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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
West Penn Allegheny Health System Inc

% MATTHEW PETERSON

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
C/O Tax Dept120 Fifth AveSte 922

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

D Employer identification number
25-0969492

E Telephone number
(412) 544-6668

G Gross receipts $ 1,704,663,976

F Name and address of principal officer
John Paul
30 Isabella Street
Pittsburgh, PA 15212

H(a) Is this a group return for subordinates? ☐ Yes ☑ 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 ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www ahn org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1848

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
See Form 990, Page 2, Part III

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	6
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	10,384
6	Total number of volunteers (estimate if necessary)	**6**	940
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	4,400,730
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-509,882

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	1,780,464	3,759,755
9	Program service revenue (Part VIII, line 2g)	585,662,441	1,289,825,767
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,799,775	32,285,310
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,413,324	52,774,355
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	628,656,004	1,378,645,187
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	39,824	90,629
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)	243,918,191	523,960,321
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶192,672		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	335,253,308	712,070,396
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	579,211,323	1,236,121,346
19	Revenue less expenses Subtract line 18 from line 12	49,444,681	142,523,841

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	1,165,738,935	1,271,826,720
21	Total liabilities (Part X, line 26)	1,149,349,809	1,341,697,875
22	Net assets or fund balances Subtract line 21 from line 20	16,389,126	-69,871,155

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 — Date: 2015-11-10

▶ ELIZABETH M ALLEN CFO
Type or print name and title

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 ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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 $ 298,943,917 including grants of $ 60,629) (Revenue $ 243,216,788)

West Penn Allegheny Health System, Inc is a team of care givers committed to improving health and promoting wellness in our communities, one person at a time It pledges to consistently deliver safe, compassionate quality healthcare by treating the whole person - body, mind and spirit See Schedule O - West Penn Allegheny Health System, Inc - Allegheny General Hospital

4b (Code) (Expenses $ 185,083,481 including grants of $ 7,550) (Revenue $ 155,801,251)

West Penn Allegheny Health System, Inc is a team of care givers committed to improving health and promoting wellness in our communities, one person at a time It pledges to consistently deliver safe, compassionate quality healthcare by treating the whole person - body, mind and spirit See Schedule O - West Penn Allegheny Health System, Inc - The Western Pennsylvania Hospital

4c (Code) (Expenses $ 101,959,209 including grants of $) (Revenue $ 85,333,624)

West Penn Allegheny Health System, Inc is a team of care givers committed to improving health and promoting wellness in our communities, one person at a time It pledges to consistently deliver safe, compassionate quality healthcare by treating the whole person - body, mind and spirit See Schedule O - West Penn Allegheny Health System, Inc - Forbes Regional Hospital

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 422,513,777 including grants of $ 4,500) (Revenue $ 851,446,752)

4e **Total program service expenses** ▶ 1,008,500,384

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**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		No
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 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		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) 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**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
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**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
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**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
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**	Yes	
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**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
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**	Yes	

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	602		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	10,384		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
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	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	12		
	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**	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
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**		Yes	
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**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
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**	Yes	
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**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
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**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," 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**	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ PA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you 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, address, and telephone number of the person who possesses the organization's books and records

▶ 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 . . . . . ☑

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, or 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			

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			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								4,831,903	10,723,047	1,182,369

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 ▶ 241

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
Deloitte Consulting LLP, PO Box 84417 DALLAS, TX 75284	Consulting Services	21,517,853
Nordick Consulting Partners Inc, 740 Regent St STE 400 MADISON, WI 53715	Consulting Services	5,260,662
ITXM Clinical Services, 875 Greetree Road PITTSBURGH, PA 15220	transfusion services	4,410,069
MBM Contracting Inc, 4999 Old Clairton Road PITTSBURGH, PA 15236	Contracting Services	4,028,228
Labcorp of America Holdings, 358 S main St BURLINGTON, NC 27215	laboratory services	3,623,124

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 495

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	487,285			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,272,470			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		3,759,755			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENUE	611710	1,289,825,767	1,289,825,767		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		1,289,825,767			
	3	Investment income (including dividends, interest, and other similar amounts)		22,234,928			22,234,928
	4	Income from investment of tax-exempt bond proceeds		132,549			132,549
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents	3,126,268				
	b	Less rental expenses					
	c	Rental income or (loss)	3,126,268	0			
	d	Net rental income or (loss)		3,126,268		725,291	2,400,977
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	336,984,740	-1,048,118			
	b	Less cost or other basis and sales expenses	326,018,789				
	c	Gain or (loss)	10,965,951	-1,048,118			
	d	Net gain or (loss)		9,917,833			9,917,833
Other Revenue	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	CERTIFICATE SETTLEMENT	621110	15,483,179	15,483,179		
	b	PHARMACY REVENUE	621110	8,228,041	8,228,041		
	c	PARKING REVENUE	621110	6,144,191	6,144,191		
	d	All other revenue		19,792,676	16,117,237	3,675,439	
	e	**Total.** Add lines 11a–11d		49,648,087			
	12	**Total revenue.** See Instructions		1,378,645,187	1,335,798,415	4,400,730	34,686,287

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 domestic organizations and domestic governments See Part IV, line 21	72,679	72,679		
2 Grants and other assistance to domestic individuals See Part IV, line 22	17,950	17,950		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	2,106,566	1,848,655	255,266	2,645
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	437,664,136	335,931,210	101,570,863	162,063
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,577,616	8,220,799	2,356,817	
9 Other employee benefits	45,122,579	34,757,705	10,364,874	
10 Payroll taxes	28,489,424	21,959,785	6,515,323	14,316
11 Fees for services (non-employees)				
a Management	0			
b Legal	144,718	13,885	130,833	
c Accounting	1,214,852		1,214,852	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	911,123		911,123	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	137,890,908	94,979,813	42,911,095	
12 Advertising and promotion	52,068	43,588	8,480	
13 Office expenses	7,571,414	5,958,639	1,606,720	6,055
14 Information technology	39,038,228	32,944,361	6,093,867	
15 Royalties	0			
16 Occupancy	33,369,092	25,327,967	8,041,125	
17 Travel	1,462,642	1,237,524	225,118	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,517,537	1,256,951	260,586	
20 Interest	25,094,127	18,528,791	6,565,336	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	50,037,002	36,361,265	13,675,737	
23 Insurance	13,986,322	9,951,039	4,035,283	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PATIENT CARE COSTS	268,619,556	265,234,950	3,384,606	
b REPAIRS AND MAINTENANCE	55,565,131	45,160,103	10,405,028	
c BAD DEBT	21,487,588	21,487,588		
d PA ACT 49 - QUALITY CARE	19,217,430	19,217,430		
e All other expenses	34,890,658	27,987,707	6,895,358	7,593
25 **Total functional expenses.** Add lines 1 through 24e	1,236,121,346	1,008,500,384	227,428,290	192,672
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)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		13,418,801	1	903,219
	2	Savings and temporary cash investments		80,648,827	2	21,659,129
	3	Pledges and grants receivable, net		332,536	3	413,574
	4	Accounts receivable, net		120,297,598	4	153,040,653
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		3,185,000	7	3,325,918
	8	Inventories for sale or use		21,982,310	8	23,612,791
	9	Prepaid expenses and deferred charges		13,148,348	9	16,840,602
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 564,366,548			
	b	Less accumulated depreciation	10b 81,205,350	488,507,650	10c	483,161,198
	11	Investments—publicly traded securities		204,153,283	11	200,208,634
	12	Investments—other securities See Part IV, line 11		4,251,938	12	3,763,575
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		86,881,387	14	106,282,214
	15	Other assets See Part IV, line 11		128,931,257	15	258,615,213
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,165,738,935	16	1,271,826,720
Liabilities	17	Accounts payable and accrued expenses		105,251,272	17	133,655,917
	18	Grants payable		0	18	0
	19	Deferred revenue		41,044,059	19	36,605,927
	20	Tax-exempt bond liabilities		525,085,788	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		64,061,400	23	635,935,210
	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		413,907,290	25	535,500,821
	26	**Total liabilities.** Add lines 17 through 25		1,149,349,809	26	1,341,697,875
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-179,472,695	27	-269,137,575
	28	Temporarily restricted net assets		5,750,468	28	6,506,911
	29	Permanently restricted net assets		190,111,353	29	192,759,509
		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		16,389,126	33	-69,871,155
	34	Total liabilities and net assets/fund balances		1,165,738,935	34	1,271,826,720

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,378,645,187
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,236,121,346
3	Revenue less expenses Subtract line 2 from line 1	3	142,523,841
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,389,126
5	Net unrealized gains (losses) on investments	5	-1,475,122
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-227,309,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-69,871,155

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		No
	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	Yes	
	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	Yes	
	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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

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

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code	) (Expenses $	422,513,777	including grants of $	4,500	) (Revenue $	851,446,752	)

