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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, 2013

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

C Name of organization
ALLEGHENY SINGER RESEARCH INSTITUTE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
C/O TAX DEPARTMENT, HIGHMARK STE 922

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

D Employer identification number
25-1320493

E Telephone number
(412) 544-6668

G Gross receipts $ 11,199,857.

F Name and address of principal officer TONY FARAH, MD
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 1977

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, LINE 1

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	3.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	197.
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	109,176.	47,263.
9	Program service revenue (Part VIII, line 2g)	22,167,461.	11,023,473.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	214,498.	57,263.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	357,373.	71,858.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,848,508.	11,199,857.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	51,450.	7,450.
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)	14,361,490.	6,189,386.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	19,220,012.	8,224,844.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	33,632,952.	14,421,680.
19	Revenue less expenses Subtract line 18 from line 12	-10,784,444.	-3,221,823.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	31,823,245.	34,041,248.
21	Total liabilities (Part X, line 26)	25,459,284.	20,807,554.
22	Net assets or fund balances Subtract line 21 from line 20	6,363,961.	13,233,694.

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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

▶ Type or print name and title Elizabeth M Allen CFO 11/10/14

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) [ ] Yes [X] No

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

JSA
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50217Y 633M V 13-7.5F 25-1320493

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2

SCANNED

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 $ 10,531,929. including grants of $ 7,450.) (Revenue $ 11,095,331.)

SCIENTIFIC RESEARCH - SEE SCHEDULE O FOR ADDITIONAL DISCLOSURE.

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ▶ 10,531,929.

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		

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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		
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	103		
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	197		
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			
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	1a 3		
	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			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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) TONY FARAH, MD	1.00									
DIRECTOR AND PRESIDENT	39.00	X		X				0	844,075.	20,789.
(2) JACQUELINE BAUER	1.00									
DIRECTOR AND SECRETARY	39.00	X		X				0	298,591.	41,499.
(3) JOSEPH AHEARN	40.00									
EX-OFFICIO DIRECTOR/PRESIDENT		X		X				293,591.	0	22,775.
(4) JOHN PAUL	1.00									
DIRECTOR	39.00	X						0	1,742,382.	72,229.
(5) THOMAS ALBANESI	1.00									
TREASURER	39.00			X				0	276,833.	20,671.
(6) MATTHEW PETERSON	1.00									
TREASURER	39.00			X				0	244,266.	17,676.
(7) MICHAEL SIROTT	1.00									
SECRETARY	39.00			X				0	219,839.	121,502.
(8) KEITH LEJEUNE	1.00									
VICE PRESIDENT	39.00			X				0	261,885.	11,091.
(9) DEBORAH OLSZEWSKI	1.00									
ASSISTANT SECRETARY	39.00			X				0	196,532.	12,913.
(10) GARTH EHRLICH	40.00									
DIR. CENTER GENOMIC SCIENCES						X		314,516.	0	30,920.
(11) MICHAEL PASSINEAU	40.00									
ASSISTANT PROFESSOR						X		143,572.	0	13,604.
(12) MARK DOYLE	40.00									
ASSOCIATE PROFESSOR						X		125,899.	0	16,597.
(13) BOYLE CHENG	40.00									
ASSISTANT PROFESSOR						X		173,732.	0	15,037.
(14) STEPHEN JONES	40.00									
PHYSICIAN						X		128,366.	0	12,030.

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) CHRISTOPHER OLIVIA MD HEALTH SYSTEM PRESIDENT & CEO	0						X	0	622,300.	4,002.
16) ROY SANTARELLA DIRECTOR & TREASURER	0						X	0	585,872.	0
17) CHRISTOPHER POST, MD PRESIDENT	0						X	0	120,661.	15,217.
1b Sub-total ▶								1,179,676.	4,084,403.	429,333.
c Total from continuation sheets to Part VII, Section A ▶								0	1,328,833.	19,219.
d Total (add lines 1b and 1c) ▶								1,179,676.	5,413,236.	448,552.

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 ▶ 10

		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 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 3

Part VIII Statement of Revenue

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

				(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				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	47,263.			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		47,263.			
Program Service Revenue			**Business Code**				
	2a	SCIENTIFIC RESEARCH	541700	11,023,473.	11,023,473.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		11,023,473.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		57,263.			57,263.
	4	Income from investment of tax-exempt bond proceeds		0			
	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)		0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
	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	CLINICAL SERVICES	541700	36,806.	36,806.		
	b	CARDIOLOGY RESEARCH REIMBURSEMENT	541700	22,866.	22,866.		
	c	MISCELLANEOUS	541700	12,186.	12,186.		
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		71,858.			
	12	**Total revenue.** See instructions		11,199,857.	11,095,331.		57,263.

