OVER 870 FLU VACCINES WERE ADMINISTERED AT NO CHARGE TO THE RESIDENTS OF THESE COMMUNITIES.

NORTH AMERICAN MARTYRS FESTIVAL - FORBES HOSPITAL IS A "GOLD LEVEL" SPONSOR OF THIS EVENT AT THE NORTH AMERICAN MARTYRS CHURCH IN MONROEVILLE. THIS FOUR-DAY EVENT IS A COMMUNITY FESTIVAL THAT IS ATTENDED BY THOUSANDS OF LOCAL RESIDENTS. FORBES HOSPITAL PROVIDED OVER 30 VOLUNTEERS TO MAN THE FORBES BOOTH AND PROVIDE FOR SECURITY, SEVERAL FAMILY PRACTICE RESIDENTS AND A PHYSICIAN TO RUN A FIRST AID TENT, AND AN EMS FIRST RESPONDER WHO WAS ASSIGNED TO THE FESTIVAL. FURTHER, THE HOSPITAL ALSO PROVIDED OVERFLOW PARKING FOR THE COMMUNITY AT HOSPITAL LOTS.

PARTICIPATION IN OTHER HEALTH FAIRS AND COMMUNITY EVENTS - FORBES HOSPITAL PARTICIPATED IN NUMEROUS OTHER HEALTH FAIRS AND LOCAL COMMUNITY

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EVENTS DURING THE 6 MONTHS ENDED 12/31/2013. EDUCATION, INFORMATION AND COMMUNITY BENEFITS PROVIDED AT THESE EVENTS INCLUDED, BUT WERE NOT LIMITED TO: DIABETES EDUCATION, FREE LUNCHES, FLU SHOTS, VARIOUS SCREENINGS, WOMEN'S HEALTH, AND STROKE EDUCATION. FORBES HOSPITAL ALSO PARTICIPATED IN A NUMBER OF COMMUNITY SAFETY DAYS, WHEREIN EMS FIRST RESPONDERS AND LIFE FLIGHT HELICOPTERS WERE ON HAND TO PROVIDE PRE-HOSPITAL EDUCATION.

SUPPORT GROUPS

BEREAVEMENT SUPPORT GROUPS - THREE MONTHLY SUPPORT GROUPS WERE PROVIDED BY FORBES HOSPITAL DESIGNED TO SERVE THE AGE-RANGE SPECIFIC BEREAVEMENT CARE NEEDS NOT ONLY OF FAMILIES WHOSE LOVED ONES HAVE DIED ON THE FORBES HOSPICE PROGRAM, BUT AS WELL THE BEREAVEMENT CARE NEEDS OF ANY MEMBERS OF THE COMMUNITY WHO WISH TO ATTEND OR PARTICIPATE. EACH OF THESE MONTHLY SUPPORT GROUPS ARE JOINTLY FACILITATED BY A MEMBER OF THE FORBES HOSPICE PROFESSIONAL CLINICAL STAFF AND A VOLUNTEER TRAINED BY THE HOSPICE BEREAVEMENT CARE COORDINATOR. OVER 200 PEOPLE BENEFITTED FROM THIS ACTIVITY.

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FETAL AND NEONATAL GRIEF LOSS SUPPORT SERVICES - WOMEN WHO HAVE EXPERIENCED FETAL OR NEONATAL LOSS REQUIRE ONGOING SUPPORT IN ORDER TO REGAIN HOMEOSTASIS. AVAILABLE FORBES HOSPITAL GRIEF COUNSELORS PROVIDE WOMEN AND FAMILIES THE OPPORTUNITY TO TALK THROUGH THEIR GRIEF.

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COUNSELORS ARE ABLE TO MAKE ADDITIONAL APPROPRIATE REFERRALS, BASED ON POTENTIAL PROBLEMS.

DIABETES SUPPORT GROUP - THIS SUPPORT GROUP MEETS MONTHLY AND IS SUPPORTED AND SPONSORED BY FORBES HOSPITAL. THE GROUP'S AVERAGE MONTHLY ATTENDANCE IS 30. THE PURPOSE OF THE SUPPORT GROUP IS TO PROVIDE A FORUM FOR PATIENTS WITH DIABETES TO MEET AND DISCUSS ISSUES PERTAINING TO DIABETES. THIS WILL ULTIMATELY HELP THEM TO MAINTAIN AND IMPROVE THEIR OVERALL CARE. THE SPEAKERS AT THE MEETINGS RANGE FROM PHYSICIANS, DIETITIANS, PHARMACISTS, PHARMACEUTICAL REPRESENTATIVES, INSURANCE COUNSELORS AND ACTUAL PATIENTS.

STROKE SUPPORT GROUP - THE FORBES HOSPITAL STROKE REHABILITATION DEPARTMENT CONDUCTS A MONTHLY STROKE SUPPORT GROUP AT THE HOSPITAL. THE INTENTION OF THIS GROUP IS TO HELP STROKE VICTIMS AND THE LOVED ONES BY PROVIDING A FORUM FOR WHICH THEY CAN COMMUNICATE EXPERIENCES AND CONCERNS WITH INDIVIDUALS AND FAMILIES WHO HAVE SUFFERED THROUGH SIMILAR CIRCUMSTANCES.

INDIVIDUAL/FAMILY COUNSELING - FORBES HOSPICE BEREAVEMENT CARE COORDINATOR ROUTINELY FIELDS PHONE CALLS OF INQUIRY ABOUT AVAILABLE SUPPORT SERVICES FROM MEMBERS OF THE COMMUNITY AT LARGE AND EITHER GUIDES THEM IN PROCESS OF REFERRAL SUPPORT OR, WHEN ABLE TO PROVIDE DIRECT SERVICE SUPPORT THROUGH IN-HOUSE THERAPY SESSIONS OR EXTENDED PHONE CONVERSATIONS OF A QUALITY EQUAL TO SUCH SERVICE PROVIDED FAMILIES WHOSE

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LOVED ONES HAVE DIED ON THE FORBES HOSPICE PROGRAM. APPROXIMATELY 65 INDIVIDUALS BENEFITTED FROM THESE SERVICES.

COMMUNITY MEMORIAL SERVICES - FORBES HOSPICE HAS A COMMUNITY-WIDE MEMORIAL SERVICES FOR BEREAVED FAMILY MEMBERS TWICE A YEAR. THE HOSPITAL PROVIDES FOOD, PRINTING, MAILINGS, AND MEMENTOS TO SUPPORT THIS ACTIVITY.

HEALTH PROFESSIONS EDUCATION

FORBES HOSPITAL PROVIDES ASPIRING HEALTH PROFESSIONALS WITH MANY EDUCATIONAL OPPORTUNITIES TO FURTHER THEIR CAREER IN HEALTHCARE. IN ADDITION TO THE EDUCATIONAL SUPPORT WE PROVIDE TO INTERNS, RESIDENTS AND FELLOWS, FORBES HOSPITAL PROVIDED HEALTH PROFESSIONS EDUCATION TO THE COMMUNITY IN A VARIETY OF WAYS AND FORUMS. AS A DIVISION OF WEST PENN ALLEGHENY HEALTH SYSTEM, INC. AND CONSISTENT WITH THE FILING OF THE WPAHS, INC. SCHEDULE H, FORBES HOSPITAL PROVIDED THESE SERVICES IN ADDITION TO THE EDUCATIONAL SUPPORT PROVIDED TO INTERNS, RESIDENTS AND FELLOWS AT A COST OF $2,804 FOR THE 6 MONTHS ENDED DECEMBER 31, 2013.

STUDENT NURSING CLINICAL INTERNSHIPS - VARIOUS DEPARTMENTS OF FORBES HOSPITAL HAVE NURSING STUDENTS FROM SEVERAL AREA INSTITUTIONS OF HIGHER LEARNING PERFORM INTERNSHIPS, CLINICAL EXPERIENCES AND PROFESSIONAL SHADOWING THROUGHOUT THE YEAR. STAFF FROM HOSPITAL DEPARTMENTS SPEND TIME PROVIDING EXPLANATIONS, EDUCATION AND SOMETIMES SUPERVISION OF

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VARIOUS PROCEDURES OR PROJECTS THE NURSING STUDENTS COMPLETE AS PART OF THEIR ROTATIONS. THE INTERNSHIPS ARE TO HELP PREPARE THEM FOR THE WORK ENVIRONMENT UPON GRADUATION. HOSPITAL STAFF IS READILY AVAILABLE TO TEACH AND ASSIST THESE STUDENTS APPROXIMATELY 40 WEEKS OUT OF THE YEAR. THE STUDENTS ARE ASSIGNED INTERMITTENTLY TO 10 DIFFERENT CLINICAL UNITS INCLUDING PSYCHOLOGY, EMERGENCY DEPARTMENT, INTENSIVE CARE UNIT AND OBGYN. THE STUDENTS ALSO ROTATE TO SPECIALTY AREAS SUCH AS THE CARDIAC CATHETERIZATION LAB AND THE OPERATING ROOM FOR OBSERVATION DAYS.

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SUPERVISION OF MASTER'S LEVEL INTERNS - FORBES HOSPICE BEREAVEMENT CARE COORDINATOR ROUTINELY TRAINS INTERNS FROM SEVERAL AREA UNIVERSITIES IN SKILLS OF COUNSELING OF DYING PATIENTS AND THEIR FAMILIES AND IN BEREAVEMENT. TWO INTERNS WITHIN THE SAME TRAINING PERIOD WERE PROVIDED THIS IN-DEPTH SUPERVISION, WHICH NECESSARILY INCLUDES MONITORING OF ALL HOURS OF THEIR INTERNSHIP.

FORBES HOSPICE HEALTH PROFESSIONS EDUCATION - FORBES HOSPICE INVITES STUDENTS AND PROFESSIONALS TO LEARN ABOUT END-OF-LIFE CARE. INCLUDED IN THIS EDUCATION IS DIRECT ONE ON ONE INSTRUCTION FROM THE FORBES HOSPICE MEDICAL DIRECTOR, LECTURES TO NON-AFFILIATED HOSPITAL GROUPS AND EDUCATION TO HEALTHCARE PROFESSIONALS AT SENIOR CENTERS.

CLINICAL EDUCATION FOR PHYSICAL THERAPY, OCCUPATIONAL THERAPY & SPEECH LANGUAGE PATHOLOGY -FORBES HOSPITAL REHABILITATION SERVICES OFFERS EXTENSIVE CLINICAL EDUCATION TO STUDENTS FROM A NUMBER OF LOCAL

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UNIVERSITIES AND COLLEGES. CLINICAL EXPERIENCES RANGE FROM ONE WEEK TO 4 MONTHS WITH A THERAPISTS SPENDING TIME EACH DAY ON EDUCATION AND SUPERVISION.

PHLEBOTOMY TRAINING - THE LAB AT FORBES HOSPITAL PROVIDED PHLEBOTOMY AND PROCESSOR TRAINING TO FIVE STUDENTS FROM LOCAL COMMUNITY COLLEGES. THE STUDENTS WERE INSTRUCTED AND SUPERVISED TO PERFORM THE PRACTICES OF BLOOD DRAWING SKILLS. THE PROGRAM PREPARES THE STUDENTS TO FUNCTION AS A PHLEBOTOMIST IN A CLINICAL SETTING.

JOB SHADOWING - STUDENTS FROM LOCAL COLLEGES, TECHNICAL SCHOOLS, HIGH SCHOOLS, AND SOME ELEMENTARY SCHOOLS ARE PROVIDED OPPORTUNITIES TO DO JOB SHADOWING TO LEARN ABOUT VARIOUS PROFESSIONS AND THE DUTIES AND RESPONSIBILITIES OF THESE PROFESSIONS. THIS JOB SHADOWING OCCURS IN NURSING, LABOR AND DELIVERY, NURSERY, DIAGNOSTIC IMAGING, RESPIRATORY THERAPY, SURGERY, CARDIOLOGY, THE JOSLIN DIABETES CENTER, FAMILY PRACTICE, LABORATORY, GASTRO INTESTINAL LAB, AND REHAB SERVICES. IN THE 6MONTHS ENDED DECEMBER 31, 2013, 14 STUDENTS WERE PROVIDED A JOB SHADOWING EXPERIENCE.

HIGH SCHOOL COLLEGE PREP PROGRAM -FORBES HOSPITAL HELPS HIGH SCHOOL SENIORS PREPARE FOR THEIR CAREER CHOICE WITH A SPECIFIC DEPARTMENT IN THE HOSPITAL. THE STUDENTS CAN CHOOSE TO WORK AS AN INTERN IN A DEPARTMENT OR SERVICE THAT THEY ARE CONSIDERING PURSUING AFTER GRADUATION. THE INTERN IS SUPERVISED BY AN ADVISOR ASSOCIATED WITH THE CHOSEN PROFESSION. THE

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STUDENT RECEIVES A GRADE FOR THIS WORK AS RECOMMENDED BY THE HOSPITAL ADVISOR.

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CASH AND IN-KIND CONTRIBUTIONS

THIS CATEGORY INCLUDES MONETARY AND IN-KIND SERVICES DONATED TO INDIVIDUALS AND THE COMMUNITY AT LARGE. IN-KIND SERVICES INCLUDE HOURS DONATED BY STAFF TO THE COMMUNITY DURING HOSPITAL WORK HOURS, OVERHEAD EXPENSES OF MEETING SPACE DONATED TO NOT-FOR-PROFIT COMMUNITY GROUPS, AND DONATIONS OF FOOD, EQUIPMENT, AND SUPPLIES.

IN-KIND DONATIONS - FORBES MADE IN-KIND DONATIONS OF TIME AND RESOURCES TO HELP SUPPORT VARIOUS COMMUNITY FUNCTIONS. THE IN-KIND DONATIONS INCLUDED THE FOLLOWING:

GLOBAL LINKS -FORBES HOSPICE DONATED HEALTH CARE SUPPLIES TO GLOBAL LINKS IN AN EFFORT TO PROVIDE ADEQUATE CARE FOR PATIENTS THROUGHOUT THE REGION.

CENTRAL BLOOD BANK BLOOD DRIVES -FORBES HOSTED FOUR BLOOD DRIVES FOR THE CENTRAL BLOOD BANK. THE HOSPITAL PROVIDED SPACE AND HOSPITAL STAFF AND VOLUNTEERS HELP MAN THE TABLE. THE HOSPITAL ALSO PROVIDED REFRESHMENTS TO PARTICIPANTS IN THE BLOOD DRIVE.

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COMMUNITY BUILDING ACTIVITIES

COMMUNITY BUILDING ACTIVITIES INCLUDE ACTIVITIES ENGAGED IN FOR THE PURPOSE OF IMPROVING OR PROTECTING THE HEALTH, FUTURE AND WELLBEING OF THE COMMUNITY. CONSISTENT WITH THE FILING OF SCHEDULE H, FORBES PROVIDED THESE SERVICES AT AN APPROXIMATE COST OF $34,300 FOR THE SIX MONTHS ENDED DECEMBER 31, 2013.

APPLICATION ASSISTANCE - FORBES HOSPITAL NURSE MANAGER AND CLINICAL STAFF ASSIST LOW INCOME PREGNANT WOMEN WITH THE COMPLETION AND SUBMISSION OF PRESUMPTIVE ELIGIBILITY PAPERWORK TO QUALIFY FOR FREE PRENATAL CARE THROUGH THE PENNSYLVANIA DEPARTMENT OF HEALTH.

TAXI CAB SERVICES - FORBES HOSPITAL PROVIDES UNSUBSIDIZED TAXI SERVICE TO PATIENTS WHO HAVE TRANSPORTATION ISSUES TO OR FROM THE HOSPITAL, INCLUDING THE EMERGENCY DEPARTMENT, BEHAVIORAL HEALTH AND THE NURSING UNITS.

EDUCATOR IN THE WORKPLACE - A LEARNING SUPPORT TEACHER AND 6 STUDENTS FROM LOCAL SCHOOLS CAME TO FORBES HOSPITAL TO LEARN ABOUT VARIOUS HEALTH CAREERS AND THE PREPARATION REQUIRED. THIS HELPS TO PREPARE THE TEACHERS AND THEIR STUDENTS TO BECOME BETTER EQUIPPED TO BECOME WORKING MEMBERS OF THE COMMUNITY. THE STUDENTS AND THEIR TEACHER WERE HERE FOR 8 HOURS A WEEK FOR APPROXIMATELY 36 WEEKS AND WORKED WITH VARIOUS HOSPITAL STAFF.

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CAREER DAY- TWO NURSES FROM FORBES HOSPITAL PROVIDED CAREER INFORMATION TO HIGH SCHOOL SENIORS CAREER DAY AT A LOCAL HIGH SCHOOL.

FORM 990, PAGE 4, PART IV, LINE 24B

ON JUNE 19, 2007 THE SYSTEM'S SERIES 2007 PROJECT FUND WAS FUNDED WITH PROCEEDS FROM A TAX-EXEMPT BOND ISSUE. THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE SYSTEM RESIGNED SHORTLY THEREAFTER. SINCE THAT TIME, THE SYSTEM HAS RECOGNIZED FOUR DIFFERENT INDIVIDUALS AS PRESIDENT AND CHIEF EXECUTIVE OFFICER. BECAUSE OF THIS TURNOVER IN THE LEADERSHIP OF THE SYSTEM A DELAY WAS EXPERIENCED IN THE CAPITAL SPENDING UNTIL EACH NEW PRESIDENT AND CHIEF EXECUTIVE OFFICER BEGAN TO IMPLEMENT THE CAPITAL SPENDING WHICH HE OR SHE DEEMED TO BE NECESSARY. THIS DELAY CAUSED THE SERIES 2007A PROJECT FUND TO BE SPENT DOWN IN A TIME PERIOD EXTENDING BEYOND THE TEMPORARY PERIOD EXEMPTION. THESE PROCEEDS HAVE BEEN SPENT DOWN COMPLETELY AS OF DECEMBER 31, 2013.

FORM 990, PAGE 6, PART VI, SECTION A, LINE 3

WEST PENN ALLEGHENY HEALTH SYSTEM, INC. IS A MEMBER OF THE INTEGRATED DELIVERY SYSTEM NAMED ALLEGHENY HEALTH NETWORK. DELOITTE FINANCIAL ADVISORY SERVICES, LLP (DELOITTE) WAS ENGAGED TO ASSIGN A CHIEF FINANCIAL OFFICER AND TREASURER TO ALLEGHENY HEALTH NETWORK. ELIZABETH ALLEN WAS APPOINTED IN AN INTERIM CAPACITY TO THESE POSITIONS AND REMAINED UNDER THE EMPLOYMENT OF DELOITTE. SHE HAS DAILY OVERSIGHT OF ALL FINANCIAL MATTERS PERTINENT TO THE OPERATION OF THE NETWORK. DELOITTE WAS DIRECTLY COMPENSATED BY A RELATED ORGANIZATION FOR THE SERVICES PROVIDED BY ELIZABETH ALLEN TO THE NETWORK. AS SUCH, NO COMPENSATION IS LISTED FOR

Name of the organization: WEST PENN ALLEGHENY HEALTH SYSTEM, INC

Employer identification number: 25-0969492

ELIZABETH ALLEN IN PART VII, SECTION A. ALLEGHENY HEALTH NETWORK REIMBURSED THE RELATED ORGANIZATION IN 2014 FOR THOSE COSTS RELATED TO ELIZABETH ALLEN'S SERVICES. ELIZABETH ALLEN BECAME AN EMPLOYEE OF THE ALLEGHENY HEALTH NETWORK ON MAY 5, 2014.

FORM 990, PAGE 6, PART VI, SECTION B, LINE 11A

THE IRS FORM 990 OF THE WEST PENN ALLEGHENY HEALTH SYSTEM, INC. WAS PREPARED BY THE HIGHMARK HEALTH TAX DEPARTMENT AND REVIEWED EXTERNALLY BY A THIRD PARTY CPA FIRM WHO SIGNED THE RETURN AS PAID PREPARER. PRIOR TO FILING THE FINAL TAX RETURN WITH THE INTERNAL REVENUE SERVICE, MEMBERS OF SENIOR MANAGEMENT REVIEWED COMPONENTS OF THE TAX RETURN AND THE VOTING MEMBERS OF THE GOVERNING BODY RECEIVED A COPY OF THE TAX RETURN.

FORM 990, PAGE 6, PART VI, SECTION B, LINE 12C

WEST PENN ALLEGHENY HEALTH SYSTEM, INC. IS A MEMBER OF THE ALLEGHENY HEALTH NETWORK BY VIRTUE OF BEING AFFILIATED WITH WEST PENN ALLEGHENY HEALTH SYSTEM (WPAHS). WPAHS HAS A CORPORATE COMPLIANCE DEPARTMENT THAT MONITORS AND OVERSEES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY OF ALL ORGANIZATIONS IN THE HEALTH SYSTEM. THE FOLLOWING DESCRIBES THE MANNER IN WHICH THE CORPORATE COMPLIANCE DEPARTMENT MONITORS AND OVERSEES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY FOR WEST PENN ALLEGHENY HEALTH SYSTEM, INC. AS WELL AS THE OTHER WPAHS AFFILIATES:

CONFLICT OF INTEREST DISCLOSURE FORMS ARE COMPLETED ON AN ANNUAL BASIS BY ALL BOARD MEMBERS, OFFICERS, EMPLOYEES WHO HAVE A TITLE OF MANAGER AND ABOVE, PHYSICIANS IN LEADERSHIP ROLES, PHARMACY AND THERAPEUTIC COMMITTEE

Name of the organization: WEST PENN ALLEGHENY HEALTH SYSTEM, INC

Employer identification number: 25-0969492

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 BY SYSTEM EXECUTIVE COMPLIANCE COUNCIL WITH THE LEGAL DEPARTMENT AND BY THE ALLEGHENY HEALTH NETWORK AUDIT AND COMPLIANCE SUBCOMMITTEE OF THE BOARD, AS WELL AS BY THE BOARD OF DIRECTORS.

FORM 990, PAGE 6, PART VI, SECTION B, LINE 15A AND LINE 15B

THE WEST PENN ALLEGHENY HEALTH SYSTEMS (WPAHS) PROCESS FOR DETERMINING COMPENSATION FOR EXECUTIVE POSITIONS (INCLUDING OFFICERS, KEY EMPLOYEES AND OTHER MANAGEMENT POSITIONS) WITHIN WEST PENN ALLEGHENY HEALTH SYSTEM, INC. IS COVERED BY THE WPAHS EXECUTIVE COMPENSATION POLICY. THIS POLICY WAS APPROVED BY THE WEST PENN ALLEGHENY HEALTH SYSTEM, INC. BOARD OF DIRECTORS.