SYSTEM WIDE SERVICES TO AFFILIATED ORGANIZATIONS

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Joseph Macerelli Chairman	1 0 10 0	X		X				0	0	0
(1) Basil Cox Director	1 0 0 0	X						0	0	0
(2) Theodore Neighbors Director	1 0 0 0	X						0	0	0
(3) Sandra Usher Director	1 0 0 0	X						0	0	0
(4) Edward Marasco Director	1 0 0 0	X						0	0	0
(5) John Paul Director	1 0 39 0	X		X				0	1,864,483	136,134
(6) David Blandino MD Director	1 0 10 0	X						0	118,119	0
(7) Robert Baum MD Director	1 0 10 0	X						0	140,767	0
(8) Nanette DeTurk Director	1 0 39 0	X						0	3,215,011	143,608
(9) Patricia Liebman Director	1 0 39 0	X						0	1,132,224	89,945
(10) Tony Farah MD Director	1 0 39 0	X						0	1,039,535	113,270
(11) Doris Carson Williams Director	1 0 0 0	X						0	87,707	0
(12) Karen Hanlon Director	1 0 39 0	X						0	1,003,781	238,239
(13) Elizabeth Allen Treasurer	1 0 39 0			X				0	756,501	55,916
(14) Jacqueline Bauer Secretary	1 0 39 0			X				0	412,601	27,316
(15) Denzil Rupert WPH President & CEO	40 0 0 0				X			401,920	0	21,629
(16) Reese Jackson FRH President & CEO	40 0 0 0				X			350,894	0	15,892
(17) James Kanuch WPH VP of Finance	40 0 0 0				X			210,883	0	20,380
(18) Michael Harlovic AGH President & CEO	40 0 0 0				X			434,319	0	19,623
(19) Richard Fries AGH VP of Finance	40 0 0 0				X			224,852	0	19,232
(20) Margaret Dicuccio VP Chief Nursing Executive	40 0 0 0				X			171,160	0	10,991
(21) Thomas Hipkiss FRH VP of Finance	40 0 0 0				X			185,728	0	19,368
(22) Bart Metzger System Chief HR Officer	40 0 0 0					X		415,129	0	24,689
(23) Terry Wiltrout VP Real Estate & Facilities	40 0 0 0					X		263,661	0	18,745
(24) Michele Leone VP Finance and Chief Rev Cycle	40 0 0 0					X		429,152	0	17,466

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) Paul Kiproff Physician	40 0 0 0					X		309,972	0	13,000
(1) Ronald Andro AGH COO	40 0 0 0					X		384,097	0	23,047
(2) Daniel Lebish Treasurer	1 0 39 0						X	0	952,318	107,078
(3) Michael Sirott Secretary	0 0 0 0						X	114,831	0	0
(4) Margaret Barron EVP of External Affairs	0 0 0 0						X	240,041	0	0
(5) Thomas Moser Chief Operations Officer	0 0 0 0						X	292,709	0	46,762
(6) Judy Zedreck AGH Interim President & CEO	0 0 0 0						X	402,555	0	39

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
West Penn Allegheny Health System Inc

Employer identification number
25-0969492

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g 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 listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317025255

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

2014

Open to Public Inspection

Name of the organization
West Penn Allegheny Health System Inc

Employer identification number
25-0969492

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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 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) Revenue 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 Revenue 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, for escrow or custodial account liability? ☐ 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	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	195,861,821	181,722,698	171,795,328	181,375,059	160,822,837
b	Contributions	3,332,351	1,753,754	1,111,484	1,224,584	2,114,402
c	Net investment earnings, gains, and losses	13,241,303	18,503,168	20,071,905	-56,362	29,373,573
d	Grants or scholarships					
e	Other expenditures for facilities and programs	12,467,116	5,761,292	10,760,576	10,332,607	10,460,295
f	Administrative expenses	701,939	356,507	495,443	415,346	475,458
g	End of year balance	199,266,420	195,861,821	181,722,698	171,795,328	181,375,059

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 97 000 %
- c Temporarily restricted endowment ▶ 3 000 %

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		23,960,000		23,960,000
b Buildings		270,279,738	28,645,484	241,634,254
c Leasehold improvements		11,158,888	1,208,974	9,949,914
d Equipment		212,987,701	48,518,967	164,468,734
e Other		45,980,222	2,831,926	43,148,296
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				483,161,198

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		
Other		
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
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	47,614,943
(2) INVEST - ENTITIES	106,544,395
(3) FUNDING COMMITMENTS	79,030,149
(4) RECEIVABLES - OTHER	24,633,337
(5) LETTER OF CREDIT	296,000
(6) CAPITALIZED COSTS	496,389
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	258,615,213

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
Federal income taxes	0
See Additional Data Table	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	535,500,821

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 ☑

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 (losses) 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

Return Reference	Explanation
Intended Use of the Organization's Endowment Funds	The intended use of West Penn Allegheny Health System, Inc permanent and term endowments are for, but not exclusive to capital improvements, research, education, departmental needs, operating efficiencies, and overall patient care The earnings off of the permanent amount are expendable, based on the specific use of the fund
Inclusion In The Consolidated Audit of Highmark Health	West Penn Allegheny Health System, Inc (WPAHS) does not issue independent audited financial statements WPAHS is a component of the Highmark Health consolidated audited financial statements The following analysis represents the reconciliation between the financial statement net income and the net income as reported on Form 990, Page 1, line 19 financial statements $125,399,891 Add Net loss from LLC (222,887) Plus Income and expense reclassified from restricted net assets on the financial statements to unrestricted income and expense on Form 990 18,474,852 Less Unrealized gains reflected in unrestricted income on the financial statements and reclassified to net assets on Form 990 (1,128,015) _____ Net income per Form 990 $142,523,841 Highmark Health 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 following is the footnote to the audited consolidated financial statements of Highmark Health for FASB ASC 740 At December 31, 2014 and 2013, gross unrecognized tax benefits (excluding the federal benefit received from state positions) were $150,575,000 and 147,685,000, respectively, and, if recognized, would have impacted the effective tax rate

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

1	**(a)** Description of Liability	**(b)** Book Value
	ACCRUED PENSION LIABILITY	162,443,261
	THIRD PARTY SETTLEMENTS	1,028,602
	INSURANCE LIABILITIES	26,866,948
	CAPITAL LEASES	267,942
	ASSET RETIREMENT OBLIGATION	4,479,459
	NON-CURRENT INT EXP	17,762,273
	LONG TERM DEBT - HIGHMARK	300,000,000
	BLUE CROSS ADVANCE	4,859,059
	OTHER LIABILITIES	2,769,753
	FRRC AND NOTES PAYABLE	15,023,524

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
West Penn Allegheny Health System Inc

Employer identification number
25-0969492

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		No
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			80,021,265	63,398,023	16,623,242	1 370 %
b Medicaid (from Worksheet 3, column a)			140,552,119	87,860,787	52,691,332	4 340 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			220,573,384	151,258,810	69,314,574	5 710 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,310,117		1,310,117	0 110 %
f Health professions education (from Worksheet 5)			34,602,107		34,602,107	2 850 %
g Subsidized health services (from Worksheet 6)			392,623,699	369,454,229	23,169,469	1 910 %
h Research (from Worksheet 7)			3,583,670		3,583,670	0 300 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			68,179		68,179	0 010 %
j **Total.** Other Benefits			432,187,772	369,454,229	62,733,542	5 180 %
k **Total.** Add lines 7d and 7j			652,761,156	520,713,039	132,048,116	10 890 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements			900		900	
5 Leadership development and training for community members						
6 Coalition building			176,668		176,668	0 010 %
7 Community health improvement advocacy			15,590		15,590	
8 Workforce development			39,420		39,420	
9 Other						
10 **Total**			232,578		232,578	0 010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	5,539,768		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	2,365,685		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	463,163,823		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	486,566,153		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-23,402,330		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 West Penn Amb Surg	Ambulatory Surgery Center	51 000 %		
2 5148 Lib Ave Assoc	Property Rental	50 000 %		
3 Alleg Imag of McCand	Imaging Services	45 000 %		
4 Optima Imaging Inc	Medical Imaging	20 000 %		
5 Forbes Reg Urologic	Equipment Rental	20 000 %		
6 North Shore Endoscop	Endoscopy Services	50 000 %		45 000 %
7 McCandless Endoscopy	Endoscopy Services	50 000 %		50 000 %
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 3

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Allegheny General Hospital

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2012			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) www.ahn.org			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2012			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Allegheny General Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) X			
b	☑ The FAP application form was widely available on a website (list url) X			
c	☑ A plain language summary of the FAP was widely available on a website (list url) X			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group Allegheny General Hospital

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group The Western Pennsylvania Hospital

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) www.ahn.org			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 12			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group The Western Pennsylvania Hospital

			Yes	No
Financial Assistance Policy (FAP)				
13	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) X			
b	☑ The FAP application form was widely available on a website (list url) X			
c	☑ A plain language summary of the FAP was widely available on a website (list url) X			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group The Western Pennsylvania Hospital

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Forbes Regional Hospital

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2012			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) www.ahn.org			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2012			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Forbes Regional Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) X			
b	☑ The FAP application form was widely available on a website (list url) X			
c	☑ A plain language summary of the FAP was widely available on a website (list url) X			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Forbes Regional Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **22**

	Name and address	Type of Facility (describe)
1	See Additional Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
Schedule H, Part I, Line 3	All uninsured patients qualify for discounted care There is no income or asset test to qualify Schedule H, Part III, Line 3 and Line 4 Bad Debt Expense Financial Statement Footnote and Costing Methodology West Penn Allegheny Health System, Inc does not issue separate audited financial statements and therefore a footnote does not exist Bad debt expense is accounted for on a charge basis in our internal financial statements A cost to charge ratio is applied to the internal figures to convert the charge to cost

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 and Line 9b	Collection Practices For Patients Who Qualify For Financial Assistance Patients that qualify for charity care or financial assistance are provided with an approval letter with the effective dates for the assistance At any time the individual presents for services within a 90 day span of approval, they show the letter and will be registered as a charity care case Charity care cases are designated in the internal computerized systems with unique plan codes that prevent billing to the patient Reports are run to capture the patient accounts registered with the charity care plan codes so they can be written off to charity care Medicare Shortfall as a Community Benefit and Costing Methodology West Penn Allegheny Health System, Inc receives overall reimbursement from Medicare less than the cost of the services provided As such, we consider the shortfall a community benefit The source used to determine the amount reported on Line 6 is the medicare cost report