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	7,450.	7,450.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
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	316,366.	316,366.		
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	4,771,875.	2,222,094.	2,549,781.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	135,813.	61,031.	74,782.	
9 Other employee benefits	627,650.	306,667.	320,983.	
10 Payroll taxes	337,682.	167,704.	169,978.	
11 Fees for services (non-employees)				
a Management	0			
b Legal	64,711.		64,711.	
c Accounting	22,500.		22,500.	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	27,530.		27,530.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	576,095.	454,823.	121,272.	
12 Advertising and promotion	0			
13 Office expenses	28,924.	6,308.	22,616.	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	62,085.	20,224.	41,861.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	37,053.	17,454.	19,599.	
20 Interest	0			
21 Payments to affiliates	384,761.	197,358.	187,403.	
22 Depreciation, depletion, and amortization	371,355.	269,804.	101,551.	
23 Insurance	22,789.		22,789.	
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 MEDICATIONS AND SUPPLIES	5,846,872.	5,846,872.		
b RESEARCH EXPENDITURES	608,054.	608,054.		
c RENTAL EXP & CONTRACT MAINT.	108,800.	18,195.	90,605.	
d MEMBERSHIP FEES	53,882.	11,085.	42,797.	
e All other expenses	9,433.	440.	8,993.	
25 **Total functional expenses.** Add lines 1 through 24e	14,421,680.	10,531,929.	3,889,751.	
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		0	1	0
	2	Savings and temporary cash investments		15,379,697.	2	18,987,769.
	3	Pledges and grants receivable, net		2,137,747.	3	1,798,568.
	4	Accounts receivable, net		0	4	0
	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		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		58,290.	9	219,673.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 5,214,635.			
	b	Less accumulated depreciation	10b 495,140.	5,077,815.	10c	4,719,495.
	11	Investments - publicly traded securities		9,061,661.	11	8,290,743.
	12	Investments - other securities See Part IV, line 11		0	12	0
	13	Investments - program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		108,035.	15	25,000.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		31,823,245.	16	34,041,248.
Liabilities	17	Accounts payable and accrued expenses		7,182,481.	17	1,417,585.
	18	Grants payable		0	18	0
	19	Deferred revenue		14,677,999.	19	16,134,363.
	20	Tax-exempt bond liabilities		0	20	0
	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		0	23	0
	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		3,598,804.	25	3,255,606.
	26	**Total liabilities.** Add lines 17 through 25		25,459,284.	26	20,807,554.
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		-3,291,448.	27	3,477,018.
	28	Temporarily restricted net assets		1,823,875.	28	1,771,607.
	29	Permanently restricted net assets		7,831,534.	29	7,985,069.
		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		6,363,961.	33	13,233,694.
	34	Total liabilities and net assets/fund balances		31,823,245.	34	34,041,248.

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	11,199,857.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,421,680.
3	Revenue less expenses Subtract line 2 from line 1	3	-3,221,823.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,363,961.
5	Net unrealized gains (losses) on investments	5	-178,239.
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	10,269,795.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,233,694.

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?	2a		X
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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			
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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		

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
ALLEGHENY SINGER RESEARCH INSTITUTE

Employer identification number
25-1320493

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

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

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

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

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

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

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)

ATTACHMENT 1

SCHEDULE A, PART I - HOSPITAL'S NAME, CITY AND STATE

WEST PENN ALLEGHENY HEALTH SYSTEM, INC.
PITTSBURGH PA

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

ALLEGHENY SINGER RESEARCH INSTITUTE

Employer identification number

25-1320493

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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	9,655,409.	9,686,344.	9,802,917.	9,770,791.	10,029,118.
b Contributions	47,263.	117,981.	72,446.	76,610.	307,611.
c Net investment earnings, gains, and losses	290,558.	366,025.	-59,574.	535,796.	597,003.
d Grants or scholarships					
e Other expenditures for facilities and programs	209,024.	491,591.	105,216.	557,204.	1,129,262.
f Administrative expenses	27,530.	23,350.	24,229.	23,076.	33,679.
g End of year balance	9,756,676.	9,655,409.	9,686,344.	9,802,917.	9,770,791.

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 ▶ 80.0000 %
- c Temporarily restricted endowment ▶ 20.0000 %

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				
b Buildings		812,720.	46,467.	766,253.
c Leasehold improvements		669,850.	88,934.	580,916.
d Equipment		3,732,065.	359,739.	3,372,326.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				4,719,495.

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

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	
(2) ACCRUED PENSION COSTS	3,131,506.
(3) WORKERS COMPENSATION SELF INSU	51,457.
(4) GENERAL RESERVE	72,643.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	3,255,606.

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)*

SCHEDULE D, PART V, LINE 4

THE INTENDED USE OF ALLEGHENY SINGER RESEARCH INSTITUTE'S PERMANENT AND TERM ENDOWMENTS ARE FOR, BUT NOT EXCLUSIVE TO: CAPITAL IMPROVEMENTS, RESEARCH, EDUCATION, DEPARTMENTAL NEEDS, OPERATING EFFICIENCIES, AND OVERALL PATIENT CARE. THE EARNINGS OFF OF THE PERMANENT AMOUNT ARE EXPENDABLE, BASED ON THE SPECIFIC USE OF THE FUND.