Name of the organization: WEST PENN ALLEGHENY HEALTH SYSTEM, INC

Employer identification number: 25-0969492

FOR THOSE LISTED IN THE 990, THE COMPENSATION COMMITTEE OF THE WEST PENN ALLEGHENY HEALTH SYSTEM, INC. BOARD OF DIRECTORS APPROVED THE COMPENSATION, FOR WPAHS EXECUTIVES, WHICH INCLUDED ALL COMPENSATION COMPONENTS, INCLUDING WITHOUT LIMITATION, BASE COMPENSATION, INCENTIVE COMPENSATION, DEFERRED COMPENSATION, FRINGE AND OTHER BENEFITS, AS WELL AS TOTAL COMPENSATION.

IN DETERMINING COMPENSATION, THE HR DEPARTMENT USES COMPARABILITY DATA WHICH MAY INCLUDE INDUSTRY SURVEYS, EXPERT COMPENSATION STUDIES, DOCUMENTED COMPENSATION OF PERSONS HOLDING SIMILAR POSITIONS, OR OTHER COMPARABLE DATA IN APPROVING ANY EXECUTIVE COMPENSATION. WPAHS SHALL PERIODICALLY RETAIN THE SERVICES OF AN INDEPENDENT COMPENSATION CONSULTANT TO PROVIDE AN EXPERT OPINION REPORT AS TO THE REASONABLENESS OF TOTAL COMPENSATION OF WEST PENN ALLEGHENY HEALTH SYSTEM, INC. OFFICERS AND KEY EMPLOYEES.

EACH COMPENSATION COMMITTEE MEMBER VOTING ON A SENIOR EXECUTIVES' COMPENSATION ARRANGEMENT ENSURED THAT HE OR SHE HAD NO CONFLICT OF INTEREST, INCLUDING THAT HE OR SHE (A) DID NOT ECONOMICALLY BENEFIT FROM THE PROPOSED EMPLOYMENT; (B) DID 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 CONSISTED OF FIVE INDEPENDENT BOARD MEMBERS OF

Name of the organization: WEST PENN ALLEGHENY HEALTH SYSTEM, INC
Employer identification number: 25-0969492

WEST PENN ALLEGHENY HEALTH SYSTEM, INC. ALL DECISIONS OF THE COMPENSATION COMMITTEE REGARDING EXECUTIVE COMPENSATION MATTERS WERE DOCUMENTED.

FORM 990, PAGE 6, PART VI, SECTION C, LINE 19
WEST PENN ALLEGHENY HEALTH SYSTEM, INC. (WPAHS, INC.) DOES NOT MAKE ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC.

HIGHMARK HEALTH (HH) FINANCIAL STATEMENTS ARE ON A CONSOLIDATED BASIS WHICH INCLUDE WEST PENN ALLEGHENY HEALTH SYSTEM, INC. THE AUDITED FINANCIAL STATEMENTS OF HH ARE AVAILABLE UPON THE REQUEST AND APPROVAL BY THE CFO OF HIGHMARK HEALTH.

WPAHS HAS ADOPTED A CONFLICT OF INTEREST POLICY THAT IS UNIFORMLY APPLIED TO ALL ORGANIZATIONS OF THE HEALTH SYSTEM, INCLUDING WPAHS, INC. THIS IS NOT AVAILABLE TO THE PUBLIC.

FORM 990, PAGE 7, PART VII, SECTION A, COLUMN A
THE FOLLOWING INDIVIDUALS SERVED AS DIRECTORS, OFFICERS OR KEY EMPLOYEES OF WEST PENN ALLEGHENY HEALTH SYSTEM, INC. WITHOUT SERVING A CONSECUTIVE TWELVE MONTH PERIOD IN THE POSITION IN WHICH THEY ARE BEING REPORTED. THE FOLLOWING LISTS THESE INDIVIDUALS ALONG WITH THE DATES SERVED DURING THE PERIOD JULY 1, 2013 THROUGH DECEMBER 31, 2013:

MICHAEL SIROTT	07-01-2013 - 07-26-2013
DANIEL LEBISH	07-01-2013 - 08-10-2013

Name of the organization: WEST PENN ALLEGHENY HEALTH SYSTEM, INC

Employer identification number: 25-0969492

THOMAS MOSER	07-01-2013 - 08-21-2013
JUDITH ZEDRECK	07-01-2013 - 11-15-2013
ELIZABETH ALLEN	08-20-2013 - 12-31-2013

FORM 990, PAGE 7, PART VII, SECTION A, COLUMN B

WEST PENN ALLEGHENY HEALTH SYSTEM, INC. IS A MEMBER OF THE ALLEGHENY HEALTH NETWORK BY VIRTUE OF BEING AFFILIATED WITH WEST PENN ALLEGHENY HEALTH SYSTEM (WPAHS). INDIVIDUALS EMPLOYED BY ONE ORGANIZATION MAY BE ASSIGNED TO PROVIDE MANAGEMENT FOR AN AFFILIATED ORGANIZATION. AS SUCH, MANY INDIVIDUALS PLAY KEY ROLES OR SERVE AS OFFICERS OR DIRECTORS ON MULTIPLE AFFILIATED ORGANIZATIONS.

EACH INDIVIDUAL WILL BE ASSIGNED FORTY HOURS TO THE ORGANIZATION OF THEIR ACTUAL EMPLOYMENT. IF THE INDIVIDUAL IS EMPLOYED BY ONE ORGANIZATION AND APPOINTED AS AN OFFICER, DIRECTOR OR KEY EMPLOYEE OF AFFILIATED ORGANIZATIONS THE HOUR ALLOCATION ON FORM 990, PART VII, PAGE 7, COLUMN (B) TAKES VARIOUS FACTORS INTO ACCOUNT WHEN ATTEMPTING TO ASSIGN HOURS IN A REASONABLE MANNER. THUS, IT IS POSSIBLE FOR A SINGLE INDIVIDUAL TO HAVE HOURS ASSIGNED IN EXCESS OF FORTY HOURS PER WEEK IF ALL AFFILIATED ORGANIZATION IRS FORMS 990 IS TAKEN INTO ACCOUNT.

DIRECTORS WHO ARE NOT EMPLOYED AND VOLUNTEER THEIR SERVICES ARE ASSIGNED ONE HOUR OF SERVICE. SEVERAL DIRECTORS ARE COMPENSATED FOR SERVICES PROVIDED IN THE CAPACITY OF A DIRECTOR FOR A FOR-PROFIT AFFILIATED ORGANIZATION. THESE INDIVIDUALS SERVE AS VOLUNTEERS ON THE WEST PENN ALLEGHENY HEALTH SYSTEM, INC. BOARD OF DIRECTORS DUE TO THEIR EXPERIENCE

Name of the organization: WEST PENN ALLEGHENY HEALTH SYSTEM, INC

Employer identification number: 25-0969492

AND KNOWLEDGE OF THE HEALTHCARE FIELD.

THE ACTUAL TIME SERVED FOR ALL INDIVIDUALS DISCLOSED IN IRS FORM 990 CAN VARY BASED UPON THE NEED OF THE ORGANIZATION.

FORM 990, PAGE 9, PART VIII, LINE 6B

WEST PENN ALLEGHENY HEALTH SYSTEM, INC. DOES NOT ACCOUNT FOR RENTAL EXPENSE IN A MANNER THAT WOULD ALLOW FOR A DIRECT OFFSET TO RENTAL INCOME. THE COMPONENTS OF RENTAL EXPENSE ARE REPORTED ON FORM 990, PAGE 10, PART IX, STATEMENT OF FUNCTIONAL EXPENSE.

FORM 990, PAGE 11, PART X, LINE 20

THE PURPOSE OF THE ISSUE OF THE ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY (ACHDA) HOSPITAL REVENUE BONDS, SERIES 2007 A IS TO REFUND THE OUTSTANDING ACHDA SERIES 2000A AND B BOND ISSUES, REFUND THE DAUPHIN COUNTY GENERAL AUTHORITY (DCGA) SERIES 1992A AND B HOSPITAL BONDS, THE PENNSYLVANIA HIGHER EDUCATION FACILITY AUTHORITY (PHEFA) SERIES 1991A REVENUE BONDS, THE MONROEVILLE HOSPITAL AUTHORITY (MHA) SERIES 1992 AND 1995 REVENUE BONDS, THE FUNDING OF A PROJECT FUND FOR CERTAIN PRIOR AND FUTURE CAPITAL EXPENDITURES AND TO PAY THE COST OF ISSUING SERIES 2007A DEBT.

FORM 990, PAGE 12, PART XI, LINE 9

THE FOLLOWING IS A RECONCILIATION OF THE OTHER CHANGES IN NET ASSETS OF WEST PENN ALLEGHENY HEALTH SYSTEM, INC. FOR THE PERIOD JULY 1,2013 - DECEMBER 31, 2013:

Name of the organization: WEST PENN ALLEGHENY HEALTH SYSTEM, INC

Employer identification number: 25-0969492

PURCHASE ACCOUNTING ADJUSTMENTS	$(79,810,338)
IMPAIRMENT LOSS ADJUSTMENT	(64,300,000)
NET ASSET TRANSFERS TO AFFIATED ORGANIZATIONS	(72,097,842)
CHANGE IN MINIMUM PENSION LIABILITY	5,548,219
OTHER CHANGES IN NET ASSETS	$(210,659,961)

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

WEST PENN ALLEGHENY HEALTH SYSTEM, INC. IS A TEAM OF CARE GIVERS COMMITTED TO IMPROVING HEALTH AND PROMOTING WELLNESS IN OUR COMMUNITIES, ONE PERSON AT A TIME. IT PLEDGES TO CONSISTENTLY DELIVER SAFE, COMPASSIONATE QUALITY HEALTHCARE BY TREATING THE WHOLE PERSON - BODY, MIND AND SPIRIT.

COMMITTED TO IMPROVING HEALTH AND PROMOTING WELLNESS IN OUR COMMUNITIES, ONE PERSON AT A TIME. IT PLEDGES TO CONSISTENTLY DELIVER SAFE, COMPASSIONATE QUALITY HEALTHCARE BY TREATING THE WHOLE PERSON - BODY, MIND AND SPIRIT.

ATTACHMENT 2

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
SYSTEM WIDE SERVICES TO AFFILIATED ORGANIZAT	13,113.	269,593,671.	386,459,025.
TOTALS	13,113.	269,593,671.	386,459,025.

Name of the organization: WEST PENN ALLEGHENY HEALTH SYSTEM, INC

Employer identification number: 25-0969492

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ALLSCRIPTS, LLC 24630 NETWORK PLACE CHICAGO, IL 60673	COMPUTER MAINT.& SOF	4,530,527.
ALVAREZ & MARSAL 600 LEXINGTON AVE, 6TH FLOOR NEW YORK, NY 10220	MANAGEMENT CONSULTIN	2,768,192.
ASTORINO DEVELOPMENT CO 235 FT PITT BLVD PITTSBURGH, PA 15222	CONSTRUCTION CONTRAC	3,779,707.
STAFFASSIST WORKFORCE MGMT LLC 62373 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	STAFFING SERVICES	3,574,289.
ATLAS HEALTH CARE LINEN SERVICES LLC 60 GRIDER ST BUFFALO, NY 14215	LINEN SERVICES	3,005,254.

ATTACHMENT 4

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INVESTMENT INCOME	12,862,478.			12,862,478.
TOTALS	12,862,478.			12,862,478.

ATTACHMENT 5

FORM 990, PART VIII - INCOME FROM INVESTMENT OF TE BOND PROCEEDS

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
EARNINGS - GIC CAPITAL PROJECTS FUND	75,288.	75,288.		
TOTALS	75,288.	75,288.		

Name of the organization: WEST PENN ALLEGHENY HEALTH SYSTEM, INC

Employer identification number: 25-0969492

ATTACHMENT 6

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
MARKETABLE SECURITIES	204,153,283.	FMV
TOTALS	204,153,283.	

ATTACHMENT 7

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: FLOATING RATE RESTRUCTURING CERTIFICATES
ORIGINAL AMOUNT: 37,084,300.
DATE OF NOTE: 08/09/2000
MATURITY DATE: 06/30/2030
REPAYMENT TERMS: ATTAIN CERTAIN INCOME LEVELS- INT RATE = LIBOR+.25
SECURITY PROVIDED: INTEREST INCOME OF OBLIGATED GROUP
PURPOSE OF LOAN: DEBT RESTRUCTURING OF WPAHS - AGH CAMPUS

BEGINNING BALANCE DUE ..... 37,084,300.
ENDING BALANCE DUE ..... 37,084,300.

LENDER: ACHDA - NATIONAL CITY
ORIGINAL AMOUNT: 4,949,556.
INTEREST RATE: 5.250000
DATE OF NOTE: 12/22/2006
MATURITY DATE: 12/22/2016
REPAYMENT TERMS: MONTHLY
SECURITY PROVIDED: ASSETS PURCHASED
PURPOSE OF LOAN: CAPITAL ACQUISITION OF HOSPITAL BEDS

BEGINNING BALANCE DUE ..... 1,138,991.
ENDING BALANCE DUE ..... 786,386.

Name of the organization: WEST PENN ALLEGHENY HEALTH SYSTEM, INC

Employer identification number: 25-0969492

ATTACHMENT 7 (CONT'D)

LENDER: ACHDA - BANK OF AMERICA
ORIGINAL AMOUNT: 24,000,000.
INTEREST RATE: 4.592600
DATE OF NOTE: 12/29/2006
MATURITY DATE: 12/22/2006
REPAYMENT TERMS: MONTHLY
SECURITY PROVIDED: ASSETS PURCHASED
PURPOSE OF LOAN: CAPITAL ACQUISITION OF HELICOPTERS

BEGINNING BALANCE DUE	17,097,436.
ENDING BALANCE DUE	16,451,177.

LENDER: MCCANDLESS - TAX EXEMPT
ORIGINAL AMOUNT: 1,550,000.
INTEREST RATE: 5.430000
DATE OF NOTE: 07/01/2006
MATURITY DATE: 05/01/2026
REPAYMENT TERMS: MONTHLY
SECURITY PROVIDED: BUILDING
PURPOSE OF LOAN: PURCHASE A BUILDING AND BUILDING IMPROVEMENTS

BEGINNING BALANCE DUE	1,264,996.
ENDING BALANCE DUE	1,222,401.

Name of the organization: WEST PENN ALLEGHENY HEALTH SYSTEM, INC

Employer identification number: 25-0969492

ATTACHMENT 7 (CONT'D)

LENDER: MCCANDLESS - TAXABLE
ORIGINAL AMOUNT: 1,550,000.
INTEREST RATE: 7.530000
DATE OF NOTE: 07/01/2006
MATURITY DATE: 05/01/2016
REPAYMENT TERMS: MONTHLY
SECURITY PROVIDED: BUILDING
PURPOSE OF LOAN: PURCHASE A BUILDING AND BUILDING IMPROVEMENTS

BEGINNING BALANCE DUE	1,304,301.
ENDING BALANCE DUE	1,266,400.

LENDER: MCCANDLESS WORKING CAPITAL NOTE
ORIGINAL AMOUNT: 400,000.
INTEREST RATE: 7.400000
DATE OF NOTE: 07/01/2007
MATURITY DATE: 06/30/2026
REPAYMENT TERMS: MONTHLY
SECURITY PROVIDED: BUILDING
PURPOSE OF LOAN: PURCHASE OF ASSETS

BEGINNING BALANCE DUE	321,750.
ENDING BALANCE DUE	314,018.

Name of the organization: WEST PENN ALLEGHENY HEALTH SYSTEM, INC

Employer identification number: 25-0969492

ATTACHMENT 7 (CONT'D)

LENDER: SIEMENS PETERS TWP - EQUIPMENT
ORIGINAL AMOUNT: 2,663,392.
INTEREST RATE: 7.250000
DATE OF NOTE: 06/27/2011
MATURITY DATE: 06/27/2016
REPAYMENT TERMS: MONTHLY PAYMENTS OVER THE TERM OF THE LOAN
SECURITY PROVIDED: THE EQUIPMENT FINANCED
PURPOSE OF LOAN: TO FUND THE PURCHASE OF EQUIPMENT

BEGINNING BALANCE DUE	2,169,037.
ENDING BALANCE DUE	1,908,615.

LENDER: SIEMENS PETERS TWP - TENANT IMPROVEMENTS
ORIGINAL AMOUNT: 4,950,000.
INTEREST RATE: 7.550000
DATE OF NOTE: 04/01/2011
MATURITY DATE: 04/01/2015
REPAYMENT TERMS: MONTHLY PAYMENTS OVER THE TERM OF THE LOAN
SECURITY PROVIDED: THE ASSETS FINANCED
PURPOSE OF LOAN: TO MAKE TENANT IMPROVEMENTS TO PETERS TWP ACC

BEGINNING BALANCE DUE	2,349,789.
ENDING BALANCE DUE	1,713,696.

Name of the organization: WEST PENN ALLEGHENY HEALTH SYSTEM, INC

Employer identification number: 25-0969492

ATTACHMENT 7 (CONT'D)

LENDER: SIEMENS PETERS TWP - EQUIPMENT
ORIGINAL AMOUNT: 3,136,608.
INTEREST RATE: 7.250000
DATE OF NOTE: 10/30/2011
MATURITY DATE: 09/30/2016
REPAYMENT TERMS: MONTHLY PAYMENTS OF PRINCIPAL AND INTEREST
SECURITY PROVIDED: THE EQUIPMENT ACQUIRED
PURPOSE OF LOAN: TO ACQUIRE MEDICAL DIAGNOSTIC IMAGING EQUIPMENT

BEGINNING BALANCE DUE	1,799,935.
ENDING BALANCE DUE	1,389,705.

LENDER: THREE RIVERS RAD ONC ASSOCIATES LTD
ORIGINAL AMOUNT: 4,608,869.
INTEREST RATE: 6.000000
DATE OF NOTE: 02/28/2005
MATURITY DATE: 10/01/2017
REPAYMENT TERMS: 151 EQUAL MONTHLY INSTALLMENTS
SECURITY PROVIDED: ASSETS ACQUIRED OR ABILITY TO CALL PRINCIPAL DUE
PURPOSE OF LOAN: TO ACQUIRE THREE RIVERS RAD ONC ASSOCIATES ASSETS

BEGINNING BALANCE DUE	1,924,702.
ENDING BALANCE DUE	1,924,702.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

WEST PENN ALLEGHENY HEALTH SYSTEM, INC

Employer identification number

25-0969492

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

(a) Name, address, and EIN (if applicable) 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
(1) WEST PENN ALLEGHENY FOUNDATION, LLC 20-1107650 4800 FRIENDSHIP AVENUE PITTSBURGH, PA 15224	CAPITAL ACQ.	PA	727,021.	37,907,097.	WPAHS INC
(2)					
(3)					
(4)					
(5)					
(6)					

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 entity? Yes	(g) No
(1) HIGHMARK HEALTH 45-3674900 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	HEALTHCARE	PA	501(C)(3)	11-I	NA		X
(2) ALLEGHENY HEALTH NETWORK 45-3674924 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	HEALTHCARE	PA	501(C)(3)	11-I	HIGHMARK HEA		X
(3) ALLEGHENY SINGER RESEARCH INSTITUTE 25-1320493 320 EAST NORTH AVE PITTSBURGH, PA 15212	SCI RESEARCH	PA	501(C)(3)	4	WPAHS INC	X	
(4) ALLEGHENY SPECIALTY PRACTICE NETWORK 25-1838458 320 EAST NORTH AVE PITTSBURGH, PA 15212	HEALTHCARE	PA	501(C)(3)	3	WPAHS INC	X	
(5) ALLE-KISKI MEDICAL CENTER 25-1875178 1301 CARLISLE STREET PITTSBURGH, PA 15065	HEALTHCARE	PA	501(C)(3)	3	WPAHS INC	X	
(6) ALLE-KISKI MEDICAL CENTER TRUST 20-5855753 1301 CARLISLE STREET PITTSBURGH, PA 15065	FUNDRAISING	PA	501(C)(3)	11-I	AKMC		X
(7) CANONSBURG GENERAL HOSPITAL 25-1737079 100 MEDICAL BLVD CANONSBURG, PA 15317	HEALTHCARE	PA	501(C)(3)	3	WPAHS INC	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

WEST PENN ALLEGHENY HEALTH SYSTEM, INC

Employer identification number

25-0969492

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

(a) Name, address, and EIN (if applicable) 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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 entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) CANONSBURG GENERAL HOSPITAL AMBULANCE SE 23-2939715 100 MEDICAL BLVD CANONSBURG, PA 15317	ER RESPONSE	PA	501(C)(3)	9	CGH		X
(2) CANONSBURG HOSPITAL & HEALTH FOUNDATION 25-1818505 100 MEDICAL BLVD CANONSBURG, PA 15317	INACTIVE	PA	501(C)(3)	11-I	NA		X
(3) FORBES HEALTH FOUNDATION 25-1798379 2570 HAYMAKER RD MONROEVILLE, PA 15146	FUNDRAISING	PA	501(C)(3)	7	WPAHS INC	X	
(4) GREATER CANONSBURG HEALTH SYSTEM 25-1488089 100 MEDICAL BLVD CANONSBURG, PA 15317	INACTIVE	PA	501(C)(3)	11-I	NA		X
(5) SUBURBAN HEALTH FOUNDATION 25-1472073 100 SOUTH JACKSON AVE PITTSBURGH, PA 15202	FUNDRAISING	PA	501(C)(3)	11-I	WPAHS INC	X	
(6) THE WESTERN PENNSYLVANIA HOSPITAL FOUNDA 25-1470766 4800 FRIENDSHIP AVE PITTSBURGH, PA 15224	FUNDRAISING	PA	501(C)(3)	11-I	WPAHS INC	X	
(7) WEST ALLEGHENY HOSPITAL 25-1054206 100 MEDICAL BLVD PITTSBURGH, PA 15317	INACTIVE	PA	501(C)(3)	3	NA		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

WEST PENN ALLEGHENY HEALTH SYSTEM, INC

Employer identification number

25-0969492

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

(a) Name, address, and EIN (if applicable) 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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 entity? Yes	(g) No
(1) WEST PENN ALLEGHENY ONCOLOGY NETWORK 11-3683376 4800 FRIENDSHIP AVE PITTSBURGH, PA 15224	HEALTHCARE	PA	501(C)(3)	11-III FL	WPAHS INC	X	
(2) WEST PENN PHYSICIAN PRACTICE NETWORK 25-1494317 4800 FRIENDSHIP AVE PITTSBURGH, PA 15224	HEALTHCARE	PA	501(C)(3)	9	WPAHS INC	X	
(3) JEFFERSON REGIONAL MEDICAL CENTER 25-1260215 565 COAL VALLEY RD JEFFERSON HILLS, PA 15236	HEALTHCARE	PA	501(C)(3)	3	AHN		X
(4) JRMC/UPMC CANCER ASSOCIATES 20-1634783 565 COAL VALLEY RD JEFFERSON HILLS, PA 15236	HEALTHCARE	PA	501(C)(3)	3	JRMC		X
(5) SAINT VINCENT FOUNDATION - HHS 25-1669168 232 WEST 25TH STREET ERIE, PA 16544	FUNDRAISING	PA	501(C)(3)	11-I	SVHS		X
(6) SAINT VINCENT HEALTH CENTER 25-0965547 232 WEST 25TH STREET ERIE, PA 16544	HEALTHCARE	PA	501(C)(3)	3	AHN		X
(7) SAINT VINCENT HEALTH SYSTEM 25-1406710 232 WEST 25TH STREET ERIE, PA 16544	HEALTHCARE	PA	501(C)(3)	11-I E	AHN		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