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2	Health Needs Assessment West Penn Allegheny Health System, Inc management and staff utilize multiple strategies to continually monitor and assess the health care needs of the communities it serves One approach to assessing needs involves surveying community members about health needs related to national and state health goals West Penn Allegheny Health System, Inc also acts on expressed community needs by responding to direct community requests for health screenings, outreach events and other health-related activities and by maintaining longstanding programs that are well attended and positively evaluated by community participants In addition, West Penn Allegheny Health System, Inc gathers community input through participation in area rotaries, chambers of commerce, through partnerships with community organizations and other community engagement activities Another means is through reviewing and taking appropriate actions on feedback gathered from the following sources routine market assessments, patient and family satisfaction surveys, Press Ganey surveys, patient, patient family and staffs' suggestions for improving patient safety, medical staff input and physician surveys In addition to the ongoing community health monitoring and assessment, West Penn Allegheny Health System, Inc has completed a formal community health needs assessment (CHNA) for each Hospital in 2012 This assessment was done separately for each hospital Each Hospital had a CHNA steering committee assigned that consisted of community leaders, individuals with expertise in public health, hospital board members, physicians and internal hospital leaders and managers The steering committees met between July 2012 and April 2013 to provide guidance on various components of the CHNA The CHNA involved systematically analyzing demographic and other health-related data, considering local, state and national health goals, and understanding existing community health resources and programs The West Penn Allegheny Health System, Inc - Allegheny General Hospital (WPAHS, Inc - AGH) addressed the following community health needs heart disease and high blood pressure, diabetes, breast, lung and colon cancers Early screening is incorporated into all implementation strategy programs and WPAHS, Inc - AGH engages in early screening through existing community outreach and health screening efforts The areas of mental health service access and flu and pneumonia were not addressed by implementation strategy programs because existing hospital and community resources work to address these needs WPAHS, Inc - AGH evaluated all top priority needs and put forth plans to address the needs we felt we were best positioned to make a positive impact for the betterment of the health of the communities we serve The West Penn Allegheny Health System, Inc - Western Pennsylvania Hospital (WPAHS, Inc - WPH) addressed the following community health needs cardiovascular disease, diabetes and breast cancer Early screening is incorporated into all implementation strategy programs and WPAHS, Inc - WPH engages in early screening through existing community outreach and health screening efforts The area of flu and pneumonia were not addressed by its implementation strategy programs because existing hospital and/or community resources work to address these needs WPAHS, Inc - WPH evaluated all top priority needs and put forth plans to address the needs we felt we were best positioned to make a positive impact for the betterment of the health of the communities we serve The West Penn Allegheny Health System, Inc - Forbes Regional Hospital (WPAHS, Inc - FRH) addressed the community health need of diabetes Early screening is incorporated into the implementation strategy program and WPAHS, Inc - FRH engages in early screening through existing community outreach and health screening efforts The areas of mental health services, flu and pneumonia, high blood pressure, cardiovascular disease, obesity, breast cancer and bronchus/ lung cancer were not addressed by implementation strategy programs because existing hospital and community resources work to address these needs WPAHS, Inc - FRH evaluated all top priority needs and put forth plans to address the needs we felt we were best positioned to make a positive impact for the betterment of the health of the communities we serve The WPAHS, Inc board of directors approved and implemented the CHNA plans on October 31, 2013 All WPAHS, Inc Community Health Needs Assessments can be viewed at www ahn org

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3	Patient Education For Eligibility For Assistance Each West Penn Allegheny Health System, Inc Hospital displays signage in various patient Admission, Registration and Emergency Department areas that alerts that patient to Account Assistance program availability and contact information During the preservice process, patients are evaluated to determine financial assistance options West Penn Allegheny Health System, Inc offers the "Account Assistance Program" which consists of application assistance for governmental eligibility, Charity Care application completion and submission support, as well as uninsured provisions The above support is available at no charge to the patient

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4	Community Served Information West Penn Allegheny Health System, Inc consists of three Hospital Campus locations Two campus locations are in the City of Pittsburgh, located in the North Side and Bloomfield and the third location is in the Municipality of Monroeville Collectively, we provide health care services to the residents of Pittsburgh and Monroeville The City of Pittsburgh has approximately 306,000 residents and the Municipality of Monroeville has approximately 28,400 residents All three Hospital campuses are located in Allegheny County Allegheny County consists of approximately 1,232,000 residents living in a land area of approximately 745 square miles The median housing value in Allegheny County is $126,500

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5	Promotion of Community Health West Penn Allegheny Health System, Inc promotes the health of the communities we service through the provision of a 24 hour emergency department located at every hospital available 7 days a week for everyone regardless of their ability to pay Allegheny General Hospital's lifeflight provides regional emergency helicopter and critical care ground transportation services for critically ill and injured individuals who need immediate specialized care Lifeflight is available 24 hours a day, 7 days a week The Pennsylvania Trauma Systems Foundation has designated Allegheny General Hospital as a Level I regional resource trauma center The Trauma center has capabilities in patient care, research and education of future medical professions A trauma surgeon is available 24 hours a day, 7 days a week to respond to patient needs Forbes Regional Hospital has been designated as a Level II regional resource trauma center We specialize in many forms of highly skilled and technical medical treatment These services are necessary to advance the healthcare of the communities we serve, therefore we undertake and subsidize the services with the understanding that they will result in a financial loss The Board of Directors of West Penn Allegheny Health System, Inc is comprised of a majority of independent community members Further, we apply all surplus funds into the advancement of healthcare for the communities we serve The Hospitals also provide community benefits by contributing support to the community groups as described in the Community Benefit Report contained in Schedule O Please refer to the Community Benefit Report for further information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6	Affiliated Healthcare System West Penn Allegheny Health System (WPAHS) is part of the integrated delivery system named Allegheny Health Network (AHN) In addition to WPAHS, the AHN consists of Saint Vincent Health Center, Saint Vincent Health System and Jefferson Regional Medical Center WPAHS is comprised of some of the oldest and best-known names in health care in western Pennsylvania From their inception, the system's hospitals have been in the vanguard of patient care, medical research and health sciences education Comprised of two tertiary and three community hospitals, WPAHS includes Allegheny General Hospital and The Western Pennsylvania Hospital, both in Pittsburgh, Alle-Kiski Medical Center in Natrona Heights, Canonsburg General Hospital in Canonsburg and the Western Pennsylvania Hospital - Forbes Regional Campus in Monroeville Offering a comprehensive range of medical and surgical services, the hospitals serve Pittsburgh and the surrounding five-state area, house 1,620 beds and employ more than 11,000 people Together, the WPAHS hospitals admit nearly 55,000 patients, log over 169,000 emergency visits and deliver more than 4,200 newborns each year Combined, the hospitals are among the leaders in percentages of total surgeries, cardiac surgeries, neurosurgeries and cardiac catheterization procedures performed throughout the region West Penn Allegheny Health System, Inc serves as the flagship for the West Penn Allegheny Health System Through our Allegheny General, Western Pennsylvania and Forbes Regional Campuses we provide exceptional education to the aspiring healthcare professionals of tomorrow We fund research that is conducted through the research arm of the health system, known as Allegheny Singer Research Institute We specialize in areas such as Burn Care at the West Penn Campus and our affiliation with other national organizations such as the Joslin Diabetes Center and the Jones Institute for Reproductive Medicine guarantees the best possible treatment for our patients

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7	State Filing of Community Benefit Report West Penn Allegheny Health System, Inc files the community benefit report with the state of Pennsylvania as part of our obligation to furnish the state of Pennsylvania with a copy of the IRS Form 990 and related schedules

Additional Data

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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Schedule H, Part V, Line 5	
Schedule H, Part V, Line 22d	Charges For Medical Care West Penn Allegheny Health System offers uninsured patients a fif ty percent (50%) discount on total gross charges to all hospital charges The intent of th e discount is to standardize charging practices for covered and non covered patients The discount is offered during patient contact for elective/ urgent (non cosmetic) procedures during the financial counseling process, as well as during the patient statement cycle pro cess for services provided (including Emergency services) Patient statements are clearly marked with the uninsured discount, reducing the "amount owed" of the gross charges An un insured discount of 50% is applied to the patient account either at the time of payment or prior to transferring the account to bad debt upon conclusion of the routine four stateme nt cycle, for any unpaid balances This methodology is applied consistently among the thre e Hospitals of West Penn Allegheny Health System, Inc

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
AGH - Medical Practices 420 East North Ave Pittsburgh, PA 15212	Medical Practices
AGH - Suburban General Campus 100 South Jackson Avenue Pittsburgh, PA 15202	Medical Practices
AGH - Physician Practices 490 East North Avenue Pittsburgh, PA 15212	Medical Practices
AGH - Child Care 621 East North Avenue Pittsburgh, PA 15212	Medical Practices
AGH - Ear Treatment and Care 8500 Brooktree Road Wexford, PA 15090	Medical Practices
AGH - Physician Practices 9335 McKnight Road Pittsburgh, PA 15237	Medical Practices
WPH - Physician Practices 4815 Liberty Avenue Pittsburgh, PA 15224	Medical Practices
AGH - Medical Practices 1307 Federal Street Pittsburgh, PA 15212	Medical Practices
AGH - Medical Practice 133 Church Hill Road McKees Rocks, PA 15136	Medical Practices
AGH - Physician Practices 2027 Lebanon Church Road West Mifflin, PA 15122	Medical Practices
FRH - Physician Practices 2566 Haymaker Road Monroeville, PA 15146	Medical Practices
FRH - Physician Practice 314 South Kimberly Avenue Somerset Borough, PA 15501	Medical Practices
AGH - Neurosurgery 420 Wood Street Clarion, PA 16214	Medical Practices
AGH - Human Motion and Imaging 500 Blazier Drive Wexford, PA 15090	Medical Practices
WPH - Institute for Pain Medicine 5124 Liberty Avenue Pittsburgh, PA 15224	Medical Practices