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

ALLEGHENY SINGER RESEARCH INSTITUTE (ASRI) DOES NOT ISSUE INDEPENDENT AUDITED FINANCIAL STATEMENTS. ASRI IS A MEMBER OF A REGIONAL HEALTHCARE SYSTEM NAMED ALLEGHENY HEALTH NETWORK. THE ALLEGHENY HEALTH NETWORK IN CONJUNCTION WITH ITS PARENT ORGANIZATION, HIGHMARK HEALTH RECEIVES A CONSOLIDATED AUDIT WHICH INCLUDES THE OPERATIONS OF ASRI. THE FOLLOWING ANALYSIS REPRESENTS THE RECONCILIATION BETWEEN THE FINANCIAL STATEMENT NET INCOME AND THE NET INCOME AS REPORTED ON FORM 990, PAGE 1, LINE 19:

NET LOSS PER FINANCIAL STATEMENTS	$ (3,164,808)
LESS: INCOME AND EXPENSE RECLASSIFIED FROM RESTRICTED NET ASSETS ON THE FINANCIAL STATEMENTS TO UNRESTRICTED INCOME AND EXPENSE ON FORM 990	(57,015)
NET INCOME PER FORM 990	$ (3,221,823)

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

Part XIII Supplemental Information *(continued)*

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 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
ALLEGHENY SINGER RESEARCH INSTITUTE

Employer identification number
25-1320493

Part I General Information on Grants and Assistance

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

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, PART I, LINE 2

ALLEGHENY SINGER RESEARCH INSTITUTE REPORTED MORE THAN $5,000 ON IRS FORM 990, PAGE 10, PART IX, LINE 1. HOWEVER, NO INDIVIDUAL GOVERNMENT OR ORGANIZATION RECEIVED IN EXCESS OF $5,000. THEREFORE, NO ENTRIES ARE MADE IN SCHEDULE I, PART II.

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
ALLEGHENY SINGER RESEARCH INSTITUTE

Employer identification number
25-1320493

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ 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	GARTH EHRLICH DIR. CENTER GENOMIC SCIENCES	(i)	202,995.	0	111,521.	24,538.	6,381.	345,435.	
		(ii)	0	0	0				
2	CHRISTOPHER OLIVIA MD HEALTH SYSTEM PRESIDENT & CEO	(i)	0	0	0				
		(ii)	0	0	622,300.		4,002.	626,302.	622,300.
3	THOMAS ALBANESI TREASURER	(i)	0	0	0				
		(ii)	263,139.	5,000.	8,694.		20,671.	297,504.	
4	MATTHEW PETERSON TREASURER	(i)	0	0	0				
		(ii)	244,050.	0	216.	8,126.	9,550.	261,942.	
5	MICHAEL PASSINEAU ASSISTANT PROFESSOR	(i)	143,465.	0	107.	4,858.	8,746.	157,176.	
		(ii)	0	0	0				
6	BOYLE CHENG ASSISTANT PROFESSOR	(i)	173,575.	0	157.	5,850.	9,187.	188,769.	
		(ii)	0	0	0				
7	TONY FARAH, MD DIRECTOR AND PRESIDENT	(i)	0	0	0				
		(ii)	743,043.	100,000.	1,032.	10,200.	10,589.	864,864.	
8	MICHAEL SIROTT SECRETARY	(i)	0	0	0				
		(ii)	150,889.	0	68,950.	114,831.	6,671.	341,341.	
9	ROY SANTARELLA DIRECTOR & TREASURER	(i)	0	0	0				
		(ii)	0	0	585,872.			585,872.	585,817.
10	JACQUELINE BAUER DIRECTOR AND SECRETARY	(i)	0	0	0				
		(ii)	230,965.	58,577.	9,049.	28,223.	13,276.	340,090.	
11	KEITH LEJEUNE VICE PRESIDENT	(i)	0	0	0				
		(ii)	246,195.	12,150.	3,540.		11,091.	272,976.	
12	JOSEPH AHEARN EX-OFFICIO DIRECTOR/PRESIDENT	(i)	293,591.	0	0	12,750.	10,025.	316,366.	
		(ii)	0	0	0				
13	CHRISTOPHER POST, MD PRESIDENT	(i)	0	0	0				
		(ii)	120,661.	0	0	6,250.	8,967.	135,878.	
14	DEBORAH OLSZEWSKI ASSISTANT SECRETARY	(i)	0	0	0				
		(ii)	195,366.	0	1,166.	11,781.	1,132.	209,445.	
15	JOHN PAUL DIRECTOR	(i)	0	0	0				
		(ii)	1,321,442.	400,000.	20,940.	70,973.	1,256.	1,814,611.	
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, LINE 4A