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OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

WEST PENN ALLEGHENY HEALTH SYSTEM, INC

Employer identification number

25-0969492

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

(a) Name, address, and EIN (if applicable) 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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 entity? Yes	(g) No
(1) SAINT VINCENT MED ED & RESEARCH 25-1679140 1910 SASSAFRAS STREET ERIE, PA 16502	HEALTHCARE	PA	501(C)(3)	9	SVHS		X
(2) ENERGYCARE INC. 25-1430922 232 WEST 25TH STREET ERIE, PA 16544	HEALTHCARE	PA	501(C)(3)	9	SVHC		X
(3) REGIONAL HEART NETWORK 25-1856341 232 WEST 25TH STREET ERIE, PA 16544	HEALTHCARE	PA	501(C)(3)	3	SVHC		X
(4) ERIE REGIONAL DMAT PA-3 75-3140132 232 WEST 25TH STREET ERIE, PA 16544	HEALTHCARE	PA	501(C)(3)	3	SVHC		X
(5) CLINICAL PATHOLOGY INSTITUTE COOPERATIVE 25-1528055 1526 PEACH STREET ERIE, PA 16501	HEALTHCARE	PA	501(C)(3)	3	SVHC		X
(6) COMMUNITY BLOOD BANK 25-1181389 232 WEST 25TH STREET ERIE, PA 16544	HEALTHCARE	PA	501(C)(3)	11-I	SVHC		X
(7) VANTAGE HEALTH GROUP 25-1498145 232 WEST 25TH STREET ERIE, PA 16544	HEALTHCARE	PA	501(C)(3)	3	SVHC		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

WEST PENN ALLEGHENY HEALTH SYSTEM, INC

Employer identification number

25-0969492

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

(a) Name, address, and EIN (if applicable) 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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 entity? Yes	(g) No
(1) WESTFIELD MEMORIAL HOSPITAL INC 16-0743222 189 EAST MAIN STREET WESTFIELD, NY 14787	HEALTHCARE	NY	501(C)(3)	3	SVHS		X
(2) REGIONAL HOME HEALTH AND HOSPICE 83-0371265 232 WEST 25TH STREET ERIE, PA 16544	HEALTHCARE	PA	501(C)(3)	9	SVHS		X
(3) REGIONAL CANCER CENTER 25-1385705 232 WEST 25TH STREET ERIE, PA 16544	HEALTHCARE	PA	501(C)(3)	3	SVHS		X
(4)							
(5)							
(6)							
(7)							

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) EMPLOYEE BENEFIT DATA SERVICES 120 FIFTH AVE, SUITE 922	DATA SERVICES	PA	N/A	NONE	0	0		X	0		X	
(2) GATEWAY HEALTH PLAN, L.P. 25-1 444 LIBERTY AVENUE, SUITE 2100	INSURANCE	PA	N/A	NONE	0	0		X	0		X	
(3) JENKINS EMPIRE ASSOCIATES 25-1 120 FIFTH AVE, SUITE 922	PROPERTY MGMT	PA	N/A	NONE	0	0		X	0		X	
(4) SILVER RAIN LP 27-3035436 120 FIFTH AVE, SUITE 922	PROPERTY MGMT	PA	N/A	NONE	0	0		X	0		X	
(5) PROVIDER PPI, LLC 32-0429947 120 FIFTH AVE, SUITE 922	FACILITIES SUPPOR	PA	N/A	NONE	0	0		X	0		X	
(6) CHARTWELL PENNSYLVANIA LP 25-1 120 FIFTH AVE, SUITE 922	MEDICAL PRACTICE	PA	N/A	NONE	0	0		X	0		X	
(7) JEFFERSON MEDICAL ASSOCIATES L 120 FIFTH AVE, SUITE 922	MEDICAL PRACTICE	PA	N/A	NONE	0	0		X	0		X	

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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) DELAWARE ANCILLARY INSURANCE AGENCY 51-0383213 800 DELAWARE AVENUE WILMINGTON, DE 19801-1368	INSURANCE SERVICE	DE	HIGHMARK INC.	C CORPORATION					
(2) THE GATEWAY GROUP LTD. 51-0293417 800 DELAWARE AVENUE WILMINGTON, DE 19801-1368	BENEFIT ADMINISTR	DE	HIGHMARK INC.	C CORPORATION					
(3) HIGHMARK BCBSD INC. 51-0020405 800 DELAWARE AVENUE WILMINGTON, DE 19801-1368	INSURANCE	DE	HIGHMARK INC.	C CORPORATION					
(4) DAVIS VISION, INC. 11-3051991 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205	VISION SERVICE	TX	HIGHMARK INC.	C CORPORATION					
(5) DAVIS VISION IPA, INC. 11-2958041 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205	TPA	TX	HIGHMARK INC.	C CORPORATION					
(6) VISIONWORKS DISTRIBUTION SERVICES, INC. 04-3742989 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205	OPTICAL RETAIL	TX	HIGHMARK INC.	C CORPORATION					
(7) VISIONWORKS ENTERPRISES, INC. 35-2196998 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205	TRADEMARKS	TX	HIGHMARK INC.	C CORPORATION					

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) WATERFRONT SURGERY CENTER LLC 120 FIFTH AVE, SUITE 922	MEDICAL PRACTICE	PA	N/A	NONE	0	0		X	0		X	
(2) WSC REALTY PARTNERS LP 25-1874 120 FIFTH AVE, SUITE 922	PROPERTY MGMT	PA	N/A	NONE	0	0		X	0		X	
(3) UPMC VNA HOME HEALTH, LP 25-18 120 FIFTH AVE, SUITE 922	MEDICAL PRACTICE	PA	N/A	NONE	0	0		X	0		X	
(4) 5148 LIBERTY AVENUE ASSOCIATES 4800 FRIENDSHIP AVE	MEDICAL PRACTICE	PA	N/A	RELATED	119,967.	992,632.		X	0		X	50.0000
(5) ALLEGHENY IMAGING OF MCCANDLES 4800 FRIENDSHIP AVE	MEDICAL PRACTICE	PA	N/A	RELATED	198,823.	197,121.		X	0		X	30.0000
(6) FORBES REGIONAL UROLOGIC 4800 FRIENDSHIP AVE	MEDICAL PRACTICE	PA	N/A	NONE	0	0		X	0		X	
(7) MCCANDLESS ENDOSCOPY CENTER 4800 FRIENDSHIP AVE	MEDICAL PRACTICE	PA	N/A	RELATED	409,989.	409,239.		X	0		X	50.0000

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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) ECCA MANAGED VISION CARE, INC. 74-2759084 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205	PHYSICIAN SERVICE	TX	HIGHMARK INC.	C CORPORATION					
(2) EMPIRE VISION CENTER, INC. 14-1586016 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205	RETAIL SALES	TX	HIGHMARK INC.	C CORPORATION					
(3) EYE DRX RETAIL MANAGEMENT, INC. 74-2924030 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205	OFFICE ADMINISTRA	TX	HIGHMARK INC.	C CORPORATION					
(4) VISIONWORKS, INC. 02-0677066 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205	OPTICAL RETAIL	TX	HIGHMARK INC.	C CORPORATION					
(5) GATEWAY HEALTH PLAN, INC. 25-1505506 444 LIBERTY AVENUE, SUITE 2100 PITTSBURGH, PA 15222	INSURANCE	PA	HIGHMARK INC.	C CORPORATION					
(6) GATEWAY HEALTH PLAN OF OHIO, INC. 30-0282076 444 LIBERTY AVENUE, SUITE 2100 PITTSBURGH, PA 15222	INSURANCE	PA	HIGHMARK INC.	C CORPORATION					
(7) HM BROKER SERVICES, INC. 23-2384777 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	MARKETING AGENT	PA	HIGHMARK INC.	C CORPORATION					

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) NORTH SHORE ENDOSCOPY CENTER 4800 FRIENDSHIP AVE	MEDICAL PRACTICE	PA	N/A	RELATED	221,100.	339,952.		X	0		X	50.0000
(2) WEST PENN AMBULATORY CENTER 27 15305 DALLAS PARKWAY	MEDICAL PRACTICE	PA	N/A	NONE	0	0		X	0		X	
(3) PETERS AMBULATORY SURGERY CTR 4800 FRIENDSHIP AVE	MEDICAL PRACTICE	PA	N/A	NONE	0	0		X	0		X	
(4) TRI STATE REGIONAL ASSOC. LLP 312 WEST 25TH STREET	MEDICAL PRACTICE	PA	N/A	NONE	0	0		X	0		X	
(5) ASSOCIATED CLINICAL LAB OF PA 312 WEST 25TH STREET	MEDICAL PRACTICE	PA	N/A	NONE	0	0		X	0		X	
(6) ASSOCIATED CLINICAL LAB LP 25- 312 WEST 25TH STREET	MEDICAL PRACTICE	PA	N/A	NONE	0	0		X	0		X	
(7) THE REGENCY AT SOUTH SHORE 25- 312 WEST 25TH STREET	MEDICAL PRACTICE	PA	N/A	NONE	0	0		X	0		X	

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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) HCI, INC. 75-3002215 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	FINANCE & INSURAN	PA	HIGHMARK INC.	C CORPORATION					
(2) HIGHMARK CASUALTY INSURANCE COMPANY 25-1334623 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	INSURANCE	PA	HIGHMARK INC.	C CORPORATION					
(3) HM HEALTH INSURANCE COMPANY 54-1637426 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	INSURANCE SALES	PA	HIGHMARK INC.	C CORPORATION					
(4) HIGHMARK INC 23-1294723 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	INSURANCE	PA	HIGHMARK INC.	C CORPORATION					
(5) HM CASUALTY INSURANCE COMPANY 87-0807723 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	INSURANCE SALES	PA	HIGHMARK INC.	C CORPORATION					
(6) HM BENEFITS ADMINISTRATORS, INC. 25-1128451 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	FUNDS ADMINISTRAT	PA	HIGHMARK INC.	C CORPORATION					
(7) HM CAPTIVE INSURANCE COMPANY 65-1274122 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	INSURANCE	PA	HIGHMARK INC.	C CORPORATION					

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) PARKSIDE AT WESTMINSTER 25-164 312 WEST 25TH STREET	MEDICAL PRACTICE	PA	N/A	NONE	0	0		X	0		X	
(2) PARKSIDE AT NORTH EAST 25-1590 312 WEST 25TH STREET	MEDICAL PRACTICE	PA	N/A	NONE	0	0		X	0		X	
(3) SAINT VINCENT NWPA SURGERY CT. 312 WEST 25TH STREET	MEDICAL PRACTICE	PA	N/A	NONE	0	0		X	0		X	
(4) SAINT VINCENT PROFESSIONAL BLD 312 WEST 25TH STREET	PROPERTY MGMT	PA	N/A	NONE	0	0		X	0		X	
(5) ERIE MEDICAL COMPLEX, LLC 20-1 312 WEST 25TH STREET	MEDICAL PRACTICE	PA	N/A	NONE	0	0		X	0		X	
(6) VANTAGE CAPITAL MANAGEMENT LTD 312 WEST 25TH STREET	CAPITAL MGMT	PA	N/A	NONE	0	0		X	0		X	
(7) VANTAGE HOLDING COMPANY LLC 03 312 WEST 25TH STREET	CAPITAL MGMT	PA	N/A	NONE	0	0		X	0		X	

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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) HM INSURANCE GROUP 25-1646315 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	MANAGEMENT SERVIC	PA	HIGHMARK INC.	C CORPORATION					
(2) HIGHMARK WEST VIRGINIA 55-0624615 PO BOX 1948 PARKERSBURG, WV 26102	INSURANCE SALES	WV	HIGHMARK INC.	C CORPORATION					
(3) HM LIFE INSURANCE COMPANY 06-1041332 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	INSURANCE SALES	PA	HIGHMARK INC.	C CORPORATION					
(4) HM LIFE INSURANCE COMPANY OF NEW YORK 25-1800302 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	INSURANCE SALES	PA	HIGHMARK INC.	C CORPORATION					
(5) HIGHMARK BENEFITS GROUP INC. 46-4763378 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	INSURANCE SALES	PA	HIGHMARK INC.	C CORPORATION					
(6) HIGHMARK COVERAGE ADVANTAGE INC. 46-4757476 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	INSURANCE SALES	PA	HIGHMARK INC.	C CORPORATION					
(7) HIGHMARK HEALTH SOLUTIONS INC. 46-3823617 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	INFO TECHNOLOGY	PA	HIGHMARK INC.	C CORPORATION					

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) HIGHMARK SELECT RESOURCES, INC. 20-2353206 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	INSURANCE SALES	PA	HIGHMARK INC.	C CORPORATION					
(2) HIGHMARK SENIOR HEALTH COMPANY 46-4156633 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	INSURANCE SALES	PA	HIGHMARK INC.	C CORPORATION					
(3) HIGHMARK SENIOR SOLUTIONS COMPANY 46-4156854 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	INSURANCE SALES	PA	HIGHMARK INC.	C CORPORATION					
(4) HVHC INC. 25-1801124 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205	HOLDING COMPANY	TX	HIGHMARK INC.	C CORPORATION					
(5) HIGHMARK VENTURES, INC. 25-1645888 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	HOLDING COMPANY	PA	HIGHMARK INC.	C CORPORATION					
(6) JEA INC. 25-1712017 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	MANAGEMENT SERVIC	PA	HIGHMARK INC.	C CORPORATION					
(7) KEYSTONE HEALTH PLAN WEST, INC. 25-1522457 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	INSURANCE SALES	PA	HIGHMARK INC.	C CORPORATION					

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	MIRACLE OPTICS, INC. 95-4481411 3140 ROUTE 22 WEST SOMERVILLE, NJ 08876	TRADING	NJ	HIGHMARK INC.	C CORPORATION					
(2)	PARKER BENEFITS 55-0625743 PO BOX 1948 PARKERSBURG, WV 26102	TPA	WV	HIGHMARK INC.	C CORPORATION					
(3)	SOUTH SHORE OPTOMETRISTS P.C. 04-3429510 2921 ERIE BOULEVARD SYRACUSE, NY 13224	HEALTH CARE	NY	HIGHMARK INC.	C CORPORATION					
(4)	STANDARD PROPERTY CORPORATION 25-1668093 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	REAL ESTATE OPERA	PA	HIGHMARK INC.	C CORPORATION					
(5)	UNION BENEFIT MANAGEMENT, INC. 25-1845908 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	BENEFIT PLAN MGMT	PA	HIGHMARK INC.	C CORPORATION					
(6)	UNITED CONCORDIA COMPANIES, INC. 25-1687586 4401 DEER PATH ROAD HARRISBURG, PA 17110	DENTAL INSURANCE	PA	HIGHMARK INC.	C CORPORATION					
(7)	UNITED CONCORDIA DENTAL CORPORATION OF A 63-1028262 4401 DEER PATH ROAD HARRISBURG, PA 17110	DENTAL INSURANCE	PA	HIGHMARK INC.	C CORPORATION					

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
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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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) UNITED CONCORDIA DENTAL PLANS OF CALIFOR 23-7328765 4401 DEER PATH ROAD HARRISBURG, PA 17110	DENTAL INSURANCE	PA	HIGHMARK INC.	C CORPORATION					
(2) UNITED CONCORDIA DENTAL PLANS, INC. 52-1542269 4401 DEER PATH ROAD HARRISBURG, PA 17110	DENTAL INSURANCE	PA	HIGHMARK INC.	C CORPORATION					
(3) UNITED CONCORDIA DENTAL PLANS OF KENTUCK 61-1012900 4401 DEER PATH ROAD HARRISBURG, PA 17110	DENTAL INSURANCE	PA	HIGHMARK INC.	C CORPORATION					
(4) UNITED CONCORDIA DENTAL PLANS OF THE MID 38-2289438 4401 DEER PATH ROAD HARRISBURG, PA 17110	DENTAL INSURANCE	PA	HIGHMARK INC.	C CORPORATION					
(5) UNITED CONCORDIA DENTAL PLANS OF PENNSYL 23-2541529 4401 DEER PATH ROAD HARRISBURG, PA 17110	DENTAL INSURANCE	PA	HIGHMARK INC.	C CORPORATION					
(6) UNITED CONCORDIA DENTAL PLANS OF TEXAS, 74-2489037 4401 DEER PATH ROAD HARRISBURG, PA 17110	DENTAL INSURANCE	PA	HIGHMARK INC.	C CORPORATION					
(7) UNITED CONCORDIA INSURANCE COMPANY 86-0307623 4401 DEER PATH ROAD HARRISBURG, PA 17110	DENTAL INSURANCE	PA	HIGHMARK INC.	C CORPORATION					

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
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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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	UNITED CONCORDIA INSURANCE COMPANY OF NE 11-3008245 4401 DEER PATH ROAD HARRISBURG, PA 17110	DENTAL INSURANCE	PA	HIGHMARK INC.	C CORPORATION					
(2)	UNITED CONCORDIA LIFE AND HEALTH INSURAN 23-1661402 4401 DEER PATH ROAD HARRISBURG, PA 17110	DENTAL INSURANCE	PA	HIGHMARK INC.	C CORPORATION					
(3)	UNITED CONCORDIA SERVICES, INC. 37-1494957 4401 DEER PATH ROAD HARRISBURG, PA 17110	DENTAL INSURANCE	PA	HIGHMARK INC.	C CORPORATION					
(4)	VISIONWORKS LAB SERVICES, INC. 04-3742977 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205	OPTICAL RETAIL	TX	HIGHMARK INC.	C CORPORATION					
(5)	VISIONARY PROPERTIES, INC. 74-2849554 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205	LEASING	TX	HIGHMARK INC.	C CORPORATION					
(6)	VISIONARY RETAIL MANAGEMENT, INC. 74-2849552 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205	OFFICE ADMINISTRA	TX	HIGHMARK INC.	C CORPORATION					
(7)	VIVA EUROPA, INC. 22-3390239 3140 ROUTE 22 WEST SOMERVILLE, NJ 08876	INVESTING	NJ	HIGHMARK INC.	C CORPORATION					

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
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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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) VIVA INTERNATIONAL, INC. 22-3106453 3140 ROUTE 22 WEST SOMERVILLE, NJ 08876	WHOLESALE DISTRIB	NJ	HIGHMARK INC.	C CORPORATION					
(2) VIVA IP CORP 22-3841079 3140 ROUTE 22 WEST SOMERVILLE, NJ 08876	HOLDING COMPANY	NJ	HIGHMARK INC.	C CORPORATION					
(3) VIVA OPTIQUE, INC. 22-2192365 3140 ROUTE 22 WEST SOMERVILLE, NJ 08876	WHOLESALE DISTRIB	NJ	HIGHMARK INC.	C CORPORATION					
(4) VISIONWORKS OF AMERICA, INC. 74-2337775 175 EAST HOUSTON STREET SAN ANTONIO, TX 78205	RETAIL SALES	TX	HIGHMARK INC.	C CORPORATION					
(5) WEST VIRGINIA FAMILY HEALTH PLAN, INC. 45-2763165 1219 VIRGINIA STREET EAST CHARLESTON, WV 25301	INSURANCE	WV	HIGHMARK INC.	C CORPORATION					
(6) PRIME MEDICAL GROUP PCG 1 26-4194208 1200 BROOKS LN 110 CLAIRTON, PA 15025	MEDICAL PRACTICE	PA	JRMC	C CORPORATION					
(7) PRIMARY CARE GROUP 2, INC. 90-0451375 6011 BAPTIST RD STE 220 PITTSBURGH, PA 15236	MEDICAL PRACTICE	PA	JRMC	C CORPORATION					

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
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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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	PRIMARY CARE GROUP 3, INC. 90-0451380 5426 MIFFLIN RD PITTSBURGH, PA 15227	MEDICAL PRACTICE	PA	JRMC	C CORPORATION					
(2)	PRIMARY CARE GROUP 4, INC. 80-0403090 1907 LEBANON CHURCH RD WEST MIFFLIN, PA 15122	MEDICAL PRACTICE	PA	JRMC	C CORPORATION					
(3)	PRIMARY CARE GROUP 5, INC. 80-0403100 624 MONONGAHELA AVE GLASSPORT, PA 15045	MEDICAL PRACTICE	PA	JRMC	C CORPORATION					
(4)	PRIMARY CARE GROUP 6, INC. 45-3684432 PO BOX 333 WEST MIFFLIN, PA 15122	MEDICAL PRACTICE	PA	JRMC	C CORPORATION					
(5)	PRIMARY CARE GROUP 7, INC. 90-0503600 575 COAL VALLEY RD JEFFERSON HILLS, PA 15025	MEDICAL PRACTICE	PA	JRMC	C CORPORATION					
(6)	PRIMARY CARE GROUP 8, INC. 01-0927360 803 MILLER AVE CLAIRTON, PA 15025	MEDICAL PRACTICE	PA	JRMC	C CORPORATION					
(7)	PRIMARY CARE GROUP 9, INC. 01-0929359 1200 BROOKS LN 270 CLAIRTON, PA 15025	MEDICAL PRACTICE	PA	JRMC	C CORPORATION					

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
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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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	PRIMARY CARE GROUP 10, INC. 38-3807173 3726 BROWNSVILLE RD PITTSBURGH, PA 15227	MEDICAL PRACTICE	PA	JRMC	C CORPORATION					
(2)	PRIMARY CARE GROUP 11, INC. 80-0494617 455 VALLEY BROOK RD STE 300 MCMURRAY, PA 15317	MEDICAL PRACTICE	PA	JRMC	C CORPORATION					
(3)	PRIMARY CARE GROUP 12, INC. 90-0614054 17 ARENTZEN BLVD STE 101 CHARLEROI, PA 15022	MEDICAL PRACTICE	PA	JRMC	C CORPORATION					
(4)	PARK CARDIOTHORACIC & VASCULAR INST. 72-1529328 565 COAL VALLEY RD JEFFERSON HILLS, PA 15236	MEDICAL PRACTICE	PA	JRMC	C CORPORATION					
(5)	FAMILY PRACTICE MEDICAL ASSOCIATES SOUTH 25-1684735 2414 LYTLE RD STE 300 BETHEL PARK, PA 15102	MEDICAL PRACTICE	PA	JRMC	C CORPORATION					
(6)	HEALTH SYSTEM SERVICES CORP. & SUBS 25-1403745 565 COAL VALLEY RD JEFFERSON HILLS, PA 15236	MEDICAL OFFICE BL	PA	JRMC	C CORPORATION					
(7)	JRMC HEALTH PAVILION 25-1203449 565 COAL VALLEY RD JEFFERSON HILLS, PA 15236	MEDICAL PRACTICE	PA	JRMC	C CORPORATION					