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
AGH-WPH Various Medical Specialties 5140 Liberty Avenue Pittsburgh, PA 15224	Medical Practices
AGH - Lab 5318 Ranalli Drive Gibsonia, PA 15044	Medical Practices
AGH - Radiology and Sports Medicine 5375 William Flynn Highway Gibsonia, PA 15044	Medical Practices
AGH - Physician Practices 575 Lincoln Avenue Pittsburgh, PA 15202	Medical Practices
AGH - Orthopaedic 49 Fort Couch Road Bethel Park, PA 15241	Medical Practices
AGH - Lab 651 Holiday Drive Pittsburgh, PA 15220	Medical Practices
AGH - Lab 20826 Route 19 Cranberry Township, PA 16066	Medical Practices

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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

2014

Open to Public Inspection

Name of the organization
West Penn Allegheny Health System Inc

Employer identification number
25-0969492

Part I General Information on Grants and Assistance

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

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.

(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) Crohns and Colitis Foundation of America 300 Penn Cir Blvd Ste 401 Pittsburgh, PA 15235	13-6193105	501(C)(3)	10,000				To further the charitable mission of the organization
(2) Northside Ledership Conference 1319 Allegheny Avenue Pittsburgh, PA 15233	25-1689304	501(c)(3)	25,339				To support the charitable mission of the organization
(3) AKMC Trust 120 Fifth Avenue Pittsburgh, PA 15222	20-5855753	501(c)(3)	7,500				To support the charitable mission of the organization

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to 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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

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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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
West Penn Allegheny Health System Inc

Employer identification number
25-0969492

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification 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 in 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, 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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) 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**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) 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 in column(B) reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Severance Payments Received by Listed Individuals	The following represents additional disclosure for Schedule J, line 4a pertaining to officers, key employees and five highest paid individuals listed in Form 990, Part VII, Section A, Line 1a receiving severance pay during the year ended December 31, 2014 Judy Zedreck $393,772 Margaret Barron $240,041 Tom Moser $292,709 Daniel Lebish $436,107
Supplemental Nonqualified Retirement Plan	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 $2,740 Nan DeTurk $48,213 Karen Hanlon $31,013
Deferred Non-qualifying Retirement Plan 457(f)	The following individuals have amounts accrued related to 457(f) Non-qualifying retirement plans Karen Hanlon $41,377 John Paul $95,127 Patricia Liebman $48,486 Tony Farah $74,796 Elizabeth Allen $46,733
Deferred Compensation Analysis of Listed Individuals	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 Tom Moser Daniel Lebish

Additional Data

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

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

(A) Name 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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 John Paul, Director	(I)	0	0	0	0	0	0	0
	(II)	933,552	900,944	29,987	104,088	32,046	2,000,617	0
1 Nanette DeTurk, Director	(I)	0	0	0	0	0	0	0
	(II)	658,561	1,239,702	1,316,748	108,722	34,886	3,358,619	0
2 Elizabeth Allen, Treasurer	(I)	0	0	0	0	0	0	0
	(II)	409,508	325,000	21,993	46,733	9,183	812,417	0
3 Patricia Liebman, Director	(I)	0	0	0	0	0	0	0
	(II)	605,282	499,195	27,747	58,886	31,059	1,222,169	0
4 Daniel Lebish, Treasurer	(I)	0	0	0	0	0	0	0
	(II)	0	515,639	436,679	106,458	620	1,059,396	436,142
5 Jacqueline Bauer, Secretary	(I)	0	0	0	0	0	0	0
	(II)	321,366	71,578	19,657	12,155	15,161	439,917	0
6 Denzil Rupert, WPH President & CEO	(I)	401,368	0	552	10,400	11,229	423,549	0
	(II)	0	0	0	0	0	0	0
7 Reese Jackson, FRH President & CEO	(I)	350,342	0	552	10,400	5,492	366,786	0
	(II)	0	0	0	0	0	0	0
8 Margaret Barron, EVP of External Affairs	(I)	0	0	240,041	0	0	240,041	240,041
	(II)	0	0	0	0	0	0	0
9 Tony Farah MD, Director	(I)	0	0	0	0	0	0	0
	(II)	738,598	275,000	25,937	79,771	33,499	1,152,805	0
10 Bart Metzger, System Chief HR Officer	(I)	413,545	0	1,584	15,600	9,089	439,818	0
	(II)	0	0	0	0	0	0	0
11 Thomas Moser, Chief Operations Officer	(I)	0	0	292,709	41,007	5,755	339,471	0
	(II)	0	0	0	0	0	0	292,709
12 James Kanuch, WPH VP of Finance	(I)	210,579	0	304	8,746	11,634	231,263	0
	(II)	0	0	0	0	0	0	0
13 Terry Wiltrout, VP Real Estate & Facilities	(I)	263,421	0	240	8,450	10,295	282,406	0
	(II)	0	0	0	0	0	0	0
14 Michele Leone, VP Finance and Chief Rev Cycle	(I)	290,402	135,000	3,750	10,400	7,066	446,618	0
	(II)	0	0	0	0	0	0	0
15 Paul Kiproff, Physician	(I)	309,972	0	0	13,000	0	322,972	0
	(II)	0	0	0	0	0	0	0
16 Ronald Andro, AGH COO	(I)	383,323	0	774	13,000	10,047	407,144	0
	(II)	0	0	0	0	0	0	0
17 Michael Sirott, Secretary	(I)	0	0	114,831	0	0	114,831	0
	(II)	0	0	0	0	0	0	0
18 Judy Zedreck, AGH Interim President & CEO	(I)	0	8,822	393,733	0	39	402,594	393,772
	(II)	0	0	0	0	0	0	0
19 Michael Harlovic, AGH President & CEO	(I)	433,767	0	552	10,400	9,223	453,942	0
	(II)	0	0	0	0	0	0	0

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

(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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Richard Fries, AGH VP of Finance	(I)	223,919	0	933	9,214	10,018	244,084	0
	(II)	0	0	0	0	0	0	0
1 Margaret Dicuccio, VP Chief Nursing Executive	(I)	126,160	45,000	0	6,939	4,052	182,151	0
	(II)	0	0	0	0	0	0	0
2 Thomas Hipkiss, FRH VP of Finance	(I)	185,468	0	260	7,742	11,626	205,096	0
	(II)	0	0	0	0	0	0	0
3 Karen Hanlon, Director	(I)	0	0	0	0	0	0	0
	(II)	482,335	494,329	27,117	209,062	29,177	1,242,020	0

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

Return Reference	Explanation	
	IRS Form 990	West Penn Allegheny Health System, Inc is a member of the integrated delivery system named Allegheny Health Network In 2013, to be consistent with the Highmark Health tax year, West Penn Allegheny Health System, Inc changed its tax year from a fiscal year ended June 30th to Calendar year This transition caused the short period July 1, 2013 through December 31, 2013 Prior period balances on the calendar year 2014 Form 990 are not reflective of a full twelve month period Form 990, Page 2, Part III, Line 4a INTRODUCTION TO WEST PENN ALLEGHENY HEALTH SYSTEM, INC West Penn Allegheny Health System, Inc (WPAHS, Inc) is part of the West Penn Allegheny Health System (WPAHS) Organized in 2000, WPAHS (www wpahs org) is comprised of West Penn Allegheny Health System, Inc (WPAHS, Inc), Alle-Kiski Medical Center (AKMC), Canonsburg General Hospital (CGH), Allegheny Medical Practice Network (AMPN), Allegheny Clinic (AC) (F K A Allegheny Specialty Practice Network), Allegheny-Singer Research Institute (ASRI), West Penn Allegheny Oncology Network (WPAON) Canonsburg General Hospital Ambulance Service (CGH Ambulance), Alle-Kiski Medical Center Trust (AKMC Trust), Forbes Health Foundation (FHF), Suburban Health Foundation (SHF) and The Western Pennsylvania Hospital Foundation (WPHF) This affiliation ensures that WPAHS, Inc area residents have access to a complete continuum of health care services Through appropriate integration across the System both clinically and operationally, our Hospitals are able to remain a high quality, low-cost provider with linkages to the latest medical research and advanced technology West Penn Allegheny Health System, Inc consists of the following three hospital campuses Allegheny General Hospital (WPAHS, Inc - AGH), Forbes Regional Hospital (WPAHS, Inc - FRH) and the Western Pennsylvania Hospital (WPAHS, Inc - WPH) Because each hospital does numerous charitable activities for the communities we serve, we feel best served by presenting the Statement of Program Service Accomplishments for each hospital separately In total, we will present the Statement of Program Service Accomplishments for WPAHS, Inc - AGH, WPAHS, Inc - WPH and WPAHS, Inc - FRH PURPOSE AND MISSION West Penn Allegheny Health System, Inc is a team of care givers committed to improving health and promoting wellness in our communities, one person at a time We pledge to consistently deliver safe, compassionate quality healthcare by treating the whole person - body, mind and spirit SUPPORT OF RESEARCH The Hospitals of WPAHS, Inc , through its research arm, an affiliated organization named Allegheny Singer Research Institute (ASRI), EIN 25-1320493, are extremely dedicated to providing financial support in medical research activities During the Calendar Year 2014 $3,583,670 was underwritten by WPAHS, Inc and ASRI in support of Research and education ASRI has a distinguished history of pioneering biomedical research , and its accomplishments are described in greater detail in the filing of its own Statement of Program Service Accomplishments SUPPORT OF EDUCATION The hospitals of WPAHS, Inc are dedicated to providing financial support for the education of healthcare professionals During the Calendar Year 2014 $34,356,900 was underwritten by WPAHS, Inc in support of education Among the activities supported were the training of medical interns, residents and fellows, nursing school training and training programs for students enrolled in the schools of respiratory, radiology and pharmacy WPAHS, Inc also upholds an affiliation with both Temple University and the Drexel University College of Medicine in an effort to ensure the solid education of our healthcare professionals of the future UNCOMPENSATED CARE To enhance the health status of the community in which it operates and consistent with its tax-exempt status, WPAHS, Inc provides needed health care services to individuals regardless of their ability to pay for all or part of the services rendered These services include both inpatient and outpatient services as well as an emergency room that is available 24 hours a day Consistent with the filing of Schedule H, the components of uncompensated care include charity care at cost and unreimbursed Medicaid WPAHS, Inc provided uncompensated care at a cost of $69,314,574 during Calendar Year 2014 SUBSIDIZED HEALTH SERVICES Subsidized health services represent those programs provided to the community by WPAHS, Inc despite the fact the Hospitals incur a financial loss to do so WPAHS, Inc recognizes the need of its community and voluntarily subsidizes these programs in support of its charitable mission Among the subsidized health services provided by WPAHS, Inc is the operation of the emergency department, lifeflight operation, neonatology and mental health Consistent with the filing of Schedule H, WPAHS, Inc provided subsidized health services at a cost of $23,169,469 during Calendar Year 2014 COMM