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

PERTAINING TO OFFICERS AND KEY EMPLOYEES LISTED IN FORM 990, PART VII,

SECTION A, LINE 1A RECEIVING SEVERANCE PAY DURING THE PERIOD ENDING

DECEMBER 31, 2013:

CHRISTOPHER OLIVIA, MD	$622,300
ROY SANTARELLA	$585,872
MICHAEL SIROTT	$ 68,660

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

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:

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:

MICHAEL SIROTT

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
ALLEGHENY SINGER RESEARCH INSTITUTE	25-1320493

IRS FORM 990 - ORGANIZATIONAL COMMENT

ALLEGHENY SINGER RESEARCH INSTITUTE 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 ALLEGHENY SINGER RESEARCH INSTITUTE 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.

ON APRIL 29, 2013, WEST PENN ALLEGHENY HEALTH SYSTEM, INC., THE PARENT ORGANIZATION OF THE WEST PENN ALLEGHENY HEALTH SYSTEM FORMALIZED AN AFFILIATION WITH HIGHMARK HEALTH, EIN: 45-3674900, A 501(C)(3) TAX EXEMPT ORGANIZATION TO BECOME A MEMBER OF A NEWLY CREATED INTEGRATED DELIVERY SYSTEM NAMED ALLEGHENY HEALTH NETWORK (THE "NETWORK"). WEST PENN ALLEGHENY HEALTH SYSTEM, INC. IS THE SOLE MEMBER OF ALLEGHENY SINGER RESEARCH INSTITUTE. IN ADDITION TO WEST PENN ALLEGHENY HEALTH SYSTEM, THE ALLEGHENY HEALTH NETWORK ALSO CONSISTS OF JEFFERSON REGIONAL MEDICAL CENTER, SAINT VINCENT HEALTH CENTER AND SAINT VINCENT HEALTH SYSTEM. IN TOTAL, THE NETWORK CONSISTS OF 22 DIFFERENT ORGANIZATIONS EXEMPT FROM FEDERAL INCOME TAX UNDER IRS SECTION 501(C)(3).

THE PARENT ORGANIZATION OF THE NETWORK IS ALLEGHENY HEALTH NETWORK, EIN: 45-3674924, A 501(C)(3) TAX EXEMPT ORGANIZATION. TOGETHER, THESE ORGANIZATIONS HAVE COMBINED TO CREATE A COST-EFFECTIVE HEALTH SYSTEM THAT

RAISES QUALITY, ENHANCES OUTCOMES AND PRESERVES CONSUMER CHOICE FOR EVERYONE.

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

INRODUCTION TO ALLEGHENY SINGER RESEARCH INSTITUTE (ASRI)

ASRI IS PART OF THE ALLEGHENY HEALTH NETWORK BY VIRTUE OF BEING AFFILIATED WITH 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 SPECIALTY PRACTICE NETWORK (ASPN), ALLEGHENY MEDICAL PRACTICE NETWORK (AMPN), WEST PENN PHYSICIAN PRACTICE NETWORK (WPPPN), WEST PENN ALLEGHENY ONCOLOGY NETWORK (WPAON), CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE, INC. (CGH AMBULANCE), ALLE-KISKI MEDICAL CENTER TRUST (AKMC TRUST), FORBES HEALTH FOUNDATION, (FHF) SUBURBAN HEALTH FOUNDATION (SHF) AND THE WESTERN PENNSYLVANIA HOSPITAL FOUNDATION (WPHF).

ASRI WAS ESTABLISHED IN 1977 AS A PENNSYLVANIA NON-PROFIT 501(C)(3) CORPORATION AND FUNCTIONS AS THE ENTITY THROUGH WHICH RESEARCH AT WPAHS, INC. - ALLEGHENY GENERAL HOSPITAL (AGH), IS CONDUCTED. BOTH ASRI AND AGH ARE LOCATED IN PITTSBURGH, PA. ASRI HAS A DISTINGUISHED HISTORY OF PIONEERING BIOMEDICAL RESEARCH. ITS LEADERS HAVE RECOGNIZED THAT THROUGH INNOVATIVE RESEARCH, ASRI CAN IMPROVE THE QUALITY OF HEALTHCARE. THROUGH ITS RESEARCH EFFORTS, ASRI HAS HAD A PROFOUND IMPACT ON MANY BREAKTHROUGHS IN INNOVATIVE TECHNOLOGY AND RESEARCH, INCLUDING

PENNSYLVANIA'S FIRST HEART-VALVE REPLACEMENT AND ONE OF THE FIRST HEART TRANSPLANT PROCEDURES PERFORMED IN THE UNITED STATES. THIS INNOVATIVE ENVIRONMENT CONTINUED WITH THE PERFORMANCE OF THE NATION'S FIRST BILATERAL VENTRICULAR ASSIST, THE FIRST PERCUTANEOUS AUTOMATED DISCECTOMY, AND THE NATION'S FIRST DYNAMIC CARDIOMYOPLASTY (MUSCLE FLAP PROCEDURE). ASRI WAS ONE OF 10 U.S. MEDICAL CENTERS TO STUDY DRUGS TO REDUCE DAMAGE FROM SPINAL CORD INJURIES. THE ASRI CENTER FOR GENOMIC SCIENCES BECAME THE FIRST IN THE WORLD TO MAP THE GENE FOR GASTROESOPHAGEAL REFLUX DISEASE IN CHILDREN.