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
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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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)	HSSC DIVERSIFIED SERVICES, INC. 25-1770047 565 COAL VALLEY RD JEFFERSON HILLS, PA 15236	MEDICAL PRACTICE	PA	JRMC	C CORPORATION					
(2)	SPECIALTY GROUP PRACTICE 1, INC. 35-2367818 575 COAL VALLEY RD STE 365 JEFFERSON HILLS, PA 15025	MEDICAL PRACTICE	PA	JRMC	C CORPORATION					
(3)	GRANDIS, RUBIN SHANAHAN & ASSOC. 45-3355906 565 COAL VALLEY RD JEFFERSON HILLS, PA 15236	MEDICAL PRACTICE	PA	JRMC	C CORPORATION					
(4)	STEEL VALLEY ORTHOPEDICS & SPORTS MEDICI 45-3540378 1200 BROOKS LN 240 CLAIRTON, PA 15025	MEDICAL PRACTICE	PA	JRMC	C CORPORATION					
(5)	JEFFERSON HILLS SURGICAL SPECIALISTS PA 30-0477313 1200 BROOKS LN 150 CLAIRTON, PA 15025	MEDICAL PRACTICE	PA	JRMC	C CORPORATION					
(6)	JRMC SPECIALTY GROUP PRACTICE 72-1529332 565 COAL VALLEY RD JEFFERSON HILLS, PA 15236	MEDICAL PRACTICE	PA	JRMC	C CORPORATION					
(7)	JRMC PHYSICIAN SERVICE CORP. 86-1159658 565 COAL VALLEY RD JEFFERSON HILLS, PA 15236	MEDICAL PRACTICE	PA	JRMC	C CORPORATION					

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
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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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) PITTSBURGH PULMONARY & CRITICAL CARE ASS 46-3274101 1200 BROOKS LN JEFFERSON HILLS, PA 15025	MEDICAL PRACTICE	PA	JRMC	C CORPORATION					
(2) PITTSBURGH BONE, JOINT AND SPINE, INC. 25-1203449 565 COAL VALLEY RD JEFFERSON HILLS, PA 15236	MEDICAL PRACTICE	PA	JRMC	C CORPORATION					
(3) WEST PENN CORPORATE MEDICAL SERVICES, IN 25-1437405 4800 FRIENDSHIP AVENUE PITTSBURGH, PA 15224	MEDICAL PRACTICE	PA	WPAHS INC	C CORPORATION					
(4) WEST PENN NEUROSURGERY, PC 25-1630719 4800 FRIENDSHIP AVENUE PITTSBURGH, PA 15224	MEDICAL PRACTICE	PA	WPAHS INC	C CORPORATION					
(5) BURN CARE ASSOCIATES, LTD 23-2899534 4800 FRIENDSHIP AVENUE PITTSBURGH, PA 15224	MEDICAL PRACTICE	PA	WPAHS INC	C CORPORATION					
(6) MEDICAL CENTER CLINIC, PC 23-2894939 4800 FRIENDSHIP AVENUE PITTSBURGH, PA 15224	MEDICAL PRACTICE	PA	WPAHS INC	C CORPORATION					
(7) OPTIMA IMAGING 25-1652874 4800 FRIENDSHIP AVENUE PITTSBURGH, PA 15224	MEDICAL PRACTICE	PA	WPAHS INC	S CORPORATION					

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
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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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) HMPG, INC. 45-3444325 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	HOLDING COMPANY	PA	HIGHMARK INC.	C CORPORATION					
(2) PHYSICIAN LANDING ZONE, PC 45-3913973 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	HEALTH CARE	PA	HMPG, INC.	C CORPORATION					
(3) LAKE ERIE MEDICAL GROUP, PC 45-3444157 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	HEALTH CARE	PA	HMPG, INC.	C CORPORATION					
(4) PREMIER MEDICAL ASSOCIATES, PC 25-1742869 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	HEALTH CARE	PA	HMPG, INC.	C CORPORATION					
(5) BEAM MEDICAL ASSOCIATES, PC 28-1816080 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	HEALTH CARE	PA	HMPG, INC.	C CORPORATION					
(6) PALLADIUM RISK RETENTION GROUP 46-3476730 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	HEALTH CARE	PA	HMPG, INC.	C CORPORATION					
(7) CLINICAL SERVICES, INC. 25-1403846 232 WEST 25TH STREET ERIE, PA 16544	HEALTHCARE	PA	SVHS	C CORPORATION					

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
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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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) REGIONAL TELEMEDICINE NETWORK 27-1117671 232 WEST 25TH STREET ERIE, PA 16544	INACTIVE	PA	SVHS	C CORPORATION					
(2)									
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Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				
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 or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b	X	
c	Gift, grant, or capital contribution from related organization(s)	1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o		X
p	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	ALLEGHENY SPECIALTY PRACTICE NETWORK	1B	39,065,729.	GAAP ACCOUNTING
(2)	ALLEGHENY MEDICAL PRACTICE NETWORK	1B	17,361,232.	GAAP ACCOUNTING
(3)	ALLEGHENY SINGER RESEARCH INSTITUTE	1B	5,247,984.	GAAP ACCOUNTING
(4)	WEST PENN PHYSICIAN PRACTICE NETWORK	1B	1,126,514.	GAAP ACCOUNTING
(5)	SUBURBAN HEALTH FOUNDATION	1B	15,345.	GAAP ACCOUNTING
(6)	THE WESTERN PENNSYLVANIA HOSPITAL FOUNDATION	1C	602,309.	GAAP ACCOUNTING

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				
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 or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	WEST PENN ALLEGHNEY ONCOLOGY NETWORK	1B	3,519,004.	GAAP ACCOUNTING
(2)	FORBES HEALTH FOUNDATION	1P	3,062,800.	GAAP ACCOUNTING
(3)	ALLE-KISKI MEDICAL CENTER	1B	56,576.	GAAP ACCOUNTING
(4)	ALLE-KISKI MEDICAL CENTER TRUST	1C	58,106.	GAAP ACCOUNTING
(5)	ALLE-KISKI MEDICAL CENTER TRUST	1P	538,689.	GAAP ACCOUNTING
(6)	WEST PENN CORPORATE MEDICAL SERVICE	1P	80,229.	GAAP ACCOUNTING

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				
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 or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	ALLE-KISKI MEDICAL CENTER	1Q	23,380,056.	GAAP ACCOUNTING
(2)	CANONSBURG GENERAL HOSPITAL	1Q	9,972,961.	GAAP ACCOUNTING
(3)	CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE	1P	55,885.	GAAP ACCOUNTING
(4)	ALEGHENY SINGER RESEARCH INSTITUTE	1Q	5,182,684.	GAAP ACCOUNTING
(5)	WEST PENN ALLEGHENY ONCOLOGY NETWORK	1Q	260,770.	GAAP ACCOUNTING
(6)	WEST PENN PHYSICIAN PRACTICE NETWORK	1P	25.	GAAP ACCOUNTING

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

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				
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 or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	ALLEGHENY MEDICAL PRACTICE NETWORK	1Q	21,687.	GAAP ACCOUNTING
(2)	THE WESTERN PENNSYLVANIA HOSPITAL FOUNDATION	1Q	378,375.	GAAP ACCOUNTING
(3)	ALLEGHENY SPECIALTY PRACTICE NETWORK	1Q	18,223,167.	GAAP ACCOUNTING
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

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

IRS FORM 990, SCHEDULE R, PART V, LINE 1B

WEST PENN ALLEGHENY HEALTH SYSTEM, INC. (WPAHS, INC.) REFLECTS A CONTRIBUTION TO ALLEGHENY SPECIALTY PRACTICE NETWORK (ASPN), EIN: 25-1838458, AN AFFILIATED 501(C)(3) ORGANIZATION IN THE AMOUNT OF $39,065,729 FOR THE PERIOD JULY 1,2013 THROUGH DECEMBER 31, 2013. ASPN PROVIDES HEALTHCARE PRACTICE SERVICES TO WESTERN PENNSYLVANIA IN FIELDS SUCH AS CARDIOLOGY, NEUROLOGY, ONCOLOGY, ALLERGY AND ASTHMA, ANESTHESIOLOGY, ORTHOPAEDICS, PEDIATRICS AND GYNECOLOGY AMONG OTHERS. WPAHS, INC. SUBSIDIZES THE OPERATIONS OF ASPN THROUGH TRANSFERS OF NET ASSETS. NO REPAYMENT OBLIGATION EXISTS BETWEEN WPAHS, INC. AND ASPN.

Highmark Health

Consolidated Financial Statements
December 31, 2013

Highmark Health
Index
December 31, 2013

Independent Auditor's Report

To the Board of Directors of Highmark Health:

We have audited the accompanying consolidated financial statements of Highmark Health and its subsidiaries and affiliates (the "Corporation"), which comprise the consolidated balance sheet as of December 31, 2013 and the related consolidated statement of operations, changes in net assets, and cash flows for the year then ended.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the Corporation's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Corporation at December 31, 2013, and the results of their operations and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in Note 2 to the consolidated financial statements, the Corporation executed affiliations with Saint Vincent Health System, West Penn Allegheny Health System, Inc. and Jefferson Regional Medical Center during 2013. Our opinion is not modified with respect to these matters.

PricewaterhouseCoopers LLP

May 28, 2014

Highmark Health
Consolidated Balance Sheet
December 31, 2013

(in thousands of dollars)

Assets	
Cash and cash equivalents	$ 1,274,475
Accounts receivable	
Insurance, less allowance for doubtful accounts of $37,702	2,025,468
Patient service, less allowance for doubtful accounts of $99,614	156,975
Other	135,589
Investments	
Debt securities, available-for-sale at fair value	3,536,012
Equity securities, available-for-sale at fair value	957,474
Board designated, restricted and other investments at fair value	736,142
Investment in affiliates	322,764
Other	193,956
Securities lending invested collateral	242,084
Inventory, net	111,929
Income tax recoverable, net	87,558
Deferred income taxes, net	28,336
Property and equipment, net	1,546,536
Goodwill and other intangible assets, net	839,517
Prepaid pension plan assets	55,172
Other assets	555,809
Total assets	$ 12,805,796
Liabilities and Net Assets	
Claims outstanding	$ 2,371,710
Unearned premium revenue	313,758
Amounts held for others	608,259
Accrued salaries and benefits	305,962
Other payables and accrued expenses	786,575
Securities lending payable	242,086
Benefit plan liabilities	511,537
Debt	1,638,116
Other liabilities	225,360
Total liabilities	7,003,363
Net Assets	
Unrestricted	5,518,908
Temporarily restricted	24,663
Permanently restricted	258,862
Total net assets	5,802,433
Total liabilities and net assets	$ 12,805,796

The accompanying notes are an integral part of these consolidated financial statements.

Highmark Health
Consolidated Statement of Operations
Year Ended December 31, 2013

(in thousands of dollars)

Unrestricted revenue and other support	
Premium revenue	$ 12,629,289
Management services revenue	766,921
Vision revenue	1,113,645
Net patient service revenue	1,069,665
Other operating revenue	202,419
Net assets released from restriction	6,784
Total unrestricted revenue and other support	15,788,723
Expenses	
Claims expense	10,693,456
Salaries, wages and fringe benefits	2,625,950
Patient care supplies	279,053
Depreciation and amortization	236,319
Interest expense	66,463
Other operating expenses	1,762,740
Goodwill impairment	310,997
Total operating expenses	15,974,978
Operating loss	(186,255)
Net investment income	253,150
Net assets acquired through affiliations	63,485
Other non-operating expense	(118,993)
Excess of revenue over expenses before income taxes	11,387
Income tax provision	145,574
Deficit of revenue over expenses from continuing operations	(134,187)
Discontinued operations (Note 3)	
Discontinued operations and gain on sale, net of tax of $2,464	7,688
Deficit of revenue over expenses	$ (126,499)

The accompanying notes are an integral part of these consolidated financial statements.

Highmark Health
Consolidated Statement of Changes in Net Assets
Year Ended December 31, 2013

(in thousands of dollars)

Unrestricted net assets		
Deficit of revenue over expenses	$	(126,499)
Unrealized net holding losses on available-for-sale securities, net of tax of $11,723		(16,586)
Reclassification for net gains on available-for-sale securities included in income, net of tax of $17,039		(31,645)
Benefit plan asset and liability changes, net of tax of $(75,782)		232,665
Net assets released from restriction for acquisition of equipment		3,690
Income tax benefit on transfers to related parties		43,834
Other		(179)
Increase in unrestricted net assets		105,280
Temporarily restricted net assets		
Net assets assumed through affiliations		29,746
Contributions		5,261
Net investment income		84
Net assets released from restrictions used for:		
Operations		(6,784)
Acquisition of equipment		(3,690)
Other		46
Increase in temporarily restricted net assets		24,663
Permanently restricted net assets		
Net assets assumed through affiliations		245,262
Contributions		309
Net investment income		19,955
Transfer out of trusts to investment income and operations		(6,818)
Other		154
Increase in permanently restricted net assets		258,862
Increase in net assets		388,805
Net assets		
Beginning of the year		5,413,628
End of the year	$	5,802,433

The accompanying notes are an integral part of these consolidated financial statements.

Highmark Health
Consolidated Statement of Cash Flows
Year Ended December 31, 2013

(in thousands of dollars)

Cash flows from operating activities		
Increase in net assets	$	388,805
Increase in net assets from discontinued operations		(7,688)
Adjustments to increase in net assets from continuing operations to net cash provided by operating activities		381,117
Provision for bad debts		96,869
Depreciation and amortization		263,748
Change in premium deficiency reserves		(137,355)
Goodwill impairment		310,997
Net realized gains on investments		(100,052)
Net unrealized losses on investments		42,672
Dividends received from affiliates		18,156
Undistributed earnings of affiliates		(29,330)
Benefit plan asset and liability changes		(232,665)
Deferred income tax provision		27,137
Income tax benefit on related party transfers		(43,834)
Restricted contributions		(5,570)
Net assets acquired through affiliations		(348,493)
Increase (decrease) due to change in		
Accounts receivable		72,722
Other assets		(9,720)
Claims outstanding		(30,144)
Unearned premium revenue		21,921
Other liabilities		(12,888)
Net cash provided by continuing operating activities		285,288
Net cash provided by discontinued operating activities		12,997
Cash flows from investing activities		
Purchases of investments		(4,246,395)
Proceeds from sales and maturities of investments		4,315,768
Issuance of notes receivable		(42,293)
Purchases of property and equipment		(361,386)
Change in securities lending invested collateral		5,070
Net proceeds from sale of subsidiary		103,271
Cash acquired in conjunction with affiliations		69,775
Net cash used in investing activities		(156,190)
Net cash used in discontinued investing activities		(603)
Cash flows from financing activities		
Restricted contributions		5,570
Change in book overdrafts		(58,891)
Receipts from CMS contract deposits		186,677
Withdrawals from CMS contract deposits		(214,081)
Change in securities lending payable		(5,070)
Proceeds from issuance of debt		620,010
Repayment of debt		(448,269)
Net cash provided by financing activities		85,946
Net cash used in discontinued financing activities		(780)
Effect of exchange rate changes on cash of discontinued operations		973
Increase in cash and cash equivalents		215,044
Increase in cash and cash equivalents related to discontinued operations		12,587
Cash and cash equivalents		
Beginning of year		1,046,844
End of year	$	1,274,475

The accompanying notes are an integral part of these consolidated financial statements.

Highmark Health
Consolidated Statement of Cash Flows
Year Ended December 31, 2013

(in thousands of dollars)

Supplemental disclosure of cash flow information		
Interest paid, net, continuing operations	$	86,028
Interest received, net, discontinued operations	$	(69)
Income taxes paid, net, continuing operations	$	116,976
Income taxes paid, net, discontinued operations	$	1,033
Supplemental disclosure of noncash investing and financing		
Assets acquired through other payables, continuing operations	$	29,299
Assets acquired through other payables, discontinued operations	$	(35)
Supplemental schedule of investing and financing activities		
Details of affiliation transactions		
Fair value of assets acquired	$	2,364,071
Liabilities assumed		(2,015,578)
Net assets acquired	$	348,493

The accompanying notes are an integral part of these consolidated financial statements.

(in thousands of dollars)

1. Nature of Operations

Highmark Health is incorporated as a nonprofit corporation in the Commonwealth of Pennsylvania and is federally recognized as a 501(c)(3). Highmark Health, through its affiliates, Highmark Inc. and its subsidiaries and affiliates (collectively "Highmark") and Allegheny Health Network and its subsidiaries and affiliates (collectively "Allegheny Health"), is an integrated health care delivery system whose focus is to preserve health care choice and provide affordable, high-quality care.

On April 29, 2013, the Pennsylvania Insurance Department (the "Department") approved, with conditions, a change in control of Highmark in favor of Highmark Health. Following the consummation of the change in control transaction, Highmark Health became the sole corporate member of Highmark Inc. and Allegheny Health Network Highmark Health also became the primary Blue Cross Blue Shield Association ("BCBSA") licensee. The consolidated financial results of Highmark Health are presented on a consolidated basis as if the change in control transaction of Highmark Inc. occurred at the beginning of the period

Highmark Inc. is incorporated as a nonprofit corporation and operates as a hospital plan corporation and a professional health services plan in the Commonwealth of Pennsylvania. Highmark Inc 's affiliates, Highmark West Virginia Inc. ("Highmark WV") and Highmark BCBSD Inc. ("Highmark DE"), are nonprofit health services corporations. As a licensee of the BCBSA, Highmark underwrites various indemnity and managed care health insurance products for national accounts (primarily groups headquartered in Pennsylvania that have operations in other locations), regional accounts and individual accounts. Highmark also underwrites Medicare supplemental, dental, vision and long-term care insurance products and provides administrative services under contractual arrangements Additionally, Highmark jointly markets various health insurance products with Independence Blue Cross and Hospital Service Association of Northeastern Pennsylvania d/b/a Blue Cross of Northeastern Pennsylvania ("BCNEPA").

Highmark's diversified health business includes vision and dental business Highmark Inc.'s wholly owned subsidiary, HVHC Inc. ("HVHC"), through its subsidiaries, operates two distinct lines of vision business: retail and managed vision care. The retail line of business operates specialty optical retail stores, and the managed vision care line of business provides fully integrated eye care services Through November 2013, HVHC also operated a third line of vision business, an international brands business. Highmark Inc.'s wholly owned subsidiary, United Concordia Companies, Inc. ("UCD") and its subsidiaries, provide dental services through preferred provider and managed care networks as well as third party administrative services. Highmark Inc.'s other for-profit subsidiaries offer workers compensation insurance, stop-loss insurance, real estate management services and other administrative services.

Allegheny Health Network is incorporated as a 501(c)(3) organization in the Commonwealth of Pennsylvania. Allegheny Health Network's subsidiaries and affiliates are nonprofit health care providers offering routine and tertiary healthcare services, clinical support and healthcare education in Western Pennsylvania. Additionally, Allegheny Health Network's other for-profit and nonprofit subsidiaries manage and develop outpatient medical facilities, which offer a variety of services including pharmacies, primary care and imaging, provide group hospital purchasing services and offer medical malpractice insurance.

(in thousands of dollars)

2. Affiliations

Saint Vincent Health System ("SVHS")
Effective July 1, 2013, Highmark Inc , Highmark Health and Allegheny Health Network finalized an affiliation agreement with SVHS In accordance with the SVHS affiliation agreement, Highmark Inc. provided grants in an aggregate amount of $25,000 to finance various capital projects and to support the capital and operational needs of SVHS. In exchange for the transfer and/or relinquishment by the Sisters of Saint Joseph (the "Sisters"), the sponsor and sole member of SVHS prior to the transactions contemplated by the affiliation agreement, of all membership and other interest in SVHS, a contribution of $10,000 was made by Allegheny Health Network to the Sisters. In accordance with the terms of the affiliation agreement, Allegheny Health Network is now the sole member of SVHS Highmark Health has the power to elect persons to the SVHS Board of Directors who control 75% of the voting power of all Directors. The consolidated financial statements include the financial position, results of operations and cash flows of SVHS from the affiliation date, July 1, 2013.

West Penn Allegheny Health System, Inc. ("WPAHS")
Effective April 29, 2013, Highmark Inc., Highmark Health and Allegheny Health Network affiliated with WPAHS, with Allegheny Health Network becoming the sole member of WPAHS. Highmark Health has the power to elect 75% of the Board of Directors of WPAHS. At closing, Highmark Inc. provided a $75,000 grant and a $100,000 loan to WPAHS in accordance with the affiliation agreement. Prior to the closing, Highmark Inc. had provided a $100,000 loan to WPAHS and an additional $100,000 in grants. As contemplated by the affiliation agreement and as a condition to closing of the affiliation with WPAHS, Highmark Inc. purchased $604,170 aggregate principal amount of Allegheny County Hospital Development Authority Revenue Bonds Series 2007A ("WPAHS Authority Bonds"), previously issued for the benefit of WPAHS, representing approximately 85% of the outstanding principal amount of the bonds, at a purchase price of 87.5% of par plus accrued interest. Funds for the purchase were provided by a commercial lender pursuant to a collateralized term loan facility. In October 2013, Highmark Inc. purchased an additional $51,635 aggregate principal amount of WPAHS Authority Bonds at a purchase price of 87 5% of par plus accrued interest In January 2014, Highmark Inc. purchased an additional $8,100 aggregate principal amount of WPAHS Authority Bonds at a purchase price of 87.5% of par plus accrued interest Highmark Inc now holds approximately 95% of the outstanding debt securities, which are eliminated in consolidation. The consolidated financial statements include the financial position, results of operations and cash flows of WPAHS from the affiliation date, May 1, 2013.

Jefferson Regional Medical Center ("JRMC")
Effective March 1, 2013, Highmark Inc. affiliated with JRMC, obtaining the power to elect persons to the JRMC Board of Directors who controlled approximately 75% of the voting power of all Directors Highmark Inc. also committed $75,000 plus interest to the JRMC Foundation and recognized a corresponding contribution expense in other non-operating expense in its 2013 consolidated statement of operations. JRMC Foundation is not a consolidated subsidiary or affiliate of JRMC. A payment of $45,509 was made in March 2013 to satisfy a portion of this commitment and the remaining $32,100 was paid in January 2014. Highmark Inc. also committed to fund a maximum of $100,000, of which $25,240 was paid in 2013, for expansion of the hospital's emergency room, an ambulatory surgery suite and other capital projects. JRMC's net assets were subsequently transferred to Allegheny Health Network, who is now the sole member of JRMC. Highmark Health has the power to elect persons to the JRMC Board of Directors who control approximately 75% of the voting power of all Directors The consolidated financial statements include the financial position, results of operations and cash flows of JRMC from the affiliation date, March 1, 2013.