Return Reference	Explanation	
	IRS Form 990	UNITY BENEFIT ACTIVITIES WPAHS, Inc undertakes various activities that benefit the health and well-being of the communities we serve These activities have little or no reimbursement and are operated at a loss Consistent with the filing of Schedule H, WPAHS, Inc provided the following community benefit activities at the associated cost during Calendar Year Community Health Improvement Services and Community Benefit Operation $1,310,117 Health Professions Education - Net of Intern, Resident, Fellow and School of Nursing $245,207 Financial and In-Kind Contributions $68,179 Community Building Activities $232,578 The specific activities associated with the cost of providing community benefit is disclosed in the pages that follow in the Hospital specific community benefit reports of Allegheny General Hospital, The Western Pennsylvania Hospital and Forbes Regional Hospital INTRODUCTION TO WEST PENN ALLEGHENY HEALTH SYSTEM, INC - ALLEGHENY GENERAL HOSPITAL Founded in 1885 on Pittsburgh's historic North Side, West Penn Allegheny Health System, Inc -Allegheny General Hospital (AGH) has earned an international reputation for excellence and innovation in the care of patients, medical education and research Serving Pittsburgh and the surrounding five-state area, the 631 bed academic health center offers a wide array of medical and surgical services as well as an emergency room open 24 hours a day 7 days a week open to everyone regardless of their ability to pay AGH has historically won and continues to win both national and international recognition and awards for its programs in numerous specialty areas The hospital has been recognized by U S News and World Report in 9 areas of excellence as well as one of the country's best hospitals The hospital was recognized by Thomson Healthcare as one of the country's "100 Top Hospitals Performance Improvement Leaders" and by Thompson Healthcare as one of the Top 100 Hospitals for Cardiovascular Care Additionally it was named by Thomson Reuters as the top teaching hospital in the Pittsburgh The hospital is recognized by the American Heart Association Get with the Guidelines - Heart Failure Gold Achievement Award The hospital was also lauded as a Highmark Blue Distinction Center for Spine Surgery, a Hip and Knee Replacement Surgery Center of Excellence and was accredited by The Joint Commission as a comprehensive stroke center It also received the Get with the Guidelines - Coronary Artery Disease Gold Performance - Achievement Award from the American Heart Association HealthGrades ranked AGH as the top hospital in Pittsburgh for stroke care and among the nation's top 10 percent of hospitals for stroke care As one of the largest tertiary facilities in the region, the AGH main campus and its two main outpatient campuses, AGH Suburban in nearby Bellevue and AGH McCandless in the North Hills offers the most advanced care available in specialty areas, including colorectal surgery, diagnostic and interventional radiology, emergency medicine, endocrinology, gastroenterology, general surgery, allergy/immunology, anesthesiology/pain medicine, internal medicine, bariatric/weight loss surgery, minimally invasive surgery, nephrology, gynecology, cardiology, cardiothoracic surgery, ophthalmology, otorhinolaryngology, pediatrics, psychiatry, critical care medicine, infectious disease, oncology, pathology and laboratory medicine, reproductive medicine and infertility, vascular surgery, urogynecology, maternal and fetal medicine, pulmonary medicine, radiation oncology, rheumatology, transplant surgery, oral and maxillofacial surgery, dental medicine and nutrition The hospital's highly acclaimed physicians are leaders in a vast array of specialty areas AGH specialists in cardiology and cardiothoracic surgery have been recognized among the nation's best for their experience and achievements in providing superior heart care Through the Gerald McGinnis Cardiovascular Institute, these specialists o

Return Reference	Explanation	
	Form 990, Page 2, Part III	AGH McCandless gives patients in the North Hills easy access to a host of its state-of-the -art services and leading physicians At AGH McCandless, the latest in imaging capabilitie s are available including open bore MRI, CT scans, ultrasound, x-ray, digital mammography, bone densitometry and nuclear medicine An array of some of the region's finest doctors a re seeing patient at AGH McCandless From cardiology to rheumatology, general surgery, neu rosurgery, thoracic surgery and vascular surgery, AGH McCandless brings the highly regarde d expertise of Allegheny General right into the northern suburbs In addition, there is on -site lab services and free parking A long-standing commitment to education and research remains a cornerstone of AGH, as evidenced by it serving as a regional campus of the Phila delphia-based Drexel University College of Medicine and Temple University School of Medici ne and ongoing, innovative research studies in the neurosciences, medical oncology, human genetics, cardiovascular and pulmonary diseases, orthopedics and trauma COMMUNITY HEALTH IMPROVEMENT AND COMMUNITY BENEFIT OPERATIONS Community health improvement services and com munity benefit operations include activities intended to improve health and w ellness They extended beyond patient care activities and are subsidized by the Hospital The programs range from community health education to free clinics and screenings As a component of We st Penn Allegheny Health System, Inc and consistent w ith the filing of Schedule H, AGH pr ovided the follow ing community health services during the 12 months ended December 31, 201 4 at an estimated cost of $462,277 Community Health Services - Community Health Education Lunch & Learn - Lunch & Learn Speakers Program w as provided by AGH Integrative Medicine P rogram Various health related subjects w ere addressed throughout the year Health Aw arene ss - An over view of popular Heart Healthy Diets [Mediterranean, Dean Ornish, Dr Weil's A nti Inflammatory, DASH and USDA Healthy Plate] and suggested changes to the Asian Indian d iet that may be helpful in controlling w eight and preventing heart disease Also presented w as the USDA 2010 Dietary Guidelines to participants to promote a healthy lifestyle AHN Strike Out Stroke -This event w as orchestrated to provide mass community stroke aw areness education to attendees of a Major League Baseball game This event included pregame one-on e-one risk screenings, the distribution of educational materials and T-shirts, and an educ ational video aired on the Jumbotron screen at the baseball park. Further, an AGH physicia n shared teaching points live on-air during the radio broadcast of the baseball game A-Fi b Symposium - A registered dietitian provided heart healthy information to assist particip ants in controlling their intake of high cholesterol and high sodium foods and discussed p otential food and drug reactions for individuals taking certain prescription medications Tour de Cure - An education table for the American Diabetes Association w as provided In t he afternoon, screening tools w ere used to screen for diabetes CMU Lecture Series - CMU s tudents w ere lectured on robotic surgery This allow ed aspiring future medical professiona ls the opportunity to glimpse into cutting edge medical techniques Diabetes Education -Th e department of pharmacy presented to hospital volunteers information on diabetes The pre sentation focused on the history of diabetes, types, risk factors, symptoms, complications and medications used for diabetes Great Race Expo and Runners Clinic - Provided informat ional handouts, first aid and sports medicine coverage and functional screening for partic ipants of the Great Race AGH Open Heart Surgery Observation Program - The Open Heart Obse rvation program provides high school and other vocational school students w ith a unique ed ucational opportunity to observe open heart surgery and interact w ith cardiac surgeons and operating room professional staff Walk to Win Program - The program aims to promote phys ical activity in children and teach them about the dangers of childhood obesity The progr am's goal is simple - promote more physical activity w hile having fun At the end of the p rogram, each participating school is provided w ith a grant to support their physical educa tion programs Pirates Fest - Provided a table w ith informational handouts on sports injur ies, and provided a kids related activity Lung Cancer Educational Program - The free lung cancer education program "100 years of challenges, advances and hope" w as presented Conc ussion Aw areness, Case Management & New Technology - Baseline concussion C3 Logix tests w e re provided for children ages 10 and up Sports medicine staff w as provided w ith informati on on concussion aw areness and treatment Vendatic Philosphy Education for Children - A Wp ahs, Inc - AGH physician serves as a volunteer coordinator for the program that teaches c hildren about Vendatic Philosophy Recipes for the