ASRI IS IN A UNIQUE POSITION TO LEAD TRANSLATIONAL RESEARCH THAT WILL IMPROVE PATIENT CARE AT A RAPID PACE. ASRI IS FOCUSED ON RESEARCH THAT TRANSFERS INNOVATION FROM THE LABORATORY BENCH TO THE BEDSIDE SO THAT PATIENT CARE IS ADVANCED AT A MUCH MORE RAPID PACE THAN CONVENTIONAL RESEARCH EFFORTS. TO ACCOMPLISH THIS, ASRI HAS POSITIONED ITS RESEARCH CULTURE UNIQUELY AT THE MIDWAY POINT BETWEEN AN ACADEMIC HEALTH CENTER AND THE HEALTH-CARE INDUSTRY, THUS LEVERAGING THE STRENGTHS OF BOTH.

MISSION, VISION & VALUES

THE VISION FOR ASRI IS TO FACILITATE ADVANCEMENT OF BASIC AND CLINICAL RESEARCH. ASRI'S MISSION IS TO SPONSOR SUPERIOR PROGRAMS IN HEALTH, EDUCATION, AND RESEARCH AND TO FULLY INTEGRATE MEDICAL EDUCATION AND BIOMEDICAL RESEARCH IN ITS CLINICAL SETTINGS IN ORDER TO CONTINUOUSLY IMPROVE THE PATIENT CARE RENDERED, WHILE CONTAINING COSTS TO THE

COMMUNITY.

COMMUNITY ASSESSMENT

ASRI PROVIDES ITS COMMUNITY BENEFIT THROUGH THE CUTTING-EDGE TECHNOLOGY AND RESEARCH IT DEVELOPS. RESULTS OF THIS TYPE OF RESEARCH ARE ULTIMATELY FELT BY THE LOCAL COMMUNITY IN WHICH ASRI IS LOCATED AND IS SERVED BY WPAHS.

ASRI FACILITIES ARE ALSO HOME TO A WIDE SPECTRUM OF BIOCHEMICAL, PHYSIOLOGICAL AND MEDICAL DEVICE RESEARCH AND DEVELOPMENT PROJECTS. WITH HUNDREDS OF ACTIVE RESEARCH PROJECTS IN PROGRESS, THE FOLLOWING REPRESENTS A SAMPLE OF THE RESEARCH AND INNOVATIVE SOLUTIONS UNDERTAKEN BY ASRI:

STEM CELL TRANSPLANTATION - CANCER REMAINS A FORMIDABLE FOE AND KILLS MORE THAN 560,000 AMERICANS EACH YEAR. ASRI RESEARCHERS TEST NOVEL THERAPIES THAT COULD SAVE MORE LIVES AND EVEN LEAD TO CURES. OF ALL THE NEWER THERAPIES BEING DEVELOPED, STEM CELL TRANSPLANTATION, USING STEM CELLS FROM A PATIENT'S OWN BODY (AUTOLOGOUS STEM CELL TRANSPLANT) OR STEM CELLS FROM A DONOR (ALLOGENEIC STEM CELL TRANSPLANT), IS ALLOWING ONCOLOGISTS TO IMPROVE SURVIVAL RATES FOR CANCER PATIENTS.

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

SUBLINGUAL IMMUNOTHERAPY - PEDIATRIC RESEARCHERS AT ASRI ARE INVOLVED IN TESTING SUBLINGUAL IMMUNOTHERAPY, A METHOD OF ALLERGY TREATMENT THAT USES

AN ALLERGEN SOLUTION UNDER THE TONGUE. THE ALLERGEN INTERACTS WITH THE IMMUNE SYSTEM AND CHANGES THE BODY'S ABILITY TO REACT TO ALLERGENS.

ASRI RESEARCHERS TEST THE EFFECTIVENESS OF AN ASTHMA MEDICATION IN REDUCING THE SEVERITY AND LENGTH OF THE COMMON COLD, AS WELL AS TESTING A NEW VACCINE THAT COULD PREVENT RSV, OR THE RESPIRATORY SYNCYTIAL VIRUS. RESEARCHERS TEST NEW MEDICATIONS FOR THE TREATMENT OF ALLERGY AND ASTHMA IN BOTH ADULTS AND CHILDREN.