(in thousands of dollars)

In connection with the affiliations, net assets acquired through affiliations of $63,485 was recorded in the consolidated statement of operations based on the fair value analysis of the assets and liabilities as of the date of affiliation. Additionally, temporarily restricted net assets assumed of $29,746 and permanently restricted net assets assumed of $245,262 were recorded as of the date of affiliation. Total assets, liabilities and net assets at affiliation date were as follows:

	SVHS at 7/1/2013	WPAHS at 5/1/2013	JRMC at 3/1/2013
Cash and cash equivalents	$ 26,798	$ 36,369	$ 6,608
Board designated, restricted and other investments at fair value	71,865	483,149	114,610
Property and equipment, net	116,066	568,194	133,023
Goodwill	-	365,736	-
Other assets	90,714	278,122	72,817
Total assets	$ 305,443	$ 1,731,570	$ 327,058
Debt	$ 121,275	$ 788,483	$ 116,848
Benefit plan liabilities	64,254	298,126	92,683
Other liabilities	99,681	380,250	53,978
Total liabilities	285,210	1,466,859	263,509
Unrestricted	11,660	-	61,825
Temporarily restricted	4,732	23,606	1,408
Permanently restricted	3,841	241,105	316
Total net assets	20,233	264,711	63,549
Total liabilities and net assets	$ 305,443	$ 1,731,570	$ 327,058

3. Divestiture

On December 3, 2013, HVHC completed the sale of its wholly owned subsidiary, Viva Optique, Inc ("Viva"), which specializes in the design and distribution of eyewear globally, to an external third party HVHC recorded a gain on the sale of $3,106, net of tax As a result of the sale, the results of operations and cash flows for Viva were separately reported in discontinued operations.

Viva's results of operations for the period ended December 3, 2013 were as follows:

Vision revenue	$ 176,801
Other revenue	526
Operating expenses	168,251
Interest expense	1,894
Excess of revenue over expenses before income taxes	7,182
Income tax provision	3,143
Excess of revenue over expenses	$ 4,039

(in thousands of dollars)

In addition to the operating results of Viva, certain intercompany eliminations related to Viva of $543 for the period ended December 3, 2013 were included in discontinued operations and gain on sale, net of tax, in the consolidated statement of operations.

4. Summary of Significant Accounting Policies

Basis of Financial Presentation

The accompanying consolidated financial statements include the accounts of Highmark Health and its subsidiaries and affiliates, collectively the "Corporation."

The consolidated financial statements are presented on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America ("GAAP"). All significant intercompany balances and transactions have been eliminated from the consolidated financial statements.

The Corporation uses the equity method of accounting for 50% or less owned affiliates and those affiliates for which the Corporation does not hold a controlling financial interest but may influence operating or financial decisions.

New Accounting Pronouncements

In January 2014, Financial Accounting Standards Board ("FASB") and Private Company Council ("PCC") issued new guidance regarding a private company accounting alternative for goodwill. Public business entities, not-for-profit entities and employee benefit plans are not eligible to adopt PCC accounting alternatives. Therefore, only the for-profit subsidiaries of the Corporation are permitted to make an accounting policy election to adopt this accounting alternative, or they may continue to follow existing goodwill accounting guidance. Pursuant to this guidance, an entity that elects this accounting alternative should amortize goodwill on a straight-line basis over 10 years, or less than 10 years if the entity demonstrates that another useful life is more appropriate. Impairment testing is performed either entity-wide or at the reporting unit level, and goodwill only needs to be tested for impairment upon the occurrence of a triggering event. If a triggering event occurs, the entity has the option to first assess qualitative factors to determine whether the quantitative impairment test is necessary. The new guidance is effective for fiscal years beginning after December 15, 2014. The for-profit subsidiaries of the Corporation are evaluating the impact of the potential adoption of this new guidance on the financial position, results of operations and cash flows

In July 2013, FASB issued new guidance regarding the presentation of an unrecognized tax benefit when a net operating loss carryforward, a similar tax loss, or a tax credit carryforward exists. The guidance requires that an unrecognized tax benefit, or a portion of an unrecognized tax benefit, should be presented in the financial statements as a reduction to a deferred tax asset for a net operating loss carryforward, a similar tax loss, or a tax credit carryforward, subject to certain exceptions. If certain conditions apply, the unrecognized tax benefit should be presented in the financial statements as a liability and should not be combined with deferred tax assets. The new guidance is effective for fiscal years beginning after December 15, 2014. The Corporation is evaluating the impact of the adoption of this new guidance on the financial position, results of operations and cash flows.

In April 2013, FASB issued new guidance related to personnel services rendered from an affiliate for which the affiliate does not seek compensation The guidance requires a recipient not-for-profit entity to recognize in its standalone financial statements all personnel services received from an affiliate that directly benefit the recipient. The services should be measured at the cost recognized by the affiliate for the personnel providing those services or at fair value if cost will significantly overstate or understate the value of the service received. The increase in net assets associated with the services

received should be presented as a contra-expense or a contra-asset, and the corresponding decrease in net assets or the creation or enhancement of an asset should be presented similar to how other such expenses or assets are reported. The new guidance is effective for fiscal years beginning after June 15, 2014. The Corporation is evaluating the impact of the adoption of this new guidance on the financial position, results of operations and cash flows

In February 2013, FASB issued new guidance to clarify the scope and applicability of a particular fair value level disclosure requirement for nonpublic entities. The guidance clarifies that the requirement to disclose the level of the fair value hierarchy within which the fair value measurements are categorized in their entirety (Level 1, 2, or 3) does not apply to nonpublic entities for items that are not measured at fair value in the statement of financial position but for which fair value is disclosed The new guidance was effective upon its February 2013 issuance. The adoption of this guidance did not have an impact on the financial position, results of operations or cash flows.

In December 2011, FASB issued amended guidance that requires an entity to disclose information about offsetting and related arrangements to enable users of its financial statements to understand the effect of those arrangements on its financial position The adoption of this guidance on January 1, 2013 did not have an impact on the financial position, results of operations or cash flows

In July 2011, FASB issued new guidance that addresses health insurers' recognition and classification of an annual non-tax deductible fee mandates by the Affordable Care Act as amended by the Health Care and Education Reconciliation Act of 2010 (collectively referred to as "ACA"). The guidance specifies that a liability be estimated and fully recognized in the calendar year the fee is payable once qualifying health insurance is provided The new guidance is effective concurrently with the fee beginning on January 1, 2014. At December 31, 2013, Highmark has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2014 and estimates the Corporation's portion of the annual health insurance industry fee payable in 2014 to be approximately $133,000. The fee is non-tax deductible and is expected to increase Highmark's effective income tax rate starting in 2014.

In July 2011, FASB issued new guidance regarding presentation and disclosure of patient service revenues, provision for bad debts and allowances for doubtful accounts for health care entities. This guidance requires health care entities reclassify the provision for bad debts associated with patient service revenues from an operating expense to a deduction from patient service revenues (net of contractual allowances and discounts). Additionally, health care entities are required to provide enhanced disclosure about their policies for recognizing revenue and assessing bad debts. The guidance also requires disclosures of patient service revenues (net of contractual allowances and discounts) as well as qualitative and quantitative information about changes in the allowance for doubtful accounts. The Corporation adopted this guidance in 2013.

Use of Estimates
The preparation of the Corporation's consolidated financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the amounts reported in the consolidated financial statements and accompanying notes. Actual results could differ from those estimates.

Cash and Cash Equivalents
The Corporation considers all highly liquid investments with maturities of three months or less when purchased, excluding donor restricted trusts, to be cash equivalents.

(in thousands of dollars)

Accounts Receivable
In the normal course of business, the Corporation grants credit to its customers under various contractual arrangements. The Corporation carries its accounts receivable at estimated net realizable value, which reflects the impact of potential credit losses.

Insurance accounts receivable is specific to Highmark business and includes amounts related to commercial health, dental business, vision businesses and government program accounts receivable, which are amounts related to government business including the Active Duty Dental Program, the Federal Employee Dental and Vision Program, the Federal Employee Program and the Medicare program.

Patient service accounts receivable is specific to Allegheny Health business and includes amounts receivable from patients, third-party payors and others for services as they are rendered Accounts are written off when they are determined to be uncollectible based upon management's assessment of individual accounts Management assesses the collectability of these accounts based on a number of factors including past history, trends and whether patients have third-party coverage or are self-pay patients. For receivables associated with services provided to patients who have third-party coverage, the Corporation analyzes contractually due amounts and provides an allowance for doubtful collections and a provision for doubtful collections if necessary. For receivables associated with self-pay patients, the Corporation records a provision for doubtful collections in the period of service on the basis of its past experience, which indicates that many patients are unable to pay the portion of their bill for which they are financially responsible. The difference between the billed rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful collections. The Corporation does not maintain a material allowance for doubtful collections from third-party payors, nor did it have significant write-offs from third-party payors in 2013.

Concentrations of credit risk with respect to insurance accounts receivable are limited due to the large number of employer groups that constitute Highmark's customer base.

Inventory
Inventory consists primarily of vision related eyewear components and health care delivery related drugs, medical supplies and surgical supplies. Vision related eyewear components include frames, lenses and cases, contact lenses and solutions, laboratory supplies and packaging materials Inventory is stated at the lower of cost or market. Vision related inventory cost is determined using the weighted average method Health care delivery related inventory cost is determined using the first-in first-out basis.

Obsolescence reserves were $14,502 at December 31, 2013.

Investments
Debt and equity securities classified as available-for-sale are carried at fair value (based on quoted or estimated market prices), and unrealized gains and losses are reported in unrestricted net assets, net of deferred income taxes Derivatives embedded within convertible debt securities are bifurcated, with changes in fair value included in earnings; any remaining unrealized gains or losses of the convertible bonds are reported in unrestricted net assets, net of deferred income taxes Premiums and discounts are amortized using the effective interest method. Realized gains and losses on debt securities are based on amortized cost. Realized gains and losses on equity securities are based on cost (specific identification method). Realized gains and losses on available-for-sale debt and equity securities are reported in net investment income in the consolidated statement of operations.

(in thousands of dollars)

Available-for-sale equity securities include mutual funds and mutual fund investments held in grantor trusts for the benefit of nonqualified retirement and deferred compensation plans. Available-for-sale equity securities also include private equity securities. These private equity securities are carried at fair value with changes in fair value reported as unrealized gains and losses in unrestricted net assets, net of deferred income taxes

The Corporation monitors its available-for-sale investments portfolio for unrealized losses that appear to be other-than-temporary. At the time an equity security is determined to be other-than-temporarily impaired, the Corporation reduces the book value of the security to the current market value and records a realized loss in net investment income in the consolidated statement of operations.

In determining if an available-for-sale debt security is other-than-temporarily impaired, the Corporation considers whether it has intent to sell the available-for-sale debt security or whether it is more likely than not that the Corporation will be required to sell the available-for-sale debt security before recovery of its amortized cost basis, which may be at maturity If the Corporation intends to sell the debt security or it is more likely than not that the Corporation will be required to sell the debt security before recovery of its amortized cost basis, an other-than-temporary impairment is recorded as a realized loss in net investment income in the consolidated statement of operations for the difference between fair value and amortized cost

Board designated, restricted and other investments include assets whose use is contractually limited by external parties and assets set aside by the Board of Directors for future capital improvements or liquidity, over which the Board retains control and may at its discretion subsequently use for other purposes, as well as assets held by trustees under indenture agreements. Other investments consist primarily of marketable debt and equity securities and marketable securities maintained in a master trust fund. Investment income or loss (including realized gains and losses, interest and dividends, and unrealized gains and losses) is recorded in net investment income in the consolidated statement of operations unless restricted by donor or law. Investment income related to temporarily and permanently restricted gifts is recorded based on donor restriction as part of the corresponding net asset class in the consolidated statement of changes in net assets

Other investments include investments in private limited partnerships, real estate trusts, limited liability companies and notes receivable. Private limited partnerships are accounted for under the equity method. The Corporation has committed $36,973 to various private limited partnership investments at December 31, 2013. These commitments are due upon capital calls by the general partners of the partnerships. Limited liability companies are accounted for under the cost or equity method, dependent on certain factors including ownership of a controlling interest Fair values of real estate investment trusts are approximated based on trustee estimates The Corporation monitors its other investments for unrealized losses that appear to be other-than-temporary. At the time an investment is determined to be other-than-temporarily impaired, the Corporation reduces the book value to the current market value and records a realized loss in net investment income in the consolidated statement of operations.

The Corporation participates in securities lending transactions. The Corporation maintains effective control over the loaned securities and requires collateral initially equal to at least 102% of loaned domestic securities and 105% of loaned international securities at the loan date. Collateral received consists of cash and fixed-income securities Noncash collateral is not recorded in the consolidated balance sheet, as the Corporation does not have the right to sell, pledge or otherwise reinvest the noncash collateral. Cash collateral is invested in short-term debt securities and is carried at fair value Changes in fair value are reported as unrealized gains and losses within net investment income. The fair value of securities held as invested collateral was $242,084 at December 31, 2013.

(in thousands of dollars)

The corresponding liability that represents the Corporation's obligation to return the collateral was $242,086 at December 31, 2013.

The Corporation's assets are invested in a variety of financial instruments. Accordingly, the related values as presented in the consolidated financial statements are subject to various market fluctuations, which include changes in the interest rate environment, equity markets and general economic conditions. Due to the level of risk associated with certain investment securities, it is reasonably possible that the changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the consolidated financial statements and accompanying notes.

Fair Value of Financial Instruments
In accordance with FASB fair value measurement guidance, financial assets and liabilities recorded at fair value in the consolidated balance sheet are categorized based upon the level inputs used to measure their fair value

Property and Equipment
Property and equipment is recorded at cost if purchased, net of accumulated depreciation and amortization. If a donor contributes property and equipment, it is recorded at the fair market value on the date contributed. Maintenance, repairs and minor improvements are expensed as incurred. Certain costs related to the internal development of software or software purchased for internal use are capitalized Gains or losses on sales or disposals of property and equipment are included in operations.

Depreciation is computed under the straight-line method by annual charges to expense over the estimated useful lives of the various asset types as follows: buildings and building or land improvements, up to 40 years; leasehold improvements, lesser of lease term or useful life, office furniture and equipment, three-30 years; and capitalized software, three-10 years.

Equipment under capital leases is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment.

Property and equipment is reviewed for impairment whenever changes in circumstances indicate that the carrying value of the assets may not be recoverable. Impairment losses are recognized to the extent the carrying amount of an asset exceeds the undiscounted future cash flows expected to result from the use of the asset and its eventual disposal No impairment losses were recorded in 2013.

Goodwill and Other Intangible Assets, Net
Intangible assets with definite lives are amortized using the straight-line method over their estimated lives, which range from three to 25 years Intangible assets with indefinite useful lives, including goodwill, are not amortized, but are tested for impairment at least annually and more frequently if events or changes in circumstances indicate that an asset may be impaired. If fair value is less than carrying value, the asset is adjusted to the fair value and an impairment loss is recorded in the consolidated statement of operations. Management tested goodwill and other intangible assets with indefinite lives for impairment and recorded a goodwill impairment of $310,997 in 2013

Other Assets
Other assets include reinsurance recoverables, pharmacy rebates receivable, prepaid expenses, insurance recoveries associated with medical malpractice, cash surrender values of corporate-owned life insurance policies held in grantor trusts, non-compete arrangements, signing bonuses and deferred financing costs.

(in thousands of dollars)

In the normal course of business, the Corporation seeks to reduce losses that may arise from risks or occurrences of an unexpected nature that may cause unfavorable underwriting results by reinsuring certain levels of risk in various areas of exposure with other insurance enterprises or reinsurers. Amounts recoverable through these programs are recorded within other assets.

Pharmacy rebates receivable is an actuarial estimate based on prescriptions filled and terms of rebate contracts. The actuarial estimates are continually reviewed and any resulting adjustments are included in current operations.

Changes in cash surrender value are reported in net investment income in the consolidated statement of operations.

Claims Outstanding
Claims outstanding include claims reported and adjudicated but unpaid as well as an estimate of incurred but not reported ("IBNR") claims. The liability for IBNR claims is an actuarial estimate based on historical claims paid data, modified for current conditions and coverage changes. The methods to determine the estimate of IBNR claims use past experience adjusted for current trends. The methods and assumptions are continually reviewed and any resulting adjustments are included in current operations. Corresponding administrative costs to process outstanding claims are estimated and accrued and are included in other payables and accrued expenses in the consolidated balance sheet

In the ordinary course of business, the Corporation advances operating funds to health care providers Claims outstanding are reported net of such advances, which were $20,165 at December 31, 2013.

The Corporation recorded $993,432 in claim liabilities for certain non-risk administrative arrangements at December 31, 2013. The non-risk group receivable is included in insurance accounts receivable and the corresponding provider liability is included in claims outstanding in the consolidated balance sheet.

Amounts Held for Others
Amounts held for others include reserves for refunds and deposits received from groups for non-risk administrative arrangements. At December 31, 2013, the Corporation held deposits received from groups of $128,915. Amounts held for others also include fees related to the BlueCard program, which allows the Highmark members to access other Blue Cross and Blue Shield plans' provider networks.

Other Liabilities
Other liabilities include medical malpractice reserves, deferred grant revenue, premium deficiency reserve, asset retirement obligations, book overdraft and interest rate swap liabilities

The provision for medical malpractice claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported, including costs associated with litigating or settling claims. Anticipated insurance recoveries associated with reported claims are reported separately in the consolidated balance sheet at net realizable value.

The Corporation records deferred grant revenue as nongovernmental grant monies are received and governmental grant monies received for the acquisition of property and equipment.

(in thousands of dollars)

The Corporation establishes a premium deficiency reserve ("PDR") when it determines that it is probable that future claims expense and related maintenance costs will exceed future premiums from contracts in force for a given line of business or product grouping within a contract period. The Corporation evaluates the need for a PDR by grouping policies consistent with the way the business is acquired, serviced and measured In 2013, the Corporation released premium deficiency reserves of $137,355 due primarily to the anticipated termination of the guaranteed-issue products in 2014 due to the Patient Protection and ACA. The net change in PDR of $137,355 was recorded in other operating expenses in the consolidated statement of operations. At December 31, 2013, the Corporation established a PDR of $18,565 related to its commercial dental, medically underwritten and state-sponsored insurance products.

The Corporation accrues for asset retirement obligations in the period in which they are incurred if sufficient information is available to reasonably estimate the fair value of the obligation. Over time, the liability is accreted to its settlement value Upon settlement of the liability, the Corporation recognizes a gain or loss for any difference between the settlement amount and liability recorded The Corporation's asset retirement obligation relates to costs associated with future asbestos removal The asset retirement obligation was $9,120 at December 31, 2013.

Temporarily and Permanently Restricted Net Assets
Temporarily restricted net assets are those whose use is limited by donor-imposed stipulations that either expire with the passage of time or can be fulfilled and removed by actions of the Corporation pursuant to those stipulations Temporarily restricted net assets are available for capital and other program expenditures.

Permanently restricted net assets are those whose use is limited by donor-imposed stipulations that neither expire with the passage of time nor can be fulfilled or otherwise removed by the actions of the Corporation. Investment earnings on permanently restricted net assets are restricted to use for capital purposes.

Net assets are released from donor restrictions by incurring expenses satisfying the restricted purposes or by occurrence of other events specified by donors. Net assets released from restrictions and used for operations are recorded in net assets released from restriction. Net assets released from restriction and used for capital purposes are recorded in unrestricted net assets in the consolidated statement of changes in net assets

Insurance Revenue Recognition
Highmark's business consists of at-risk insurance arrangements and non-risk administrative arrangements. The administrative fees received under non-risk administrative arrangements are shown as management service revenues and recognized in the period in which the related services are performed. Management service revenues also include fees for management of medical services, claims processing and access to provider networks. Under non-risk administrative arrangements, the customer assumes the risk of funding claims. The Corporation does not record premium revenue or claims incurred on non-risk administrative arrangements.

Risk business includes all insurance contracts Premiums are generally billed in advance of the contractual coverage periods and are included in premium revenue as they are earned during the coverage period. The unearned portion of premiums collected is reflected in the consolidated balance sheet as unearned premium revenue. The expenses associated with administering the risk and non-risk business are included in salaries, wages and fringe benefits and other operating expenses in the consolidated statement of operations.

(in thousands of dollars)

Vision Revenue
Vision revenue includes sales from fully integrated eye care services and optical retail stores. Fully integrated eye care service revenues are recognized based upon services rendered. Sales are recognized when title and the risk of loss transfer to the customer, there is evidence of a contractual arrangement and collectability of the resulting receivable is reasonably assured.

Net Patient Service Revenue
Net patient service revenue is comprised of gross patient service revenues less contractual allowances, charity care and provision for doubtful accounts. Net patient service revenue is reported at estimated net realizable amounts from patients, third-party payors and others for services rendered at the time the service is performed and includes estimated retroactive revenue adjustments due to future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews and investigations.

Allegheny Health has agreements with third-party payors that provide for payments to Allegheny Health at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, per diem payments and contracted amounts. Allegheny Health recognizes patient service revenues associated with services provided to patients who have third-party payor coverage on the basis of established rates for services rendered. A summary of the payment arrangements with major third-party payors is as follows:

Medicare. Inpatient acute care services and substantially all outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. Allegheny Health is reimbursed for services rendered at a tentative rate with a final settlement determined after submission of annual cost reports and audits thereof by the Medicare fiscal intermediary At December 31, 2013, Medicare cost reports have been audited by the Medicare fiscal intermediary through the fiscal year ended June 30, 2010 for all hospitals

Medical Assistance: Inpatient and outpatient services rendered to Medical Assistance eligible patients are paid at prospectively determined rates

Blue Cross Blue Shield Payors: Inpatient care and outpatient services rendered to subscribers of Blue Cross Blue Shield payors, including services provided under Highmark Inc. non-risk administrative arrangements and the BlueCard program The BlueCard program provides access to provider networks of other Blue Cross Blue Shield plans in other states and regions.

(in thousands of dollars)

Net patient service revenue, by major payor, for the year ended December 31, 2013 was as follows:

Medicare	$ 538,145
Medical assistance	138,521
Blue Cross Blue Shield payors	248,402
Other third-party payors	202,629
Patients and residents	29,840
Total patient service revenue, net of contractual allowances and discounts	1,157,537
Less: Provision for bad debts	(87,872)
Total net patient service revenue	$ 1,069,665

Allegheny Health has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment under these arrangements includes prospectively determined rates and discounts from established charges.

Revenue from Medicare and Medical Assistance programs accounted for approximately 50% and 13%, respectively of patient service revenue, net of contractual allowances and discounts. Laws and regulations governing Medicare and Medical Assistance programs are extremely complex and subject to interpretation and there is at least a reasonable possibility that actual results could differ from those estimates.