Return Reference	Explanation	
	Form 990, Page 2, Part III	Wise Woman - Calm the Chaos, community health and wellness program Interactive stress ma nagement workshop for women including demonstration and hands on instruction of mind-body relaxation techniques for managing stress, discussion of strategies for designing a person al wellness plan, and healthy cooking demonstration Program was conducted by AGH Integrat ive Medicine Physicians and health care professionals Speakers Program - UBS (at Phipps) The Speakers Program presented stress management lecture and strategies for stress managem ent Community Health Services - Health Fairs & Screenings and Community Events Health Fai rs and Screenings - AGH participated in numerous health and wellness fairs during the cour se of the calendar year These fairs included education and screening related to but not l imited to blood pressure screening, good nutrition and healthy w eight, breast cancer aw ar eness, stroke risk assessments, relaxation therapies, exercise techniques, cardiovascular risk, gastrointestinal health, asthma, functional movement analysis, diabetic foot screeni ngs, body fat analysis and injury prevention Community Days and Events - AGH participated in many community events including Community Race, ADA Expo, Community Appreciation Day, Employee Safety and Wellness Fair, World Kidney Day, Highmark IT Leadership Events, Hearts in the Park Walk and Expo, Pumpkin Festivals, Women's Peace March , Steel City Showdow n , Riverview Park Health Fair, Prescriptions for a Healthy Heart, Northside Christian Health Center's Annual Health Fair, Little Italy Days and the Jintronix ACL Program Education a ctivities and screenings w ere conducted at these events Community Health Education - Elde rly and Other Education Northside Community Events - Lung Screening tests, health screenin gs and nutritional information w ere provided There w as also an annual picnic and communit y event held in the Allegheny Commons Park to bring the residents together A dietician w a s available for nutritional advice as w ell as medical residents to take blood pressures, r espiratory therapists to provide spirometry screening and a pharmacist to give medication advice Sageworks Senior Health and Information Fair - This fair w as used as an informatio nal session for seniors The fair focused on different healthcare practices and options R adiation Oncology w as present to get our name and brand out into the community so that cit izens w ould be aw are of our presence Healthy Living Guest Lecture Series - Senior Citizen s - AGH provides numerous educational opportunities for the senior population through the Healthy Living Guest Lecture Series These opportunities are provided throughout the commu nity and include the follow ing topics energy conservation, shingles, diabetes, sciatica, and sw ollen ankles and feet Bingo 4 Health- This program featured AGH physicians presenti ng on topics including the importance of w ater, diabetes and the flu virus, follow ed by a review of the discussion topics in the form of a bingo game This program w as offered at n o cost and open to any interested adult in the community AARP Driver Safety Refresher Cou rse - This is the AARP one day Driver Safety Refresher Course Students review defensive d riving techniques, new traffic laws, and rules of the road Through interaction w ith one a nother, participants learn how to safely adjust their driving to compensate for age-relate d changes LifeFlight Safety Courses - Community visits w ere provided by the AGH Lifefligh t team to focus on the benefits that LifeFlight brings to the community Community Health Education - Mass Media Communication Medical Frontiers Radio Show - The Medical Frontiers Radio Show is an interactive radio talk show featuring various AGH staff physicians discus sing different health topics These talk shows provide patient education and public health aw areness Topics covered during the fiscal year ended include but are not limited to ha nd surgery, rheumatologic disease, sleep

Return Reference	Explanation
Form 990, Page 2, Part III	Adagio Health Dietetic Internship Clinical Rotation -Adagio Dietetic Interns completed an eight week clinical nutrition rotation at AGH that focused on disease management/medical nutrition therapy and the nutrition care process Dietitians reviewed cases, recommended nutrition care plans, observed patient interactions and signed off on all documentation Shadow/Observation Program - During 2014, AGH hosted 60 high school and college students for a shadow/observation experience from 8-16 hours in length Thirteen students shadowed MD's and the remaining shadowed other healthcare professionals (nurse, PT, OT, Administrator, Pharmacist, etc) This program provides the student with a valuable observation experience and the opportunity to talk with professionals in their chosen career field Student Affiliations - Occupational Therapy (OT) students complete required observation and training in the evaluation and treatment of patients under the direct supervision of a licensed Occupational Therapist Enteral Feedingsand Bariatrics Seminars - Two nutrition seminars were facilitated regarding Nutrition & Bariatric Surgery and Overview of Enteral Nutrition and Feeding Tubes for the Adagio Health Dietetic Interns This information will prepare them to practice as nutrition professionals and successfully sit for the RD Licensure exam Clinical Observation Site - Students - The Operating Room serves as a clinical site for health professional programs in Pittsburgh which includes Physical and Occupational Therapy programs The Operating Room facilitates an observation of a unique treatment area and fulfills an educational requirement of those programs We promote education and positive relationships with professional programs and employment opportunities for the graduates Health Professions Education - High School Students City High Charter School Internship Program - AGH hosts students from the City High Charter School in Pittsburgh for their senior internship Students are placed in various areas of the hospital for a hands-on learning approach This project is coordinated through the Volunteer Services Department This is a wonderful learning experience for the youth who are considering a career in the healthcare field FINANCIAL CONTRIBUTIONS This category includes cash and in-kind services donated to individuals and the community at large In-kind services could include hours donated by staff to the community during hospital work hours, overhead expenses of meeting space donated to not-for -profit community groups and the free provision of food, equipment, supplies and giveaway items as well as monetary donation As a division of West Penn Allegheny Health System, Inc and consistent with the filing of the West Penn Allegheny Health System Schedule H, AGH provided these services at a cost of $60,629 during the 12 months ended 12/31/2014 YMCA Diabetes Prevention Program - Use of AGH-Suburban Campus Hanson Conference Center to the YMCA of Pittsburgh, for the purpose of providing the YMCA Diabetes Prevention Program to community members qualified for the program by YMCA program administrators Program goal was to reduce the risk of program participants diagnosed with pre-diabetes from developing type 2 diabetes through the use of lifestyle behavior modifications Better Choices and Better Health Chronic Disease Management Program - AGH-Suburban Campus provided use of conference center to conduct the program to 25 participants, AGH-Suburban staff provided weekly set up of room, refreshments weekly and storage space for class materials Northside Health Improvement Partnership Meetings - AGH donates space for the bi-monthly NSHIP committee meetings

Return Reference	Explanation
Form 990, Page 2, Part III	Financial Contributions - Grants Partnership Coordinator Salary and Operating Cost - AGH provided grants to the Northside Leadership Conference (NSLC) for both the salary of the AGH Partnership Coordinator as well as operating costs associated with the position Cash Donations - AGH supports the community through cash contributions made at the discretion of the Hospital and its Directors, benefitting not only the non-profit recipient but also ultimately the community as a whole During the 12 months ended 12/31/14, AGH made cash donation to the following organizations Allegheny General Hospital Hearts in the Park Crohns & Colitis Walk Crohns & Colitis Luncheon Childrens Museum Dapper Dan Mattress Factory Urban Garden Party Northside Chamber of Commerce Northside Community Night Northside Chamber Business Luncheon Northside Holiday Awards Gala (Third Annual) National Pancreatic Foundation LaRoche College Honoring Jennifer Kopar Providence Connections COMMUNITY BUILDING ACTIVITIES Community Building Activities include activities engaged in for the purpose of improving or protecting the health, future and wellbeing of the community As a division of West Penn Allegheny Health System, Inc and consistent with the filing of the West Penn Allegheny Health System, Inc Schedule H, AGH provided these services at a cost of $145,158 during the 12 months ended 12/31/2014 Volunteer for Pittsburgh Food Bank - Various AGH employees serve as a volunteer for the Pittsburgh Food Bank. Northside Vendor Fair - The AGH Northside Partnership hosts annual vendor fairs to encourage AGH staff to shop/support local businesses AGH provides staff support to assist with the event, lunch for vendors, as well as marketing space Board of Director Representation -AHA Board of Directors - The AGH Chief Operating Officer and the Division Director for Cardiology serve as members of the Board of Directors of the American Heart Association, providing a pathway between Allegheny General Hospital, the AHA and community in developing program with a focus on health related programs, including childhood obesity and women's heart Drugs of Abuse - Each year, the health educators at Hickory High School set aside a week of class to address the issue of drug and alcohol abuse for the sophomore class AGH employees assist in teaching this class Start on Success Mentoring Program - AGH employees mentored Pittsburgh Public School students daily throughout the school year and summer These students learn basic workforce skills and job readiness training Disability Mentoring Day - The AGH Northside Partnership supported the United Way Disability Mentoring Day with the support of AGH Staff members, providing information and support to the students regarding medical careers

Return Reference	Explanation
Form 990, Page 2, Part III	Northside Coordinating Committee - The AGH Northside Partnership hosted monthly meetings with AGH employees from various departments, including but not limited to, facilities, volunteer services, psychiatry, and emergency services These act as advisory meetings to discuss ongoing and upcoming Northside initiatives Northside Youth Summer Guide - The AGH Northside Partnership and the Northside Health Improvement Partnership create and distribute a summer guide listing all summer activities aimed at our youth The Northside Chronicle prints and circulates the guide to the Northside schools The goal is to offer parents and guardians options to keep their children engaged in healthy and education activities all summer Northside Children's Holiday Party - The AGH Northside Partnership provides staffing for the annual Northside Children's Holiday Party, where disadvantaged Northside youth receive a gift Members of AGH Food & Nutrition Services staff ordered, delivered and served food & beverages to children and families that attended the events Community Event Support - The Volunteer Resources Department provides volunteer support for various community events