THE POSITIVE HEALTH CLINIC - THE POSITIVE HEALTH CLINIC PROVIDES HIV EDUCATION, PREVENTION, TESTING AND TREATMENT TO AT-RISK INDIVIDUALS. DURING 2013 THE CLINIC, PROVIDED ON-GOING HIV MEDICAL CARE TO HIV POSITIVE PERSONS. ALL SERVICES WERE PROVIDED REGARDLESS OF THEIR ABILITY TO PAY. THE CLINIC PROVIDES A HOLISTIC, HARM REDUCTION, APPROACH TO HIV EDUCATION, PREVENTION AND CARE, OFTEN PROVIDING SERVICES THAT ARE NOT COVERED BY INSURANCE SUCH AS TRANSPORTATION TO APPOINTMENTS, SOCIAL SERVICES, MENTAL HEALTH THERAPY AND PSYCHIATRIC CARE, HOUSING ASSISTANCE, ETC.

ASRI RECEIVES FEDERAL FUNDING FOR ITS HIV PATIENT SCREENING AND CARE INITIATIVES THROUGH THE RYAN WHITE PROGRAM. THE RYAN WHITE COMPREHENSIVE AIDS RESOURCES EMERGENCY (CARE) ACT (RYAN WHITE CARE ACT, RYAN WHITE, PUB.L. 101-381, 104 STAT. 576, ENACTED AUGUST 18, 1990) IS THE UNITED STATES' LARGEST FEDERALLY FUNDED PROGRAM FOR PEOPLE LIVING WITH HIV/AIDS. THE ACT SOUGHT FUNDING TO IMPROVE AVAILABILITY OF CARE FOR LOW-INCOME,

UNINSURED AND UNDER-INSURED VICTIMS OF AIDS AND THEIR FAMILIES. IT FUNDS HEAVILY IMPACTED METROPOLITAN AREAS, STATES, AND LOCAL COMMUNITY-BASED ORGANIZATIONS TO PROVIDE LIFE-SAVING MEDICAL CARE, MEDICATIONS, AND SUPPORT SERVICES TO MORE THAN HALF A MILLION PEOPLE EACH YEAR.

FINANCIAL CONTRIBUTIONS

ASRI SUPPORTS THE COMMUNITY THROUGH CASH CONTRIBUTIONS MADE AT THE DISCRETION OF THE ENTITY, BENEFITING NOT ONLY THE NON-PROFIT RECIPIENT BUT ULTIMATELY THE COMMUNITY AS A WHOLE. ASRI MADE THE FOLLOWING CASH CONTRIBUTIONS DURING THE PERIOD JULY 1, 2013 THROUGH DECEMBER 31, 2013 TOTALING $7,450:

FORM 990, PAGE 6, PART VI, SECTION A, LINE 3
ALLEGHENY SINGER RESEARCH INSTITUTE IS A MEMBER OF THE INTEGRATED DELIVERY SYSTEM NAMED ALLEGHENY HEALTH NETWORK. DELOITTE FINANCIAL ADVISORY SERVICES, LLP (DELOITTE) WAS ENGAGED TO ASSIGN AN INTERIM CHIEF FINANCIAL OFFICER AND TREASURER TO ALLEGHENY HEALTH NETWORK. ELIZABETH ALLEN WAS APPOINTED 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. 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.

Name of the organization: ALLEGHENY SINGER RESEARCH INSTITUTE

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

THE IRS FORM 990 OF THE ALLEGHENY SINGER RESEARCH INSTITUTE WAS PREPARED BY THE HIGHMARK HEALTH TAX DEPARTMENT. 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

ALLEGHENY SINGER RESEARCH INSTITUTE (ASRI) 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 ASRI AS WELL AS THE OTHER WPAHS AFFILIATES:

CONFLICT OF INTEREST DISCLOSURE FORMS ARE COMPLETED ON AN ANNUAL BASIS BY ALL BOARD MEMBERS, OFFICERS, EMPLOYEES WHO HAVE A TITLE OF MANAGER AND ABOVE, PHYSICIANS IN LEADERSHIP ROLES, PHARMACY AND THERAPEUTIC COMMITTEE MEMBERS, ALL EMPLOYEES OF THE WPAHS 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 WPAHS COMPLIANCE OFFICER AND GENERAL COUNSEL REVIEW THE CONFLICTS DISCLOSED. THOSE THAT

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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. 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 15B

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

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 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

ALLEGHENY SINGER RESEARCH INSTITUTE (ASRI) DOES NOT MAKE ITS GOVERNING

DOCUMENTS AVAILABLE TO THE PUBLIC.

HIGHMARK HEALTH (HH) FINANCIAL STATEMENTS ARE ON A CONSOLIDATED BASIS WHICH INCLUDE ALLEGHENY SINGER RESEARCH INSTITUTE. 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 ASRI. THIS IS NOT AVAILABLE TO THE PUBLIC.