Allegheny Health is subject to a Quality Care Assessment (the "Assessment") imposed by the Pennsylvania Department of Public Welfare ("DPW") under Pennsylvania Act 49 of 2010, and extended by Pennsylvania Act 55 of 2013. The Assessment was pursued by Pennsylvania in an effort to increase the federal share of Medical Assistance funding under the Medicaid Modernization Act. In turn, DPW provides additional reimbursement to Allegheny Health The Assessment was $21,867 in 2013 and was included in other operating expenses in the accompanying consolidated statement of operations. Additional reimbursement as a result of Act 55 in 2013 was $21,963 and was included in net patient service revenue in the accompanying consolidated statement of operations.

Management's assessment of expected net collections of net patient revenue considers economic experience, trends in health care coverage and other collection indicators. Allowance for uncollectible accounts is assessed continually based upon historical write-off experience by aging dates and payor categories, including those amounts not covered by insurance and cash collection history. The results of this assessment is the basis for modification so the provision for bad debt expense and the basis for establishing an appropriate allowance for uncollectable accounts.

Charity Care
Allegheny Health hospitals provide services to all patients regardless of ability to pay Allegheny Health hospitals each have a charity care policy under which they provide care to patients at no charge or at discounted rates, provided the patients meet the eligibility requirements stipulated in their policies. The Corporation does not pursue collection of amounts determined to qualify for charity care; therefore, charity care amounts are not recorded as revenue or deducted from gross patient service revenue in arriving at net patient service revenue.

(in thousands of dollars)

Other Operating Revenue
Other operating revenue includes pharmacy rebates earned on non-risk administrative arrangements, grants, contributions, physician stipends, Medicare and Medicaid electronic health record ("EHR") incentive payments and other ancillary hospital services revenue such as parking, cafeteria, tuition and rent. Other operating revenue also includes the Corporation's proportionate share of affiliate earnings.

Donor-Restricted Contributions
Unconditional promises to give cash and other assets to the Corporation are reported at fair value at the date the promise is received as unrestricted gifts within other operating revenue in the consolidated statement of operations. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statement of operations as net assets released from restrictions. Donor restricted contributions whose restrictions are met within the same year are reported as unrestricted contributions in the accompanying consolidated financial statements.

Income Taxes
Highmark Health and some of the entities within Allegheny Health are tax-exempt organizations under Section 501(c)(3) of the Internal Revenue Code ("IRC") and are exempt from federal income taxes on related income. These tax-exempt organizations are subject to federal taxes on unrelated business income under section 511 of the IRC. No such tax liability exists in 2013, and as such, no provision for unrelated business income tax has been made in the consolidated financial statements.

Highmark Inc., Highmark WV and Highmark DE are subject to federal income taxes, although they remain exempt from state and local taxes. Highmark Inc , Highmark WV and Highmark DE file separate consolidated federal income tax returns with their respective wholly owned subsidiaries. Only the non-insurance and health maintenance organization ("HMO") subsidiaries of Highmark Inc., Highmark WV and Highmark DE are subject to state income taxes. Insurance subsidiaries, other than the HMOs, are subject to state premium taxes.

Provisions for any tax liability have been made in the consolidated financial statements for all for-profit entities of the Corporation

Deferred tax assets and liabilities are determined based on differences between the financial reporting and tax basis of assets and liabilities and are measured using tax rates and laws that are expected to be in effect when the difference is reversed. The Corporation records a valuation allowance against its deferred tax assets when it determines that it is more likely than not that the entire deferred tax asset will not be recognized.

The Corporation records uncertain tax positions in accordance with FASB Accounting Standards Codification ("ASC") 740, *Income Taxes*. ASC 740 clarifies the accounting for uncertainty in income taxes by defining criteria that a tax position on an individual matter must meet before that position is recognized. ASC 740 also provides guidance on measurement, classification, interest and penalties, disclosure and accounting in interim periods. The Corporation classifies interest and penalties on tax uncertainties as a component of the provision for income taxes.

(in thousands of dollars)

Deficit of Revenue Over Expenses
The consolidated statement of operations includes a deficit of revenue over expenses. Changes in unrestricted net assets which are excluded from the deficit of revenue over expenses, consistent with industry practice, include unrealized gains and losses on board designated, restricted and other investments, permanent transfers of assets to and from affiliates (for other than goods and services), pension liability adjustments, the effective portion of the change in fair value of derivative financial instruments and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

Subsequent Events
In May 2014, WPAHS entered into a $700,000 syndicated term loan credit facility ("Term Loan Credit Facility"), part of the proceeds of which were used to purchase and redeem all of the WPAHS Authority Bonds from Highmark Inc. for an aggregate principal amount of $663,905 at a purchase price of 87.5% of par, plus accrued interest as of the purchase date. The Term Loan Credit Facility is fully guaranteed by Highmark Inc. and secured by a pledge of cash and/or securities Highmark Inc. used the proceeds from the WPAHS Authority Bond redemption to repay its outstanding term loan of $543,010, plus accrued interest

In February 2014, Highmark Inc. entered into a Merger Agreement (the "Merger Agreement") with BCNEPA. If the transactions contemplated by the Merger Agreement are consummated, BCNEPA will be merged with and into Highmark Inc., with Highmark Inc. being the surviving corporation. The merger is subject to various conditions precedent, including approval by the Department.

In connection with the preparation of the consolidated financial statements, the Corporation evaluated events subsequent to the balance sheet date of December 31, 2013 through the financial statement issuance date and determined that all material transactions have been recorded and disclosed properly

5. Insurance Regulation

Highmark Inc. and its insurance subsidiaries and affiliates file financial statements with insurance departments in their states of domicile. These financial statements are prepared in accordance with statutory accounting principles prescribed by such regulatory authorities. Prescribed statutory accounting principles include state laws, regulations and general administrative rules, as well as a variety of publications of the National Association of Insurance Commissioners ("NAIC"). Permitted statutory accounting practices encompass all accounting practices not prescribed.

Financial statements prepared for state insurance departments in accordance with statutory accounting principles differ from the consolidated financial statements prepared in accordance with GAAP. The principal differences in statutory accounting are: (1) certain assets, such as accounts receivable aged more than 90 days, office furniture and equipment, non-operating software, certain provider advances, certain intangible assets, surplus notes and prepaid expenses, are excluded from statutory reserves; (2) pharmaceutical rebates receivable are limited based on the timing of billing and collection activities, (3) debt securities and certain preferred stock are carried at the lower of amortized cost or fair value, not fair value as required under GAAP; (4) equity income or loss of subsidiaries, affiliates and limited partnerships is recorded directly to net assets rather than in results of operations as required under GAAP, with dividends or distributions recognized in statutory net income when declared; (5) equity transfers to affiliates are expensed, (6) assets and liabilities pertaining to reinsurance transactions are reported net of reinsurance, (7) deferred tax asset recognition is limited; and (8) uncertain tax positions are fully recognized if the probability is greater than 50%.

(in thousands of dollars)

As a result of the foregoing, statutory reserves at December 31, 2013 and statutory net income for the year then ended were:

Highmark (excluding Highmark WV and Highmark DE)		
Statutory reserves	$	4,386,279
Statutory net income	$	340,741
Highmark WV		
Statutory reserves	$	310,017
Statutory net income	$	1,445
Highmark DE		
Statutory reserves	$	157,733
Statutory net income	$	8,352

Highmark Inc. and its insurance subsidiaries and affiliates are subject to minimum risk-based capital ("RBC") requirements that were developed by the NAIC and adopted by various state legislatures The formula for determining the amount of RBC specifies various weighting factors that are applied to financial balances and various levels of activity based on perceived degrees of risk.

The RBC ratios of Highmark Inc and its insurance subsidiaries and affiliates are compared to authorized control levels established by the NAIC. Companies below specific ratio thresholds may be required to take specific corrective actions At December 31, 2013, Highmark Inc. and its insurance subsidiaries and affiliates exceeded their respective minimum RBC requirements

The Pennsylvania Insurance Commissioner has determined that an appropriate sufficient operating surplus range for Highmark Inc. is 550% - 750% of the health RBC ratio or the Department's consolidated risk factor ratio, whichever is lower. As long as Highmark Inc operates above the 550% ratio, it is not permitted to include a risk and contingency factor in its filed premium rates. If Highmark Inc 's ratio exceeds 750%, it will be required to justify its surplus level and could be required to submit a plan to bring its surplus within the designated appropriate sufficient operating surplus range. At December 31, 2013, Highmark Inc.'s health RBC ratio was within the appropriate sufficient operating surplus range determined by the Department.

The ACA creates state health insurance exchanges, which provide individuals and small businesses access to affordable and quality health insurance. The Corporation participates in the Pennsylvania, West Virginia and Delaware market.

The ACA establishes an annual fee on the health insurance sector effective in 2014. The aggregate annual fee for all insurers is $8,000,000 for 2014. This amount is apportioned among all insurers based on a ratio designated to reflect relative market share of U S. health insurance business. The amount of the fee is calculated on the basis of prior year net written premiums, excluding the carrier's first $25,000 and half of the second $25,000 in net premiums. The fee applies to all net premiums in excess of $50,000 and is based on the ratio of net written premium for health insurance of all insurance issuers to total applicable net premiums for all such issuers The fee is not tax deductible. The amount of the fee is expected to be approximately $133,000 in 2014 and the RBC ratio is expected to continue to be within the appropriate range.

(in thousands of dollars)

The ACA also establishes a transitional reinsurance program that reimburses non-grandfathered individual plans for a portion of the costs of high-cost enrollees for a 3-year period beginning January 1, 2014. The total amount assessed through this provision is $25,000,000 in the 3-year period and additional administrative expense charge for 2014 of $20,300. The fee will be levied on a per-covered-life basis and will be collected annually, with the first payment billed on December 15, 2014 Contribution amounts will be based on a per capita contribution rate, which is estimated to be five dollar and twenty-five cents per member per month for calendar year 2014 Both insured and self-insured plans will be assessed.

The ACA also establishes a risk corridor program for a 3-year period beginning January 1, 2014 The purpose of the risk corridor program is to provide limitations on issuer losses and gains for qualified health plans through additional protection against initial pricing risk. The program creates a mechanism for sharing the risk allowable costs between the Federal government and the qualified health plan issuers.

The ACA also establishes a risk adjustment program The purpose of the risk adjustment program is to transfer funds from lower risk plans to higher risk plans within the same market in the same state It will adjust premiums for adverse selection among carrier caused by membership shifts due to guarantee issue and community rating mandates. States may set up their own risk adjustment programs, or they may permit Health and Human Services to develop and manage the program in the state.

The reinsurance, risk corridor and risk adjustment programs, established to apportion risk among insurers, may not be effective in appropriately mitigating the financial risks related to exchange products. These factors, along with the limited information about the individuals who have access to these newly established exchanges that was available when Highmark established premiums, may have an adverse effect on the results of operations if premiums are not adequate.

Effective January 1, 2014, Highmark Inc became subject to a Community Health Reinvestment ("CHR") Agreement with the Department, which establishes an annual CHR commitment for Highmark Inc. based on direct written health premiums. Highmark Inc.'s minimum social mission commitment for 2014 is $77,482 Highmark Inc. has the ability to direct the funds related to the CHR endeavors provided they meet the Department's criteria.

Certain debt securities are restricted for use by the Corporation and are on deposit with various regulatory agencies or maintained in a trust arrangement as required by BCSBA. The fair value of these securities was $335,044 at December 31, 2013.

Highmark's Medicare Advantage and Medicare Part D Prescription Drug Plan products offered under contracts with Centers for Medicare & Medicaid Services ("CMS") accounted for 32 4% of total premiums in 2013.

CMS uses a risk-adjustment model which apportions premiums paid to Medicare Advantage plans according to the health severity of their members The risk-adjustment model pays higher premiums for members with certain medical conditions identified with specific diagnostic codes. Under the risk-adjustment methodology, all Medicare Advantage plan sponsors must collect and submit the necessary diagnosis code information from providers to CMS within prescribed deadlines. The CMS risk-adjustment model uses the diagnosis data to calculate the risk-adjusted premium payment to Medicare Advantage plans.

(in thousands of dollars)

Highmark generally relies on providers to code their claim submissions with appropriate diagnoses, which are sent to CMS as the basis for the payment received from CMS under the risk-adjustment model. Highmark also relies on these providers to document appropriately all medical data, including the diagnosis data submitted with claims.

CMS is continuing to perform audits of selected companies' Medicare Advantage contracts related to this risk adjustment diagnosis data. CMS announced a final Risk Adjustment Data Validation ("RADV") audit and payment adjustment methodology and that it will utilize to conduct RADV audits beginning with the 2011 payment year. RADV audits review medical records in an attempt to validate provider medical record documentation and coding practices which influence the calculation of premium payments to Medicare Advantage plans. These audits may result in retrospective adjustments to payments made to health plans.

The final methodology, including the first application of extrapolated audit results to determine audit settlements, is expected to be applied to the next round of RADV contract level audits to be conducted on 2011 premium payments. Selected Medicare Advantage contracts will be notified of an audit after the close of the final reconciliation for the payment year being audited Through the date of this report, Highmark has not been notified by CMS that one of its Medicare Advantage contracts has been selected for audit for contract year 2011.

6. Investments

The cost or amortized cost, gross unrealized gains and losses and fair value of investments in debt and equity securities classified as available-for-sale at December 31, 2013 were as follows:

	Cost or Amortized Cost	Gross Unrealized Gains	Gross Unrealized Losses	Fair Value
Debt securities				
U.S. Treasury and agency obligations	$ 698,798	$ 20,062	$ (13,118)	$ 705,742
Agency mortgage-backed securities	641,311	6,840	(14,061)	634,090
State and political obligations	42,465	601	(1,073)	41,993
Mortgage-backed securities	43,045	1,061	(766)	43,340
Asset-backed securities	52,601	2,592	(289)	54,904
Corporate and other debt securities	2,024,396	53,229	(21,682)	2,055,943
Total debt securities	3,502,616	84,385	(50,989)	3,536,012
Equity securities				
Domestic	320,891	172,791	(1,777)	491,905
Foreign	388,839	80,267	(3,537)	465,569
Total equity securities	709,730	253,058	(5,314)	957,474
Total	$ 4,212,346	$ 337,443	$ (56,303)	$ 4,493,486

(in thousands of dollars)

The gross unrealized losses and fair value of debt and equity investments classified as available-for-sale securities by investment category and length of time an individual security was in a continuous unrealized loss position at December 31, 2013 was as follows:

	Less than 12 months		12 months or more		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Debt securities						
U.S. Treasury and agency obligations	$ 394,819	$ (11,880)	$ 14,915	$ (1,238)	$ 409,734	$ (13,118)
Agency mortgage-backed securities	326,767	(8,283)	99,415	(5,778)	426,182	(14,061)
State and political obligations	16,764	(923)	2,420	(150)	19,184	(1,073)
Mortgage-backed securities	24,188	(656)	1,702	(110)	25,890	(766)
Asset-backed securities	18,984	(287)	151	(2)	19,135	(289)
Corporate and other debt securities	834,991	(18,627)	39,805	(3,055)	874,796	(21,682)
Total debt securities	1,616,513	(40,656)	158,408	(10,333)	1,774,921	(50,989)
Equity securities						
Domestic	38,941	(1,461)	2,704	(316)	41,645	(1,777)
Foreign	42,762	(3,056)	2,627	(481)	45,389	(3,537)
Total equity securities	81,703	(4,517)	5,331	(797)	87,034	(5,314)
Total	$1,698,216	$ (45,173)	$ 163,739	$ (11,130)	$1,861,955	$ (56,303)

At December 31, 2013, the Corporation held available-for-sale debt securities with gross unrealized losses of $50,989. Management evaluated the unrealized losses and determined that they were due primarily to volatility in the interest rate environment and market conditions. The Corporation does not intend to sell the related debt securities and it is not likely that the Corporation will be required to sell the debt securities before recovery of their amortized cost bases, which may be maturity Therefore, management does not consider the available-for-sale debt securities to be other-than-temporarily impaired as of December 31, 2013.

At December 31, 2013, the Corporation held available-for-sale equity securities with gross unrealized losses of $5,314. Management reviews equity securities in which fair value falls below cost. In determining whether an equity security is other-than-temporarily impaired, management considers both quantitative and qualitative information The impairment review process is subjective and considers a number of factors, including, but not limited to, the length of time and extent to which the fair value has been less than book value, the financial condition and near-term prospects of the issuer, recommendations of investment advisors, the intent and ability to hold securities for a time sufficient to allow for any anticipated recovery in value and general market conditions and industry or sector-specific factors, including forecasts of economic, market or industry trends. The Corporation believes that the unrealized losses do not represent an other-than-temporary impairment at December 31, 2013

(in thousands of dollars)

The amortized cost and fair value of available-for-sale debt securities at December 31, 2013 are shown below by contractual maturity. Expected maturities could differ from contractual maturities as borrowers may have the right to call or prepay obligations with or without call or prepayment penalties.

	Amortized Cost	Fair Value
Due within one year or less	$ 222,297	$ 222,984
Due after one year through five years	1,082,774	1,102,193
Due after five years through ten years	1,108,906	1,114,753
Due after ten years	351,682	363,748
Mortgage and asset-backed securities	736,957	732,334
Total	$ 3,502,616	$ 3,536,012

Board designated, restricted and other investments by investment type at December 31, 2013 at fair value consisted of the following:

Cash and cash equivalents	$ 139,623
Debt securities:	
U.S. Treasury and agency obligations	135,384
Agency mortgage-backed securities	17,173
Asset and mortgage-backed securities	37,099
Corporate and other debt securities	77,490
Total debt securities	267,146
Equity securities	103,623
Endowments managed by donor selected trustees	225,750
Total board designated, restricted and other investments	$ 736,142

Board designated, restricted and other investments consist of the following components at December 31, 2013

Unrestricted:	
Other investments	$ 242,032
Board designated:	
Capital improvements	79,852
Foundation	40,957
Capital project funds	41,498
Debt service	14,384
Self-insurance	13,333
Grant funds and other	20,561
Total unrestricted	452,617
Temporarily restricted	24,663
Permanently restricted	258,862
Total board designated, restricted and other investments	$ 736,142

(in thousands of dollars)

The following is a summary of net investment income for the year ended December 31, 2013:

	Unrestricted	Temporarily Restricted	Permanently Restricted
Interest and dividends	$ 164,283	$ 447	$ 2,848
Net realized gains (losses) on investments	91,223	(22)	8,851
Net unrealized (losses) gains on board designated, restricted and other investments	(2,356)	(341)	8,256
Total net investment income	$ 253,150	$ 84	$ 19,955

Net realized losses on unrestricted investments include $2,656 in other-than temporary impairment charges on available-for-sale equity securities Other-than-temporary impairments recognized in 2013 resulted from the extent and duration of fair value declines due to market conditions, along with minor credit related concerns Impaired securities included available-for-sale equity securities within the domestic retail, communications and financial services sectors, along with international developed markets

The recognition of unrealized gains and losses on investments that are restricted as to use are recorded directly to temporarily and permanently restricted net assets as required by donor or regulation. These investments consist primarily of equity securities, agency mortgage-backed securities, corporate debt securities and U.S. Treasury obligations. All unrealized gains and losses on marketable unrestricted board designated and other investments are recognized in net investment income Allegheny Health elected a total return investment policy for certain trust accounts which permits income to be redefined as a percentage of a rolling average market value of the charitable trust as averaged over a period of at least three years provided the election is consistent with the charitable trust agreement and long term preservation of principal value of the charitable trust

Certain limited partnership and private equity interests of the Corporation have redemption restrictions relating to both timing and amounts of withdrawals. Distributions are received as the underlying investments generate income or are liquidated. The Corporation estimates that the underlying assets of private equity interests will be liquidated over the next seven to ten years, and the Corporation assumes that the interests will be held until liquidation.

7. Fair Value of Financial Instruments

Input levels, as defined by ASC Fair Value Measurement guidance, are as follows:

Level 1 – Pricing inputs are based on unadjusted quoted market prices for identical financial assets or liabilities in active markets. Active markets are those in which transactions occur with sufficient frequency and volume to provide pricing information on an ongoing basis

Level 2 – Pricing inputs are based on other than unadjusted quoted prices in active markets included within Level 1 and include observable unadjusted quoted market prices for similar financial assets or liabilities in active markets or quoted market prices for identical assets in inactive markets.

Level 3 – Pricing inputs include unobservable inputs that are supported by little or no market activity and that reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.

(in thousands of dollars)

The following methods and assumptions were used to determine the fair value of each class of the following assets and liabilities recorded at fair value in the consolidated balance sheet:

Cash equivalents: Cash equivalents include highly rated money market funds, commercial paper or discount notes with maturities of three months or less and bank deposits, and are purchased or deposited daily with specified yield rates. Cash equivalents are designated as Level 1 or Level 2, depending on structure and the extent of credit-related features.

Debt securities, available-for-sale: Fair values of available-for-sale debt securities are based on quoted market prices, where available. These fair values are obtained primarily from a third party pricing service, which generally use Level 1 or Level 2 inputs, for the determination of fair value to facilitate fair value measurements and disclosures U.S. Government securities represent Level 1 securities, while Level 2 securities include corporate securities, state and political obligations and asset and mortgage-backed securities. Inputs that are often used in the valuation methodologies include, but are not limited to, broker quotes, benchmark yields, credit spreads, default rates and prepayment speeds. The Corporation has certain fixed maturity securities, primarily corporate and other debt, designated as Level 3 securities For these securities, the valuation methodologies may incorporate broker quotes or assumptions for benchmark yields, credit spreads, default rates and prepayment speeds that are not observable in the markets.

Equity securities, available-for-sale. Fair values of equity securities are generally designated as Level 1 and are based on quoted market prices. For certain equity securities, quoted market prices for identical securities are not always available and the fair value is estimated by reference to similar or underlying securities for which quoted prices are available. These securities are designated Level 2. The Corporation also has certain equity securities, including private equity securities, for which fair value is estimated based on each security's current condition and future cash flow projections or based on the Corporation's share of the entities' undistributed earnings, which approximates fair value. Such securities are designated Level 3

Board designated, restricted and other investments. Board designated, restricted and other investments include cash equivalents, debt securities and equity securities that follow the same methods and assumptions and fair value designations described above. The fair value for endowments managed by donor selected trustees are designated as Level 3 securities with the interest in these trusts based on the fair value of the underlying trust investments, which approximates the present value of the expected future cash flows for which the Corporation is an income beneficiary.

Real estate investment trusts. The fair value of ownership interest in real estate trusts are approximated based on trustee estimates and are designated as Level 3 securities

Securities lending invested collateral: Fair values of securities lending collateral are based on quoted market prices, where available These fair values are obtained primarily from third party pricing services, which generally use Level 1 or Level 2 inputs for the determination of fair value to facilitate fair value measurements and disclosures.