Return Reference	Explanation
Form 990, Page 2, Part III	Weekly parking for parishioners to attend service - AGH Parking Department provides parking for members and visitors of the Community House Presbyterian Church and Allegheny Center Alliance Church Parking is provided every weekend for multiple services at both churches Additional, parking for special events at the churches is also provided American Heart Association Heart Walk - Food & Nutrition Services staff ordered, delivered, prepared and served food and beverages to the walkers representing AHN Big Blue Quest - AGH Food & Nutrition provided food and labor to serve the volunteers and walkers for the event that supports colon cancer research & education

Return Reference	Explanation
Form 990, Page 2, Part III	Introduction to West Penn Hospital Founded in 1848 as Pittsburgh's first chartered public hospital, West Penn Hospital has earned an international reputation for excellence and innovation in the care of patients, medical education and research Today, West Penn Hospital is an academic medical center that serves Pittsburgh and the surrounding five-state area West Penn Hospital, now with 317 licensed beds, is recognized for nursing excellence It was the first hospital in western Pennsylvania (2006) to be awarded the Magnet Recognition status and the first in the region to receive re-designation status (2012) from the American Nurses Credentialing Center (ANCC), setting it among the top 6% of all healthcare facilities in the world recognized by the ANCC The application process for a third designation (in 2016) is well underway The ANCC's Magnet Recognition Program recognizes healthcare organizations that provide not only excellence in nursing, but the highest quality of patient care at all levels throughout the hospital A Magnet hospital attracts and retains professional nurses who experience a high degree of professionalism and personal satisfaction in their practice They also exhibit improved patient outcomes, enhanced nursing practice, increased staff morale, and improved recruitment and retention The Magnet Recognition Program also provides consumers with the ultimate benchmark to measure the quality of care that they can expect to receive For the 12 months ended December 31, 2014, WPH served 9,925 inpatients, registered 97,952 outpatient visits (including outpatient emergency department visits), treated 19,489 patients in the emergency department (2,580 of which were admitted) and performed 8,638 surgeries Based on gross charges, medical assistance payers (Medicaid, Gateway/MedPlus, Best, Three Rivers, MA HMO All Other, Medicaid Applying) comprised 25 7% for inpatient and 11 90% for outpatient WPH employs a workforce of 1,557 employees and has 978 physicians and 234 allied health professionals on its medical staff WPH employs a workforce of 1,441 employees and has 1,279 physicians on its medical staff (1,014 physicians, 265 Allied Health) West Penn Hospital offers a sophisticated level of care, bringing the latest in clinical expertise and medical technology serving patients with the most complex of needs Specialty services include Allergy and immunology, Anesthesiology and pain medicine, Bariatric surgery, Cancer, Cardiovascular, Colorectal surgery, Critical care medicine, Dermatology, Emergency medicine, Endocrinology and diabetes, Esophageal disease, Family medicine, Gastroenterology, General surgery, Geriatrics, Gynecologic Oncology, Infectious disease, Internal medicine, Lupus, Minimally Invasive Gynecology, Neonatology, Nephrology, Neurosurgery, Obstetrics and gynecology, Ophthalmology, Oral and maxillofacial surgery, Orthopedic surgery, Otolaryngology (ear, nose, throat), Pathology and laboratory medicine, Pediatrics, Pelvic floor disorders, Plastic reconstructive surgery, Podiatry, Primary care medicine, Pulmonary medicine, Radiation oncology, Radiology, Rheumatology, Sleep disorders, Surgery, Thoracic Surgery, Urogynecology, Urology and more The hospital's highly regarded Women's and Infants Services features a Level III Neonatal Intensive Care Unit, one of only two in the region, a high-risk labor and delivery center along with reproductive medicine offered through the Jones Institute for Reproductive Medicine

Return Reference	Explanation
Form 990, Page 2, Part III	West Penn Hospital's Burn Center continues to be a leader in burn care in the region as the region's first and only American Burn Association, American College of Surgeons-verified center for care of both adults and children A long-standing commitment to education and research remains a cornerstone of Allegheny Health Network and West Penn Hospital The hospital sponsors medical residency and fellowship programs and provides clinical training to third and fourth year medical students of the Philadelphia based Temple University School of Medicine The hospital also offers a School of Nursing diploma program as well as educational opportunities in respiratory therapy, radiology technology and nursing through affiliations with Indiana University of Pennsylvania, Penn State University, and Clarion University The hospital is also home to Star Stimulation, teaching and academic research center and is a site of the Allegheny-Singer Research Institute, an affiliated 501(c)(3) organization Community Assessment Community health improvement services and community benefit operations include activities carried out to improve community health They extend beyond patient care to include activities that are subsidized by the hospital The activities range from community health clinics and screenings to health education programs designed to raise community awareness of various healthcare topics and issues As a division of the WPAHS, Inc and consistent with the filing of Schedule H, West Penn Hospital provided these services at a cost of $391,700 in Calendar Year 2014 Burn Care West Penn Hospital provides exceptional, specialized patient care to burn victims in its Burn Center This internationally recognized treatment center for burn victims not only deals with the immediate crisis of the burn injury, but also the important psychosocial dynamics of a burn victim's rehabilitation and return to the community Three hundred ninety (390) patients were admitted in Fiscal Year 2014 while there were 1,995 outpatients (a 19% increase), of these, 469 were new outpatients, up 12% from prior year Pediatric in-patients numbered 65, while pediatric outpatients were 98 The following details highlight the Center's efforts toward burn care Burn Care and Prevention Program - the hospital sponsors a Burn Care and Prevention Program The Outreach Coordinator provides educational programs to the surrounding communities In 2014, the Outreach Coordinator and staff conducted multiple burn prevention presentations to include 7 prevention programs, and attended numerous health fairs and exhibitions covering Allegheny, Beaver, and Fayette counties in Pennsylvania for a total of 22 community outreach activities Approximately 1,500 children and adults attended the programs with countless others attending the health fairs The burn center conducted 33 professional lectures on burn management for a total of 66 professional outreach activities in 2014

Return Reference	Explanation
Form 990, Page 2, Part III	Summer Burn Camp - A five day summer camp, sponsored by Aluminum Cans for Burned Children (ACBC), is held each year to provide young children with an opportunity to share their concerns about having been burned and talk about difficult issues involved in their recovery Twenty-eight children attended camp in 2014 The hospital provides the multidisciplinary staff for the camp, which includes registered nurses and other staff from the Burn Center along with other volunteers from the hospital and community There were 32 volunteer counselors throughout the week Additionally, ten nursing students participated in camp by shadowing our burn center nurses as a part of their community nursing rotation There is no charge for the children to attend summer camp Community Health Education Little Italy Days - West Penn Hospital was a sponsor of the Bloomfield Business Association's Little Italy Days Festival The hospital provided staffing for a booth with educational information and giveaway items for the public Pharmacy Health Fair - During this one day event, staff from WPH Pharmacy Department presented posters on health and drug information, provided free blood pressure screenings, and flu shots were given by employee health Maternal Child Women's Health at the Nursing Caf - this activity was started in an effort to provide support to new nursing mothers delivering their babies at West Penn Hospital and in the surrounding community Mothers attending this Caf are provided with a warm, supportive atmosphere where they come to learn how to nurse their babies and get questions answered by a board-certified lactation consultant The Caf is a free service to the community The group size varies but averages 6-10 moms who attend regularly at any given week American Diabetes Association's Diabetes Expo - West Penn Hospital, in coordination with the American Diabetes Association (ADA), sponsored a booth at the Healthy for Life expo The estimated attendance at the expo was in excess of 500,000 West Penn Hospital certified diabetes educators staffed the booth where the participants could learn about healthy eating, the food content of fast food, and portion control Medical Frontiers - a weekly, one-hour medical talk show on the radio, sponsored by Allegheny Health Network Physicians from West Penn Hospital Joslin Diabetes - Staff from Joslin Diabetes attended the following health fairs and community events Diabetes Alert Day - City of Pittsburgh, Destination Wellness at Pittsburgh Mills Mall , Tour de Cure and Highmark Client Tour In addition, staff from Joslin Diabetes handed out educational information on World Diabetes Day regarding screenings, healthy eating, and exercise, other departments represented at this one-day, two-hour event include Pharmacy and nursing

Return Reference	Explanation
Form 990, Page 2, Part III	Bloomfield Saturday Markets - a 23-week event, run by Bloomfield Development Corporation, sponsored by West Penn Hospital Held every Saturday on hospital grounds from May 31 - Nov 1, WPH staffed a table with representation from numerous service lines, offered giveaways, and provided educational information, screenings, etc Departments represented included Women's Health, Stroke Center, Burn Center, WPH Foundation, Joslin Diabetes, Breast Diagnostic Imaging, Primary Care, Gyne/Onc, Rehab, Cancer Center, Patient Access, Care Management, Dietary, Lupus, and GI Lab Support Groups AngelHeart Prenatal Bereavement Team - AngelHeart is a group of Labor & Delivery Nurses that deal with the loss and grief of a patient and her family following the loss of a pregnancy, stillbirth or infant death They host two community events per year that honor child loss of any age Cancer Survivor Group - West Penn Hospital provides Standing Strong, a support group for women undergoing cancer treatment or who are a cancer survivor Participation includes monthly group support meetings and attending events like NOCC Walk, Knock Cancer Out of the Park, and local health fairs Burn Concern is a volunteer group who meets monthly to support burn survivors and their families Events are held throughout the year joining Burn staff with burn survivors Health Professions Education West Penn Hospital provides aspiring health professionals with many educational opportunities to further their career in healthcare In addition to the educational support provided to interns, residents, fellows, nurses and other allied health professionals, West Penn Hospital provides health-profession education to the community in a variety of ways and forums As a division of WPAHS, Inc and consistent with the filing of the Schedule H, West Penn Hospital provided these services in addition to the educational support provided to interns, residents, fellows, nurses, and other allied health professionals at a cost of $93,461 in Calendar Year 2014