FORM 990, PAGE 7, PART VII, SECTION A, COLUMN B
ALLEGHENY SINGER RESEARCH INSTITUTE (ASRI) 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

Name of the organization: ALLEGHENY SINGER RESEARCH INSTITUTE

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ORGANIZATION IRS FORMS 990 IS TAKEN INTO ACCOUNT.

DIRECTORS WHO ARE NOT EMPLOYED AND VOLUNTEER THEIR SERVICES ARE ASSIGNED ONE HOUR OF SERVICE. THE ACTUAL TIME SERVED FOR ALL INDIVIDUALS DISCLOSED IN IRS FORM 990 CAN VARY BASED UPON THE NEED OF THE ORGANIZATION.

FORM 990, PAGE 7, PART VII, COLUMN C

THE FOLLOWING INDIVIDUALS SERVED AS DIRECTORS OR OFFICERS OF ALLEGHENY SINGER RESEARCH INSTITUTE WITHOUT SERVING A CONSECUTIVE 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 - 08-16-2013
DEBORAH OLSZEWSKI	07-01-2013 - 08-20-2013
MATTHEW PETERSON	07-01-2013 - 08-20-2013
JOSEPH AHERN	07-01-2013 - 10-31-2013
THOMAS ALBANESI	08-20-2013 - 12-31-2013
JACQUELINE BAUER	10-31-2013 - 12-31-2013
JOHN PAUL	10-31-2013 - 12-31-2013
KIETH LEJEUNE	12-12-2013 - 12-31-2013

FORM 990, PAGE 11, PART X, LINE 20

ALLEGHENY SINGER RESEARCH INSTITUTE IS A MEMBER OF THE WEST PENN ALLEGHENY HEALTH SYSTEM OBLIGATED GROUP IN REGARDS TO 2007 ALLEGHENY

COUNTY HOSPITAL DEVELOPMENT AUTHORITY TAX-EXEMPT BONDS. THE PURPOSE OF THE ISSUE OF THE ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY (ACHDA) HOSPITAL REVENUE BONDS, SERIES 2007 A IS TO REFUND THE OUTSTANDING ACHDA SERIES 2000A AND B BOND ISSUES, REFUND THE DAUPHIN COUNTY GENERAL AUTHORITY (DCGA) SERIES 1992A AND B HOSPITAL BONDS, THE PENNSYLVANIA HIGHER EDUCATION FACILITY AUTHORITY (PHEFA) SERIES 1991A REVENUE BONDS, THE MONROEVILLE HOSPITAL AUTHORITY (MHA) SERIES 1992 AND 1995 REVENUE BONDS, THE FUNDING OF A PROJECT FUND FOR CERTAIN PRIOR AND FUTURE CAPITAL EXPENDITURES AND TO PAY THE COST OF ISSUING SERIES 2007A DEBT. NO INTERNAL ALLOCATION OF DEBT HAS BEEN MADE TO ALLEGHENY SINGER RESEARCH INSTITUTE, HOWEVER, THE ORGANIZATION'S ASSETS ARE SECURITY FOR PURPOSES OF THIS BOND ISSUE.

FORM 990, PAGE 12, PART XI, LINE 9

THE FOLLOWING IS A RECONCILIATION OF THE OTHER CHANGES IN NET ASSETS OF ALLEGHENY SINGER RESEARCH INSTITUTE FOR THE PERIOD JULY 1, 2013 THROUGH DECEMBER 31, 2013:

TRANSFERS FROM AFFILIATED ORGANIZATIONS	$ 7,673,343
PURCHASE ACCOUNTING ADJUSTMENT	2,288,251
NET CHANGE IN MINIMUM PENSION LIABILITY	308,201
OTHER CHANGES IN NET ASSETS	$ 10,269,795

Name of the organization: ALLEGHENY SINGER RESEARCH INSTITUTE

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ATTACHMENT 1

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

THE VISION FOR ASRI IS TO FACILITATE ADVANCEMENT OF BASIC AND CLINICAL RESEARCH. ASRI'S MISSION IS TO SPONSOR SUPERIOR PROGRAMS IN HEALTH, EDUCATION, AND RESEARCH AND TO FULLY INTEGRATE MEDICAL EDUCATION AND BIOMEDICAL RESEARCH IN ITS CLINICAL SETTINGS IN ORDER TO CONTINUOUSLY IMPROVE THE PATIENT CARE RENDERED, WHILE CONTAINING COSTS TO THE COMMUNITY.

ATTACHMENT 2

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
UNIVERSITY OF PGH RESEARCH COST ACTG. PO BOX 371220 PITTSBURGH, PA 15251	RESEARCH SERVICES	401,444.
CCN AMERICA LP 300 PENN CENTER, STE 505 PITTSBURGH, PA 15235	PHARMACY SERVICES	185,276.
FOX ROTHCHILD LLP 2000 MARKET STREET, 20TH FLOOR PHILADELPHIA, PA 19103	PATENT ATTORNEY	104,143.