The Corporation uses a third party pricing service to obtain quoted prices for each security. The third party service provides pricing based on recent trades of the specific security or like securities, as well as a variety of valuation methodologies for those securities where an observable market price may not exist. The third party service may derive pricing for Level 2 securities from market corroborated pricing, matrix pricing, discounted cash flow analyses and inputs such as yield curves and indices Pricing for Level 3 securities may be obtained from investment managers for private placements or derived from discounted cash flows, or ratio analysis and price comparisons of similar companies.

(in thousands of dollars)

The Corporation performs an analysis of reasonableness of the prices received for fair value by monitoring month-to-month fluctuations and determining reasons for significant differences, selectively testing fair values against prices obtained from other sources, and comparing the combined fair value of a class of assets against an appropriate index benchmark. The Corporation did not make adjustments to the quoted market prices obtained from third party pricing services that were material to the consolidated financial statements.

The following table presents, by level, assets that are measured at fair value on a recurring basis at December 31, 2013:

	Fair Value	Level 1	Level 2	Level 3
Assets				
Cash and cash equivalents	$ 1,274,475	$ 1,196,928	$ 77,547	$ -
Investments:				
Debt securities, available-for-sale				
U.S. Treasury and agency obligations	705,742	425,270	280,472	-
Agency mortgage-backed securities	634,090	-	634,090	-
State and political obligations	41,993	-	41,993	-
Mortgage-backed securities	43,340	-	43,340	-
Asset-backed securities	54,904	-	54,904	-
Corporate and other debt securities	2,055,943	-	2,009,029	46,914
Total	3,536,012	425,270	3,063,828	46,914
Equity securities, available-for-sale				
Domestic	491,905	477,916	1,848	12,141
Foreign	465,569	256,930	208,639	-
Total	957,474	734,846	210,487	12,141
Board designated, restricted and other investments				
Cash and cash equivalents	139,623	139,623	-	-
Debt securities				
U.S. Treasury and agency obligations	135,384	130,147	5,237	-
Agency mortgage-backed securities	17,173	-	17,173	-
Asset and mortgage-backed securities	37,099	-	37,099	-
Corporate and other debt securities	77,490	-	77,490	-
Equity securities	103,623	103,458	-	165
Endowments	225,750	-	-	225,750
Total	736,142	373,228	136,999	225,915
Real estate investment trusts	8,078	-	-	8,078
Securities lending invested collateral	242,084	-	242,084	-
Total assets	$ 6,754,265	$ 2,730,272	$ 3,730,945	$ 293,048

Transfers between levels, if any, are recorded annually as of the end of the reporting period unless, with respect to a particular issue, a significant event occurred that necessitated the transfer be reported at the date of the event. There were no material transfers between Levels 1 and 2 during 2013.

(in thousands of dollars)

The changes in fair value for assets measured using significant unobservable inputs (Level 3) for the year ended December 31, 2013 were as follows:

	Corporate and other debt securities	Equity securities	Endowments	Real estate investment trusts	Total
Balance at January 1	$ 44,388	$ 7,147	$ -	$ 7,128	$ 58,663
WPAHS affiliation	-	165	213,250	-	213,415
Net unrealized (losses) gains	(430)	-	19,318	860	19,748
Net realized gains	200	-	-	-	200
Purchases	40,625	5,000	-	3,130	48,755
Sales	(38,263)	-	-	(2,577)	(40,840)
Issuances	419	-	-	-	419
Settlements	(25)	(6)	-	(463)	(494)
Transfers out of trusts	-	-	(6,818)	-	(6,818)
Balance at December 31	$ 46,914	$ 12,306	$ 225,750	$ 8,078	$293,048

There were no material transfers between Levels during the year ended December 31, 2013.

8. Property and Equipment, Net

Property and equipment at December 31, 2013 consisted of the following:

Land, buildings and leasehold improvements	$ 1,117,418
Office furniture and equipment	817,869
Capitalized software	523,466
Construction in progress	93,381
	2,552,134
Less accumulated depreciation and amortization	(1,005,598)
Property and equipment, net	$ 1,546,536

Depreciation and amortization expense related to property and equipment amounted to $220,549 in 2013.

(in thousands of dollars)

9. Goodwill and Other Intangible Assets, Net

Goodwill consisted of the following at December 31, 2013:

	HVHC	Allegheny Health	Other	Total
Goodwill, at January 1	$ 635,605	$ 31,998	$ 57,954	$ 725,557
WPAHS affiliation at May 1, 2013	-	365,736	-	365,736
Impairment	-	(310,997)	-	(310,997)
Goodwill, at December 31	$ 635,605	$ 86,737	$ 57,954	$ 780,296

The Corporation allocated goodwill to its reporting units based on the relative fair value basis. In 2013, goodwill was tested for impairment and a goodwill impairment charge of $310,997 was recorded to the extent the reporting unit carrying value exceeded the implied fair value based on the discounted debt-free cash flows of the reporting unit.

The carrying amounts of intangible assets at December 31, 2013 were as follows:

	Gross Carrying Amount	Accumulated Amortization	Net Carrying Amount
Customer relationships	$ 42,712	$ 10,005	$ 32,707
Trademarks	16,675	8,570	8,105
Patient records	8,253	1,951	6,302
Other	23,710	11,603	12,107
Total	$ 91,350	$ 32,129	$ 59,221

Amortization expense of intangible assets was $9,199 in 2013.

At December 31, 2013, estimated future amortization expense for the intangible assets, excluding insurance licenses with indefinite lives of $2,850, was as follows:

Years ending December 31,	
2014	$ 7,452
2015	6,594
2016	6,012
2017	2,976
2018	2,692
Thereafter	30,645
Total	$ 56,371

(in thousands of dollars)

10. Claims Outstanding

Activity in the liability for claims outstanding for the year ended December 31, 2013 was as follows.

Claims outstanding at January 1	$ 2,401,854
Reinsurance recoverables	(105,948)
Net balance at January 1	2,295,906
Incurred related to	
Current year	10,906,007
Prior year	(212,551)
Total incurred claims	10,693,456
Paid related to	
Current year	9,517,214
Prior year	1,194,035
Total paid claims	10,711,249
Change in advances to providers	(3,870)
Change in non-risk claim liabilities	(6,850)
Net balance at December 31	2,267,393
Reinsurance recoverables	104,317
Claims outstanding at December 31	$ 2,371,710

Negative amounts reported for prior year incurred claims of $212,551 in 2013 resulted from claims being settled for amounts less than originally estimated due to lower than estimated utilization. Management has established estimates for claims outstanding to satisfy its ultimate claim liability However, these estimates are inherently subject to a number of highly variable circumstances. Consequently, actual results could differ materially from the amounts recorded in the consolidated financial statements.

11. Employee Benefit Plans

Defined Benefit Plans

The Corporation covers certain employees meeting age and service requirements through multiple non-contributory defined benefit pension plans (the "pension plans"), including the Highmark Inc. Retirement Plan ("Highmark pension plan"), the Highmark WV Retirement Program (the "Highmark WV pension plan"), the Highmark DE Retirement Plan ("Highmark DE pension plan"), the West Penn Retirement Plan for Represented Employees and the West Penn Retirement Plan for Nonrepresented Employees (collectively the "WPAHS pension plans"), the Jefferson Retirement Plan (the "JRMC pension plan"), and the Saint Vincent Health System Pension Plan (the "SVHS pension plan").

The Highmark, Highmark WV and WPAHS pension plans provide participants with a frozen legacy benefit as well as a cash-balance account consisting of pay credits, based on age and years of service, interest credits and limited transition credits. The Highmark DE pension plan benefits are based principally on salary and years of service. During 2013, the Highmark DE plan was amended to provide participants with a benefit design similar to the Highmark and Highmark WV pension plans Lump sum payments in the Highmark DE pension plan in 2013 resulted in recognition of a settlement gain of $1,534. The JRMC and SVHS pension plans were frozen on December 31, 2010 and June 30, 2013, respectively. The frozen JRMC and SVHS pension plans provide eligible

(in thousands of dollars)

participants with their frozen benefit as of that date, which was based on age, average compensation and years of service.

The Corporation funds its pension plans according to minimum funding requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. During 2014, the Corporation expects to contribute $134,260 to the pension plans.

Highmark Inc. and Highmark DE each sponsor defined benefit other postretirement plans (collectively the "other postretirement plans"). Highmark Inc. uses voluntary employees' beneficiary association ("VEBA") trusts and, in the case of Highmark WV, a participant in the Highmark other postretirement plan, a 401(h) account to fund their respective retiree other postretirement benefits. The Corporation expects to contribute $15,700 to the VEBA trusts and 401(h) account in 2014 Highmark DE funds other postretirement benefits as benefits are paid Effective January 1, 2014, the Highmark DE other postretirement plans merged into the Highmark Inc. other postretirement plan. The other postretirement plans provide various postretirement health and life insurance benefits to retirees of participating subsidiaries and affiliates. The other postretirement plans are closed to new employees.

(in thousands of dollars)

The amounts recognized in the consolidated balance sheet at December 31, 2013 were as follows.

	Pension Benefits	Other Postretirement Benefits
Change in benefit obligations		
Benefit obligations at beginning of year	$ 1,905,122	$ 471,879
JRMC affiliation	236,786	-
WPAHS affiliation	814,746	-
SVHS affiliation	166,560	-
Service cost	76,959	25,847
Interest cost	108,776	16,136
Plan amendments	(506)	2,065
Participant contributions	-	3,732
Benefit payments	(97,476)	(20,414)
Settlement gain	(14,443)	-
Actuarial gain	(282,612)	(43,916)
Benefit obligations at end of year	$ 2,913,912	$ 455,329
Change in plan assets		
Net plan assets at beginning of year	$ 1,777,224	$ 266,402
JRMC affiliation	144,103	-
WPAHS affiliation	516,620	-
SVHS affiliation	102,306	-
Actual return on plan assets	89,948	31,988
Participant contributions	-	2,574
Employer contributions	91,440	17,717
Benefit payments	(97,476)	(16,346)
Settlement payments	(14,443)	819
Net plan assets at end of year	$ 2,609,722	$ 303,154
Amounts recognized in the consolidated balance sheet		
Benefit plan assets	$ 55,172	$ -
Benefit plan liabilities	$ (359,362)	$ (152,175)
Amounts included in unrestricted net assets		
Prior service credit	$ 241,719	$ 12,283
Actuarial loss	(325,330)	(91,134)
Net amounts recognized	$ (83,611)	$ (78,851)

The estimated prior service credit and actuarial loss for the pension plans that will be amortized from net assets in 2014 are $28,236 and $21,087, respectively. The estimated prior service credit and actuarial loss for the other postretirement plans that will be amortized from net assets in 2014 are $4,000 and $6,000, respectively.

(in thousands of dollars)

The following table provides the components of net periodic benefit cost for the year ended December 31, 2013:

	Pension Benefits	Other Postretirement Benefits
Service cost	$ 76,959	$ 25,847
Interest cost	108,776	16,136
Expected return on plan assets	(154,123)	(12,871)
Amortization of:		
Prior service credit	(27,586)	(4,150)
Actuarial loss	39,787	12,719
Settlement gain	(1,534)	-
Net periodic benefit costs	$ 42,279	$ 37,681

For measurement purposes, the assumed annual rate of increase in the per capita costs of covered health care benefits was 7 49% in 2014 for the Highmark other postretirement plan, gradually decreasing to 4 50% by the year 2028. Assumed annual rate of increase in the per capita costs of covered health care benefits was 9.00% in 2014 for the Highmark DE other postretirement plans, gradually decreasing to 5.00% by the year 2021.

Assumed health care cost trend rates have a significant effect on the amounts reported for the other postretirement plans. At December 31, 2013, a one-percentage-point change in assumed health care cost trend rates would have had the following effects.

	One-Percentage-Point Increase	One-Percentage-Point Decrease
Effect on total of service and interest cost components	$ 1,100	$ (1,200)
Effect on other postretirement benefit plan obligations	$ 19,100	$ (17,600)

The Corporation's weighted-average assumptions related to the calculation of the pension benefit obligations and net periodic benefit cost for the pension plans are presented in the table below

	Highmark Inc.	Highmark WV	Highmark DE	WPAHS	JRMC	SVHS
Discount rate						
Benefit obligations	4.90%	4.90%	4 40%	4.40%	4 80%	4.60%
Net periodic costs	4.10%	4 00%	3 40%, 4 30%	4.30%	4 70%	4 60%
Expected asset return	7.25%	7.25%	7.25%	7.43%	7 00%	7 25%
Compensation increase	3.40-7.50%	3 50-8.00%	3.40-7 50%	2.88-7 15%	-	-

(in thousands of dollars)

The Corporation's weighted-average assumptions related to the calculation of the other postretirement plan benefit obligations and net periodic benefit costs for the other postretirement benefit plans are presented in the table below:

	Highmark Inc.	Highmark DE
Discount rate:		
Benefit obligations	4.30%	4.60%
Net periodic costs	3.50%	3.90%, 4.50%
Expected asset return	5.00%	n/a
Compensation increase	n/a	3.40%-7.50%

The expected return on pension plan assets is developed using inflation expectations, risk factors and input from actuaries to arrive at a long-term nominal expected return for each asset class The nominal expected return for each asset class is then weighted based on the target asset allocation to develop the expected long-term rate of return on plan assets. The expected return on other postretirement plan assets is developed based on historical returns and the future expectations for returns for each asset class as well as the asset allocation of the other postretirement plan assets.

Estimated benefit payments are expected as follows:

	Pension Benefits	Other Postretirement Benefits
2014	$ 132,208	$ 25,300
2015	$ 139,278	$ 28,300
2016	$ 147,279	$ 31,300
2017	$ 154,303	$ 33,300
2018	$ 162,881	$ 37,300
2019-2023	$ 905,760	$ 218,700

The pension plans' and other postretirement plans' overall investment strategies are determined by the plans' investment committees, investment advisors and plan administrators. Overall, the goals of the Corporation are to achieve sufficient diversification of asset types, fund strategies and fund managers in order to minimize volatility and maximize returns over the long term, while still having sufficient funds to pay those benefits due in the near term.

For the Highmark pension plan, the Corporation's overall investment strategy is to achieve a mix of 96% of investments for long-term growth and 4% for near-term benefit payments with a diversification of asset types, fund strategies and fund managers. The target allocations for plan assets are 30% equity securities, 56% fixed income securities, 4% cash equivalents and 10% alternative investments. Equity securities primarily include stock investments in U S., developed and emerging market corporations. Fixed income securities primarily include bonds of domestic and foreign companies from diversified industries, domestic mortgage-backed securities and U S. Treasury Securities. Alternative investments include investments in real estate and private equity funds that follow several different strategies.

(in thousands of dollars)

The other pension plans have similar investments strategies as those mentioned above for the Highmark pension plan with target allocations for plan assets for the Highmark WV pension plan of 50% equity securities, 40% fixed income securities and 10% alternative investments. The Highmark DE pension plan target allocations for plan assets are 58% equity securities, 37% fixed income securities and 5% cash equivalents. The WPAHS pension plans target allocations for plan assets are 35%-45% for domestic equity securities and funds, 35%-45% for debt securities and funds, 8%-18% for international equity securities and funds, 4%-10% for alternative investments and 0%-10% for cash and cash equivalents. The JRMC pension plan target allocations for plan assets are 35%-55% for equity securities, 35%-55% for fixed income securities, and 8%-12% for alternative investments. The SVHS pension plan target allocations for plan assets are 50%-70% for equity securities, 20%-40% for fixed income, 0-15% for real estate and 0-10% for cash and cash equivalents.

For the funded other postretirement plan, the Corporation's overall investment strategy is to achieve a mix of 95% of investments for long-term growth and 5% for near-term benefit payments with a diversification of asset types, fund strategies and fund managers. The target allocations for plan assets are 62% equity securities, 33% fixed income securities and 5% cash equivalents Equity securities primarily include stock investments in U S., developed and emerging market corporations. Fixed income securities primarily include bonds of domestic and foreign companies from diversified industries and bonds of U S and foreign governments and agencies

The following table summarizes the fair value measurements by level at December 31, 2013:

	Fair Value	Level 1	Level 2	Level 3
Pension plan assets				
Cash and cash equivalents	$ 26,725	$ 5,017	$ 21,708	$ -
Debt securities:				
U S. Treasury and agency obligations	365,814	316,442	49,372	-
Agency mortgage-backed securities	10,354	354	10,000	-
State and political obligations	67,300	4,654	62,646	-
Corporate and other debt securities	569,134	58,597	510,534	3
Total debt securities	1,012,602	380,047	632,552	3
Equity securities:				
Domestic	446,450	446,450	-	-
Foreign	186,131	182,575	3,556	-
Total equity securities	632,581	629,025	3,556	-
Registered investment company shares	503,896	503,896	-	-
Common collective trust interests	325,240	-	325,240	-
Private limited partnerships	41,667	-	-	41,667
Interest in a master trust	65,231	-	65,231	-
Total	$2,607,942	$1,517,985	$1,048,287	$41,670
Other postretirement plan assets				
Corporate and other debt securities	$ 8,264	$ -	$ 8,264	$ -
Domestic equity securities	36,502	36,502	-	-
Registered investment company shares	246,858	246,858	-	-
Interest in a master trust	11,289	-	11,289	-
Total	$ 302,913	$ 283,360	$ 19,553	$ -

(in thousands of dollars)

At December 31, 2013, the fair value of pension plan assets excluded guaranteed insurance contract assets of $4,361, carried at contract value, offset by accrued expenses and other payables of $2,581.

At December 31, 2013, the fair value of other postretirement plan assets excluded accrued interest and other receivables of $241

The changes in fair value for pension plan and other postretirement assets measured using significant unobservable inputs (Level 3) for the year ended December 31, 2013 were as follows:

Balance at January 1	$	27,257
Unrealized net holding gains arising during the period		1,516
Purchases, sales, issuances and settlements		
Purchases		19,072
Issurances		1,646
Settlements		(7,821)
Balance at December 31	$	41,670

Defined Contribution Plans
The Corporation sponsors several defined contribution savings plans (the "savings plans"), covering substantially all of the Corporation's employees and employees of certain participating affiliates. The savings plans allow participating employees to contribute a percentage of their annual salaries, subject to current Internal Revenue Service ("IRS") limitations. Employee contributions are matched by the Corporation at various percentages. The Corporation recognized expense associated with its contributions to the savings plans for the year ended December 31, 2013 of $41,725.

The Corporation also sponsors deferred compensation plans for certain eligible employees. Participating employees may contribute a certain amount of their annual compensation to these plans. Certain deferred compensation plans provide for matching contributions based on employee deferrals. The deferred compensation plan pays interest on the deferrals at various rates. The Corporation made matching contributions to the deferred compensation plans of $1,459 in 2013. Deferred compensation plan liabilities of $51,447 were recorded in other payables and accrued expenses in the consolidated balance sheet at December 31, 2013. Changes in the liability are reported in other operating expenses in the consolidated statement of operations.

The Corporation also sponsors unfunded nonqualified supplemental retirement plans (the "nonqualified retirement plans") covering certain eligible employees. The weighted-average assumptions used in the measurement of the nonqualified plan liabilities were consistent with the assumptions used in the measurement of pension plan and adjusted, when needed, for nonqualified plan specific characteristics The nonqualified retirement plan liabilities recorded in other payables and accrued expenses in the accompanying consolidated balance sheet at December 31, 2013 were $66,034.

(in thousands of dollars)

12. Debt

The Corporation's total debt at December 31, 2013 consisted of the following:

Unsecured Senior Notes due May 15, 2021	$	348,960
Unsecured Senior Notes due May 15, 2041		239,495
Allegheny County Hospital Development Authority Bonds:		
Series 2010A due through March 1, 2040		16,855
Series 2008A due through March 1, 2038		13,455
Series 2007A due through May 1, 2025		10,249
Series 2007A due through November 15, 2040		37,246
Series 2006A due May 1, 2026		22,000
Series 2006B due through May 1, 2018		8,863
Series 2004A due June 1, 2030		750
Series 2000A due June 1, 2030		11,500
Series 1998A due May 1, 2023 through May 1, 2029		21,990
Erie County Hospital Authority Bonds		
Series 2009 due July 1, 2020		10,973
Series 2011A due August 18, 2026		7,216
Series 2010A due July 1, 2027		19,797
Series 2010B due July 1, 2039		55,685
Term Loan due April 22, 2016		543,010
Revolving credit facility with maximum available for draw of $75,000 expires June 2015		75,000
Revolving credit facility with maximum available for draw of $400,000 expires March 2018		100,000
Floating Rate Restructuring Certificates, payable based on attainment of defined income and cash levels		37,084
Series 2006A Health Facilities Revenue Notes due through December 2016		787
Series 2006B Health Facilities Revenue Notes due through October 2015		16,451
Mortgage loan, due March 15, 2032, interest at 6.00%		24,336
Capital leases payable due through 2016 at varying interest rates ranging from 5 190% to 8 033%		6,077
Mortgage and other loans due through 2016 at varying interest rates		10,337
Total debt	$	1,638,116

(in thousands of dollars)

A summary of scheduled principal repayments on debt is as follows:

Years ending December 31,	
2014	$ 25,069
2015	95,429
2016	553,023
2017	6,973
2018	107,088
Thereafter	850,534
Total	$ 1,638,116

Unsecured Notes
Highmark Inc. held unsecured senior notes of $348,960 due May 15, 2021 with interest payable semi-annually at 4.75%. The unamortized discount was $1,040 at December 31, 2013.

Highmark Inc. also held unsecured senior notes of $239,495 due May 15, 2041 with interest payable semi-annually at 6.125%. The unamortized discount was $1,380 at December 31, 2013.

On August 15, 2013, Highmark Inc. repaid in full the 6.80% unsecured senior notes issued August 2003 and due August 2013, which included principal of $292,878 and accrued interest of $9,958. Highmark Inc. was party to multiple interest rate swap agreements which meet the criteria of fair value hedges with two highly rated, major U.S. financial institutions (the "counterparties") pursuant to which it had synthetically converted $125,000 of its unsecured fixed rate senior notes (the "Highmark Notes") through August 15, 2013 to variable notes through maturity. The Corporation received $4,594 from the counterparties in 2013 for settlements under the interest rate swap agreements. This amount was included in interest expense in the accompanying consolidated statement of operations The interest rate swap agreements were terminated with the maturity of the unsecured Senior Notes due August 2013

Allegheny County Hospital Development Authority (the "Authority")
JRMC issued Authority Bonds in September 2010, July 2008, February 2007, May 2006, May 2004, May 2000 and March 1998, collective the JRMC Authority Bonds At December 31, 2013, the Corporation had outstanding $105,662 of JRMC Authority Bonds The JRMC Authority Bonds are scheduled to mature at various dates thorough March 1, 2040. Interest rates ranged from 0 06% to 5 125% at December 31, 2013. Proceeds from the JRMC Authority Bonds were used primarily for various capital projects. The JRMC Authority Bonds are collateralized by the general credit of the Jefferson Medical Center and irrevocable lines of credit totaling $65,257 which expire at various dates through July 15, 2016. The unamortized discount was $470 and premium was $202 at December 31, 2013.