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

ALLEGHENY SINGER RESEARCH INSTITUTE

Employer identification number

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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) 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 SPECIALTY PRACTICE NETWORK 25-1838458 320 EAST NORTH AVE PITTSBURGH, PA 15212	HEALTHCARE	PA	501(C)(3)	3	WPAHS INC		X
(4) ALLE-KISKI MEDICAL CENTER 25-1875178 1301 CARLISLE STREET PITTSBURGH, PA 15065	HEALTHCARE	PA	501(C)(3)	3	WPAHS INC		X
(5) ALLE-KISKI MEDICAL CENTER TRUST 20-5855753 1301 CARLISLE STREET PITTSBURGH, PA 15065	FUNDRAISING	PA	501(C)(3)	11-I	AKMC		X
(6) CANONSBURG GENERAL HOSPITAL 25-1737079 100 MEDICAL BLVD CANONSBURG, PA 15317	HEALTHCARE	PA	501(C)(3)	3	WPAHS INC		X
(7) CANONSBURG GENERAL HOSPITAL AMBULANCE SE 23-2939715 100 MEDICAL BLVD CANONSBURG, PA 15317	ER RESPONSE	PA	501(C)(3)	9	CGH		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

ALLEGHENY SINGER RESEARCH INSTITUTE

Employer identification number

25-1320493

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

(a) Name, address, and EIN (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) CANONSBURG HOSPITAL & HEALTH FOUNDATION 25-1818505 100 MEDICAL BLVD CANONSBURG, PA 15317	INACTIVE	PA	501(C)(3)	11-I	NA		X
(2) FORBES HEALTH FOUNDATION 25-1798379 2570 HAYMAKER RD MONROEVILLE, PA 15146	FUNDRAISING	PA	501(C)(3)	7	WPAHS INC		X
(3) GREATER CANONSBURG HEALTH SYSTEM 25-1488089 100 MEDICAL BLVD CANONSBURG, PA 15317	INACTIVE	PA	501(C)(3)	11-I	NA		X
(4) SUBURBAN HEALTH FOUNDATION 25-1472073 100 SOUTH JACKSON AVE PITTSBURGH, PA 15202	FUNDRAISING	PA	501(C)(3)	11-I	WPAHS INC		X
(5) THE WESTERN PENNSYLVANIA HOSPITAL FOUNDA 25-1470766 4800 FRIENDSHIP AVE PITTSBURGH, PA 15224	FUNDRAISING	PA	501(C)(3)	11-I	WPAHS INC		X
(6) WEST ALLEGHENY HOSPITAL 25-1054206 100 MEDICAL BLVD PITTSBURGH, PA 15317	INACTIVE	PA	501(C)(3)	3	NA		X
(7) WEST PENN ALLEGHENY HEALTH SYSTEM, INC. 25-0969492 TWO ALLEGHENY CTR. PITTSBURGH, PA 15212	HEALTHCARE	PA	501(C)(3)	3	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.

▶ 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

ALLEGHENY SINGER RESEARCH INSTITUTE

Employer identification number

25-1320493

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

(a) Name, address, and EIN (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.

▶ 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

ALLEGHENY SINGER RESEARCH INSTITUTE

Employer identification number

25-1320493

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

(a) Name, address, and EIN (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

ALLEGHENY SINGER RESEARCH INSTITUTE

Employer identification number

25-1320493

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

(a) Name, address, and EIN (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	NONE	0	0		X	0		X	
(5) ALLEGHENY IMAGING OF MCCANDLES 4800 FRIENDSHIP AVE	MEDICAL PRACTICE	PA	N/A	NONE	0	0		X	0		X	
(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	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) 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	NONE	0	0		X	0		X	
(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
(1)													
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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)									
(3)									
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(7)									

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)				
(2)				
(3)				
(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
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Part VII **Supplemental Information**

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

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . ▶ ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number, see instructions Employer identification number (EIN) or
	Allegheny Singer Research Institute	25-1320493
	Number, street, and room or suite no. If a P.O. box, see instructions c/o Tax Department, 120 Fifth Ave., Suite 922	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Pittsburgh, PA 15222-3009	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	[redacted]	[redacted]
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶ Management

Telephone No. ▶ 412-544-6668 Fax No. ▶ 412-544-8674

• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until November 15, 20 14.

5 For calendar year _____, or other tax year beginning July 1, 20 13, and ending December 31, 20 13.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☒ Change in accounting period

7 State in detail why you need the extension Additional time is needed to obtain all information necessary to file a complete and accurate return.

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$	0
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	0
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$	0.00

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Elizabeth McCabe Title ▶ CFO Date ▶ 7/29/2014