JRMC is party to related interest rate swap agreements designated as fair value hedges with a highly rated, major U S financial institution The interest rate swap agreements expire at various dates through 2038. In 2013, JRMC paid $1,153 to the counterparty for settlement under the interest rate swap agreements. This amount was included in interest expense in the consolidated statement of operations. The Corporation recorded a liability of $4,406 at December 31, 2013 in other liabilities in the consolidated balance sheet under the swap agreements.

WPAHS issued Authority Bonds in June 2007. At December 31, 2013, the Corporation had outstanding $37,246 of WPAHS Authority Bonds, to non-related parties. The WPAHS Authority Bonds are scheduled to mature at various dates through November 15, 2040. Interest is payable semi-annually. Interest rates ranged from 5.0% to 5 375% at December 31, 2013. Proceeds from

(in thousands of dollars)

the WPAHS Authority Bonds were used to advance refund the outstanding Authority Series 2000 A and B bond issues and other outstanding debt at the time of the WPAHS Authority Bond issuance. The WPAHS Authority Bonds are secured by property, equipment and revenue of the WPAHS Obligated Group, as defined in the indenture agreement. The unamortized fair-value write down was $5,069 at December 31, 2013.

Erie County Hospital Authority ("Erie Authority")
SVHS issued the Series 2009 and Series 2010A in December 2009 with the Series 2010B issued in January 2010. At December 31, 2013, the Corporation had a total of $86,455 outstanding in Series 2009 and 2010 Erie Authority Bonds. The Erie Authority Bonds are scheduled to mature at various dates between July 1, 2020 and July 1, 2039. Interest rates ranged from 4.00% to 7.00% at December 31, 2013. Proceeds from the Erie Authority Bonds were used primarily for various capital projects and to advance the refund of previously issued bonds. The Series 2010B Erie Authority Bonds are collateralized by an irrevocable line of credit that expires September 30, 2016. The Erie Authority Bonds are partially collateralized by funds held by a trustee

The Series 2010B Erie Authority bonds are demand bonds and while subject to long-term amortization periods, may be put to SVHS at the option of the bondholders in connection with certain remarketing dates To the extent that bondholders may, under the terms of the debt, put their bonds within 12 months after the reporting date, the principal amount of such bonds are considered a current liability. The Board of Trustees of SVHS have restricted cash and investments of $63,483 at December 31, 2013 as a source of self-liquidity in the event the put option is enacted.

SVHS issued the Series 2011A Erie Authority Bonds in August 2011. The Series 2011A Erie Authority Bonds are scheduled to mature August 18, 2026 Principal and interest are payable monthly and calculated based on LIBOR plus 2.75% Interest was 2.05% at December 31, 2013. Proceeds from the Series 2011A Erie Authority Bonds were used primarily to refinance the construction loan for the new parking facility.

SVHS is party to multiple interest rate swap agreements with highly rated, major U.S. financial institutions (the "counterparties"). One of the interest rate swaps is designated as a cash flow hedge. The cash flow hedge synthetically converted $29,325 of the variable rate Erie Authority Bonds to a fixed rate. The other two interest rate swaps meet the criteria of fair value hedges pursuant to which $17,000 and 8,068, respectively, of fixed-rate Series 2010B and Series 2011A Erie Authority bonds are converted to variable rate bonds through maturity.

In 2013, SVHS paid $662 to the counterparties for settlement under the interest rate swap agreements which was included in interest expense in the consolidated statement of operations. SVHS recorded a liability of $2,858 in other liabilities in the consolidated balance sheet under the swap agreements The interest rate swaps do not qualify for hedge accounting and changes in fair value are accounted for as other non-operating expense in the consolidated statement of operations.

Term Loans
At December 31, 2013, Highmark Inc. had outstanding $543,010 of a $600,000 term loan with a financial institution, which was used to purchase the outstanding WPAHS Authority Bonds. Highmark Inc must use the proceeds from the sale of the WPAHS Authority Bonds as a mandatory principal prepayment on the term loan equal to the proceeds plus accrued interest on such principal amount. Interest is payable quarterly and calculated on the daily LIBOR Rate plus 0.50%. The interest rate at December 31, 2013 was 0.66%. Interest of $1,637 was paid on the term loan in 2013. While the term loan was scheduled to be repaid April 22, 2016, it was repaid in May 2014.

(in thousands of dollars)

Revolving Credit Facilities
The Corporation is party to multiple revolving credit arrangements with financial institutions that provide for borrowings totaling $565,000, including the arrangements in the table above and an accordion feature that provides an additional $75,000 in available borrowings At December 31, 2013, the principal amount outstanding under the revolving credit facilities was $175,000 The revolving credit facilities expire at varying dates between 2015 and 2018.

Highmark Inc has outstanding borrowings of $75,000 on a revolving credit agreement with a financial institution providing for a $75,000 revolving credit facility expiring June 2015. Interest is payable at a varying rate of interest. The interest rate at December 31, 2013 was 1.16% and was based on the one-month LIBOR rate plus a credit spread.

HVHC has outstanding borrowings of $100,000 on a revolving credit agreement with a syndicate of lenders led by a financial institution that providing for a $400,000 revolving credit facility expiring March 2018. Interest is payable at a varying rate of interest The interest rate at December 31, 2013 was 1 75% and was based on LIBOR plus 1 00% The revolving credit loan is collateralized by substantially all assets of HVHC.

HVHC is party to a related interest rate swap agreement designated as cash flow hedge with a highly rated, major U.S. financial institution In 2013, HVHC paid $1,889 to the counterparty for settlement under the interest rate swap agreement. This amount was included in interest expense in the consolidated statement of operations. The Corporation recorded a liability of $2,422 at December 31, 2013 in other liabilities under the swap agreements. Deferred net holding losses of $1,575 under the interest rate swap agreements were included in unrestricted net assets, net of deferred income taxes of $848, at December 31, 2013.

Other Debt
WPAHS has outstanding Floating Rate Restructuring Certificates ("FRRCs") of $37,084. The FRCCs bear interest at the three-month LIBOR plus 0 25%. Payment of interest is contingent upon WPAHS achieving certain profitability thresholds and maintaining specified liquidity levels. WPAHS has never been required to make an interest payment The Corporation has not recoded interest to date as the probability of future interest payment requirements is considered remote. Subject to the FRRC Cap, WPAHS must make an annual payment of 25% of the WPAHS Obligated Group's adjusted net operating income, as defined in the FRRC indenture, calculated as of June 30. No annual payments have been earned or due.

WPAHS entered into two agreements with respect to the issuance of Series 2006 A and B notes to purchase four new helicopters and hospital beds. Principal and interest payments are required monthly. The Series A notes bear interest at 5 25% and the Series B notes bear interest at rates ranging from 4 55% to 4.61%. The Series A note is scheduled to be repaid in December 2016 and the Series B note is scheduled to be repaid in October 2015.

SVHS had an outstanding mortgage loan of $24,336 at December 31, 2013 related to a medical office building The mortgage note matures on March 15, 2032 and requires monthly principal and interest payments. The note is secured by the related medical office building. A subsidiary of SVHS owns a 25% in Erie Medical Complex, LLC. This equity interest, combined with SVHS's master lease obligation in the medical office building creates a substantial beneficial interest and risk of Erie Medical Complex, LLC and results in the consolidation of the Erie Medical Complex, LLC in the consolidated financial statements.

(in thousands of dollars)

As a result of the interest rate swap agreements noted above, the Corporation is subject to interest rate risk and default risk Only cash flows related to the differential in the fixed interest rates and the variable interest rates as applied to the notional amounts of the interest rate swaps are subject to interest rate risk over the terms of the interest rate swap agreements. The notional amounts do not represent the amounts at risk, rather, they are used only as the basis for calculating the amounts due under the interest rate swap agreements

Several of the debt agreements referred to above contain covenants, including covenants relating to such matters as indebtedness, minimum net worth and financial ratings. The Corporation was in compliance with all debt covenants at December 31, 2013

The carrying amount of debt reported in the consolidated balance sheet at December 31, 2013 was $1,638,116. Using a discounted cash flow technique that considered credit ratings, with adjustments for duration and risk profile, the Corporation determined that the fair value of its debt at December 31, 2013 was $1,691,190.

13. Income Taxes

The components of the income tax provision for the year ended December 31, 2013 were as follows:

Federal	
Current	$ 108,235
Deferred	24,950
	133,185
Foreign	
Current	664
Deferred	-
	664
State	
Current	9,538
Deferred	2,187
	11,725
Tax provision related to continuing operations	145,574
Tax provision related to discontinued operations	2,464
Total income tax provision	$ 148,038

(in thousands of dollars)

The components of deferred income taxes at December 31, 2013 were as follows:

Deferred tax assets		
Benefit plan liabilities	$	64,080
Other payables and accrued expenses		72,882
Premium deficiency reserves		6,558
Tax credit carryforwards		79,965
Goodwill and other intangible assets		6,225
Net operating loss carryforwards		64,477
Contribution carryforwards		25,042
Allowance for doubtful accounts		14,409
Impairment reserves on investments		5,735
Other		42,093
Total deferred tax assets		381,466
Less: Valuation allowance		(170,498)
Total deferred tax assets, net of valuation allowance		210,968
Deferred tax liabilities		
Net unrealized gains on available-for-sale securities		97,231
Property and equipment		57,461
Investment in partnerships/affiliates		20,851
Other		7,089
Total deferred tax liabilities		182,632
Deferred income taxes, net	$	28,336

The realization of net deferred tax assets is dependent on the Corporation's ability to generate sufficient taxable income in future periods. The amount of deferred tax assets considered realizable, however, could change if estimates of future taxable income change

At December 31, 2013, the Corporation had non-expiring alternative minimum tax credit carryforwards related to Highmark WV and Highmark DE of $41,957 and $38,008, respectively, available to offset future taxes. Utilization of the alternative minimum tax credit carryforwards will not take place until such time as Highmark WV and Highmark DE cease to be in an alternative minimum tax position or a change in the tax laws occurs. The Corporation recognized a valuation allowance due to the uncertainty of realizing a tax benefit for alternative minimum tax credits and because the lower alternative minimum tax rate is expected to apply when net deductible temporary differences reverse

At December 31, 2013, various subsidiaries and affiliates of the Corporation had state net operating loss carryforwards totaling $348,295 that expire between 2014 and 2031 and are available to offset future state taxable income of the subsidiary that generated the loss carryforward. The utilization of the state net operating loss carryforwards is subject to certain limitations; therefore, the Corporation recognized a valuation allowance given uncertainty surrounding the realizability of the carryforwards.

(in thousands of dollars)

At December 31, 2013, the Corporation had federal net operating loss carryforwards, related to Highmark DE and Allegheny Health subsidiaries of $11,913 and $108,676, respectively that expire in various amounts through 2032. The utilization of the federal net operating loss carryforwards is subject to certain limitations; therefore, the Corporation recognized a valuation allowance for that portion of the federal net operating loss carryforward not expected to be utilized.

A reconciliation of income tax expense recorded in the consolidated statement of operations and amounts computed at the statutory federal rate for the years ended December 31, 2013 was as follows

Income taxes at statutory rate	$ 3,986
State taxes, net of federal tax benefit	7,646
IRC section 833(b) deduction	(519)
Net assets acquired through affiliations	(21,639)
Change in valuation allowance	16,090
Net losses from tax exempt entities	122,657
Nondeductible compensation	11,094
Other	6,259
Income tax provision on continuing operations	$ 145,574

Prior to January 1, 1987, Highmark Inc was exempt from federal income taxes. With the enactment of the Tax Reform Act of 1986 (the "Act"), Highmark Inc., and all other Blue Cross and Blue Shield plans, became subject to federal income tax. Among other provisions of the IRC, these plans were granted a deduction under Code Section 833(b) (the "special deduction") for regular tax calculation purposes. The special deduction is calculated as the excess of 25% of incurred claims and claim adjustment expenses for the tax year over adjusted surplus, as defined, limited to taxable income. The amount of taxable income before the special deduction has the effect of increasing the adjusted surplus balance used in calculating the special deduction Once the cumulative adjusted surplus balance exceeds 25% of incurred claims and claim adjustment expenses for the current taxable year, the deduction is eliminated The special deduction calculation is complicated and little technical guidance has been issued by the taxing authorities Therefore, some uncertainty exists in the calculation of the special deduction. After evaluating the uncertainties and in recognition of the impending statute expiration associated with certain tax years, during 2011, Highmark Inc. made the decision to file refund claims for the 2004 through 2010 tax years. Through its refund claim filings and the 2010 original tax return filed in 2011, special deduction tax benefits totaling approximately $275,000 were requested Through 2013, Highmark Inc recorded current income tax benefits totaling $126,500 related to this item, which is management's estimate of the amount to be realized. An increase to income tax expense for interest of $329 was recognized in 2013 and a decrease to income tax expense for interest of $630 was recognized in 2012 Future adjustments may be made to the Highmark Inc.'s estimated tax benefit as additional information becomes available.

(in thousands of dollars)

The changes in the carrying amount of gross unrecognized tax expenses benefits from uncertain tax positions for the year ended December 31, 2013 were as follows:

Balance at January 1	$	167,095
Additions for tax positions related to		
Current year		6,633
Prior years		1,891
Reductions to balance relating to		
Changes in tax positions of prior years		(1,705)
Statute of limitation expiration		(4,859)
Balance at December 31	$	169,055

At December 31, 2013, gross unrecognized tax benefits (excluding the federal benefit received from state positions) were $147,685, and, if recognized, would have impacted the effective tax rate

The Corporation recorded potential interest and penalties payable of $647 at December 31, 2013 in net income tax recoverable in the consolidated balance sheet

Highmark's consolidated federal income tax return has been examined by the IRS through 2010.

The Corporation does not anticipate that any significant increase or decrease to unrecognized tax benefits will be recorded in 2014

14. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets were available for the following purposes at December 31, 2013·

Clinical	$	11,542
Capital expansion		8,660
Health education and support		4,461
Total temporarily restricted net assets	$	24,663

Temporarily restricted net assets include health care education and other support. Temporarily restricted net assets for capital expansion and renovation represent donations, gifts and pledges made for specific hospitals and other facilities. Similarly, temporarily restricted net assets for clinical programs represent donations, gifts and pledges made to support specific clinical programs or departments at hospitals and other facilities

Permanently restricted net assets at December 31, 2013 were $258,862. These net assets are restricted to be invested in perpetuity. Income distributions generated from these net assets are either classified as unrestricted and may be used for any purpose or are classified as temporarily restricted based on donor restrictions. At December 31, 2013, permanently restricted net assets consisted of endowments managed by donor selected trustees as well as endowments managed by the hospitals of the Corporation.

In 2013, net assets were released from donor restrictions by incurring expenditures satisfying the specified restricted purposes in the amount of $10,474.

(in thousands of dollars)

15. Functional Expenses

The Corporation provides insurance and general health care services to customers. Expenses related to providing these services for the year ended December 31, 2013 are as follows:

Insurance	$ 13,607,316
Healthcare services	1,464,597
General and administrative	903,065
Total	$ 15,974,978

16. Leases

Several noncancellable operating leases, primarily software, computer equipment, office space, ambulatory locations, parking garages and clinical and administrative equipment were in effect at December 31, 2013 Rental expense is recognized on a straight-line basis over the lease term.

Aggregate future rental commitments for all operating leases having initial or remaining noncancellable lease terms in excess of one year with commitments in one or more of the next five years and thereafter are shown in the following table·

Years ending December 31,	
2014	$ 162,307
2015	136,627
2016	120,924
2017	91,510
2018	73,527
Thereafter	257,011
Total	$ 841,906

Rent expense of $191,722 in 2013 is recorded in other operating expenses in the accompanying consolidated statement of operations.

17. Contingencies

Herman Wooden and Thomas Logan, former corporate members of Highmark Inc , filed a lawsuit against Highmark Inc. in the Common Pleas Court of Philadelphia County alleging that Highmark Inc. is violating the Pennsylvania nonprofit corporation law by accumulating more than "incidental profits." Plaintiffs are seeking the creation of a common fund for the disposition of any funds determined to constitute more than "incidental profits" as well as an award of attorneys' fees and costs. Highmark Inc. filed its own Motion for Summary Judgment on April 15, 2013 as to which the plaintiffs filed an opposition on May 17, 2013. On August 8, 2013, the Court of Common Pleas granted Highmark Inc.'s Motion for Summary Judgment and denied Plaintiff's Partial Motion for Summary Judgment. Plaintiffs appealed from the trial court's decision to the Commonwealth Court on August 9, 2013. The Corporation believes, based on consultation with legal counsel, that it has meritorious defenses to the claims in this matter, but it is unable to predict the outcome of the matter or to reasonably estimate a range of possible loss

(in thousands of dollars)

In December 2010, Royal Mile Company, Royal Asset Management and Pamela Lang, on behalf of individuals and companies which have obtained health insurance coverage from Highmark Inc , filed a class action lawsuit in the United States District Court for the Western District of Pennsylvania alleging that Highmark Inc. and UPMC Health System violated antitrust laws by entering into an illegal agreement to restrain trade and by conspiring to create monopolies in the Western Pennsylvania health insurance market. On September 27, 2013, the Court granted Highmark Inc.'s Motion to Dismiss and a Motion for Leave to file to file a Third Amended Compliant which Highmark Inc. opposed. Oral argument on the Plaintiffs' Motion for Leave was held on April 7, 2014 The Corporation believes, based on consultation with legal counsel, that it has meritorious defenses to the claims in this matter.

A number of class action lawsuits filed throughout the United States against the BCBSA, Highmark Inc. and/or other Blue Cross and/or Blue Shield plans have been consolidated in a multi-district litigation in the U.S. District Court for the Northern District of Alabama and captioned In re: Blue Cross Blue Shield Antitrust Litigation. Such lawsuits have been filed on behalf of (i) healthcare providers in the United States who have provided services to any patient insured by or who was a member or beneficiary of Highmark Inc. or any other Blue Cross and/or Blue Shield plan and/or (ii) members and subscribers Highmark Inc. and/or any other Blue Cross and/or Blue Shield plan (the "BCBS Plans"). The lawsuits primarily deal with alleged conspiracy and price fixing by and among the BCBS Plans and BCBSA, the competitive impact of exclusive service areas granted by BCBSA and alleged contract provisions of BCBS Plans. Plaintiffs generally seek a judgment that Defendants have violated Section 1 of the Sherman Act, an injunction prohibiting Defendants from entering into agreements that restrict the territories in which any BCBS Plan may compete, and an award of treble damages In addition, certain of the complaints filed by Plaintiffs in this litigation (including, without limitation, LifeWatch) contain additional claims specifically against Highmark Inc. The Corporation believes, based on consultation with legal counsel, that it has meritorious defenses to the claims in this matter, but it is unable to predict the outcome of the matter or to reasonably estimate a range of possible loss

On February 1, 2013, a former employee filed a purported class action complaint in Cambria County, Pennsylvania asserting one cause of action for breach of the Pennsylvania Minimum Wage Act ("PMWA"). The complaint claims that the former employee was misclassified as an exempt employee when they should have been classified as non-exempt, and thus should have been paid overtime compensation. The complaint was filed ostensibly on behalf of all "supervisors", defined as "individuals employed as supervisors in Highmark Inc.'s 'Healthplan Operations,' department from 2010 to the present...." Preliminary Objections were filed, and in response the Plaintiff filed an Amended Complaint which reasserted the PMWA claim and added a claim under the Fair Labor Standards Act Highmark Inc removed the action to the Federal District Court for the Western District of Pennsylvania, and filed a Motion to Dismiss the action, which was denied on November 15, 2013. Highmark Inc and the plaintiff have tentatively agreed to a settlement that would result in the dismissal of this case. The Corporation believes, based on consultation with legal counsel, that it has meritorious defenses to the claims in this matter, but it is unable to predict the outcome of the matter or to reasonably estimate a range of possible loss.

In April 2009, a putative collective action was filed in the United States District Court for the Western District of Pennsylvania alleging claims under ERISA, RICO and the Fair Labor Standards Act against WPAHS, certain of its related entities and certain WPAHS executives. The suit alleges that current and former employees did not receive compensation for all hours worked. A companion class action suit alleging various state court claims was filed in the Court of Common Pleas of Allegheny County In late December 2011, the District Court for the Western District of Pennsylvania denied the certification of the class action suit and the Third Circuit affirmed in 2013 In the state suit, the judge dismissed the meal break claims but preserved potential non-meal break wage claims.

(in thousands of dollars)

That case is stayed pending the outcome of the federal appeal, and has remained inactive despite the decision by the Third Circuit. In response to the Third Circuit decision, the law firm that filed the 2009 case filed a new action in October 2013 that makes many of the same allegations against WPAHS, certain related entities and certain executives and individuals, and asserts a single cause of action under the Fair Labor Standards Act. WPAHS has filed a motion to dismiss the suit, which motion is pending. The Corporation believes, based on consultation with legal counsel, that it has meritorious defenses to the claims in this matter, but it is unable to predict the outcome of the matter or to reasonably estimate a range of possible loss

WPAHS has conducted an investigation of its leasing activity with independent physicians. Certain of these arrangements potentially implicate the federal anti-kickback statute (42 U.S.C. § 1320a-7b(b)), the civil monetary penalty authorities (42 U S C. § 1320a-7a) and the physician self-referral law (42 U.S.C. § 1395nn) (the Stark law). WPAHS submitted a preliminary self-disclosure report of certain of these arrangements to the Health and Human Services Office of Inspector General ("OIG") pursuant to the OIG's self-disclosure protocol on December 20, 2012. WPAHS received a letter from the OIG dated February 27, 2013 accepting the submission into the OIG's self-disclosure protocol. WPAHS submitted a supplemental disclosure report to the OIG on March 22, 2013, identifying certain additional lease arrangements that it requests to be included in the self-disclosure protocol. WPAHS has since reached a settlement with the United States, releasing WPAHS from certain potential civil liabilities and resolving the OIG self-disclosure matter, in consideration of a settlement payment in the amount of $1,529. The settlement is not an admission of liability by WPAHS On May 31, 2013, WPAHS disclosed certain other lease arrangements involving potential noncompliance with the Stark law to CMS. The disclosure reports are not an admission of liability with respect to the disclosed matters, but are intended to facilitate a resolution by settlement of potential violations of the aforementioned laws. WPAHS may be subject to fines and penalties with respect to the lease arrangements that are the subject of the disclosures

The Corporation is subject to various other contingencies, including legal and compliance actions and proceedings that arise in the ordinary course of its business. Due to the complex nature of these actions and proceedings, the timing of the ultimate resolution of these matters is uncertain In the opinion of management, based on consultation with legal counsel, adequate provision has been made in the consolidated financial statements for any potential liability related to these matters, and the amount of ultimate liability is not expected to materially affect the consolidated financial position, results of operations or cash flows of the Corporation.