Return Reference	Explanation
Form 990, Page 2, Part III	Observation and Shadowing - The hospital promotes healthcare careers throughout the region In an effort to do this, the hospital provides individuals with the opportunity to observe the medical staff in areas such as pediatrics, burn unit, OB/GYN, pharmacy, nursing, occupational therapy, surgery, radiology, medical genetics, ophthalmology, and ultrasound There were a total of 57 participants The STAR Center (Stimulation, Teaching, Academic and Research) - The STAR Center, located at West Penn Hospital, is dedicated to achieving excellence in patient care through the pursuit of lifelong learning, research and innovation Using state-of-the-are mannequins that mimic symptoms of a wide range of health conditions, the STAR Center provides hands-on learning opportunities to allow aspiring practicing health professionals to perfect their skills in situations closely resembling the clinical environment In conjunction with Emergency Medical Services, the STAR Center participated in their EMSI 2014 Update regional conference to provide assistance with education on High Performance CPR STAR sponsored the fifth annual "Become a Heart Saver for Valentine's Day" and provided free Heartsaver and AED Training Demonstrations on the use of simulation were provided at the Alle-Kiski Medical Center and Destination Wellness Annual mall-wide Health Fair STAR also provides CPR classes for the community These classes are designed for the general public to receive convenient, free, and adult learner-friendly CPR training and valuable life saving skills Courses were held three times during the year Learners received training in adult CPR, pediatric CPR, obstructed airway techniques, and in the use of an automatic external defibrillator (AED) Learners benefitted from a low student-to-instructor ratio, allowing them to become comfortable with the necessary skills As part of the East Side Neighborhood Employment Center's Youth Initiative, STAR demonstrated to students how an interest in medicine, health, nutrition, and fitness can translate into a fulfilling career The STAR simulation encouraged youth to ask questions and enable them to experience what it is like to work in a hospital by hosting the event at its facility with West Penn Hospital The STAR Center fostered a relationship with the Gateway Medical Society This program consists of multiple sessions designed to prepare students for healthcare studies and jobs Students from the sixth and seventh grade attend monthly courses and learn topics such as first aid, nutrition, CPR, vital signs, skills assessments, and communications skills STAR also participated in the Forbes Hospital Trauma Symposium where participants had the opportunity to practice trauma skills on multiple simulators In addition, participated in the Allegheny Health Network IT Rally where STAR Team demonstrated their most recent state of the art mannequins for healthcare studies and jobs Students from the sixth and seventh grade attend monthly courses and learn topics such as first aid, nutrition, CPR, vital signs, skills assessments, and communications skills STAR also participated in the Forbes Hospital Trauma Symposium where participants had the opportunity to practice trauma skills on multiple simulators In addition, participated in the Allegheny Health Network IT Rally where STAR Team demonstrated their most recent state of the art mannequins Neonatal and NICU Education - A physician specialist and a lactation-certified staff member taught physicians and staff at Uniontown Hospital (infant abstinence guidelines), Butler Hospital (neonatal resuscitation), Sewickley Hospital (neonatal resuscitation) and Beaver Medical Center (neonatal resuscitation) School of Nursing - First and second year students attend numerous events, expos, health fair, and drives throughout the year accompanied by staff

Return Reference	Explanation
Form 990, Page 2, Part III	Financial Contributions This category includes monetary donations and in-kind services donated to individuals and the community at large As a division of WPAHS, Inc and consistent with the filing of Schedule H, West Penn Hospital provided these services at a cost of $7,550 in Calendar Year 2014 Cash Donations - West Penn Hospital supports the community through cash contributions made at the discretion of the hospital and its directors, benefitting not only the non-profit recipient but also ultimately the community as a whole During Calendar Year 2014, West Penn Hospital made cash donations to the following organizations AKMC Trust Rainbow Racers Relay for Life Team In-Kind Donations - In addition to the cash donations, West Penn Hospital also made in-kind donations of time and resources to help support various community functions These donations included but are not limited to printing and publication of flyers for community organizations and groups, providing free food, the free use of space to community groups and providing free drawstring bags and lip balms Filming - the Fred Rogers Company used WPH and the Labor & Delivery Unit to film a segment for Daniel Tiger's Neighborhood highlighting the older sibling's perspective when bringing home a new baby Community Building Activities Community building activities include activities engaged in for the purpose of improving or protecting the health, future, and wellbeing of the community As a division of WPAHS, Inc and consistent with the filing of Schedule H, West Penn Hospital provided these services at a cost of $38,170 in Calendar Year 2014 Free Parking - To assist with the many events held at WPH, parking validation tickets were provided for numerous events Additionally, the West Penn Hospital Security and Parking Department provides free parking and shuttle services to patients and family members by utilizing a parking lot close to the hospital which the hospital controls and maintains

Return Reference	Explanation
Form 990, Page 2, Part III	INTRODUCTION TO WPAHS, Inc - FORBES HOSPITAL (FH) Forbes Hospital is a member of the Allegheny Health Network (AHN) by virtue of being a division of the WPAHS, Inc The AHN is an integrated delivery network focused on preserving health care choice and providing affordable, high-quality care to the people in our communities In addition to Forbes Hospital, the AHN consists of seven hospitals and numerous other organizations dedicated to serving the community You can visit the AHN at www ahn org Forbes Hospital has continuously provided health care services to residents of eastern Allegheny and Westmoreland Counties since 1978 Forbes owns and operates a 349-bed acute care hospital located in Monroeville, and is licensed by the Pennsylvania Department of Health It is also accredited by the Joint Commission Forbes Hospital offers a complete array of surgical, medical and inpatient rehabilitation services The facility offers care in the following specialty areas back surgery, cardiac surgery, cardiology, colon and rectal surgery, diabetes, diagnostic imaging, emergency medicine, endocrinology, family medicine, foot and ankle surgery, gastroenterology, general surgery, gynecology, hospice care, neurology, neurosurgery, obstetrics, oncology, orthopedics, outpatient surgery, pediatrics, psychiatry and urology The hospital features an affiliate office of the world renowned Joslin Diabetes Center and operates an emergency room and level II trauma center that are open to all persons without regard to their ability to pay Forbes Hospice, located in Bloomfield, is Pittsburgh's oldest and most respected end-of-life and palliative care program, providing care for families from Allegheny, Beaver, Butler, Washington and Westmoreland counties Forbes Hospice has a wealth of experience in delivering comprehensive hospice care to the community and feature nationally- recognized leadership, including a full-time medical director, board certified in hospice and palliative medicine Forbes Hospice's team of caregivers offers a compassionate, loving approach to meeting the needs of our patients and their families At a time when families are faced with the burden of care giving and emotional stress, Forbes Hospice is there to help them in their time of need The focus of our hospice care is to create a comfortable and peaceful environment in which the patient may live each day to the fullest At Forbes Hospice it is understood that a serious illness affects the entire family and our compassionate support and guidance are offered to them as well After their loss, spiritual and psychological support is provided through the Bereavement Program As life comes to a close, we open our hearts When a cure is no longer possible, we are able to provide comfort When you don't know what to expect, we will be there to help you every step of the way Forbes admits almost 13,000 patients annually, logs over 40,000 emergency visits, and performs nearly 11,000 surgical procedures each year More than 700 physicians and 1,200 employees share the hospital's commitment to excellence in patient care

Return Reference	Explanation
Form 990, Page 2, Part III	COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS Community health improvement services and community benefit operations include activities intended to improve health and wellness They extended beyond patient care activities and are subsidized by the Hospital The programs range from community health education to free clinics and screenings As a component of AHN and consistent with the filing of Schedule H, Forbes Hospital provided the following community health services during the calendar year 2014 at a cost of $456,140 Diabetes Education -Forbes Hospital understands that many individuals live with diabetes or are at risk for developing diabetes As such, the Hospital provides education to those living and at risk for diabetes The educational activities conducted by the Hospital include, but are not limited to educational seminars, radio interviews and podcasts, talks on meal planning, presentations on the impact of a disease management report card on lab tests assessing the average level of blood sugar and participation in the American Diabetes Expo The nature and scope of the American Diabetes Expo was to provide specific diabetes health and wellness topics, health care access, counseling and screenings Over 900 people benefitted from our efforts towards diabetes education Health Education For Women - Forbes Hospital conducts many educational activities geared towards women's health Included in these activities are lectures, discussions on advanced life support for obstetrics, childbirth education classes and breast cancer education and outreach Lectures on Issues for Elderly - Staff from Forbes Hospital presented lectures on dementia, falls and health concerns for the elderly at a Senior Center and the Hospital These lectures included information on the signs and symptoms of dementia and common concerns of the elderly and their families Advanced Stroke Life Support Class - The Stroke Center at Forbes Hospital provided a presentation on advanced stroke life support Early and accurate identification of stroke and quicker treatment will reduce the disability associated with stroke The course not only provides the assessment tools for stroke detection, but also provides insight into to the treatment and care of the stroke patients beyond the emergency room

Return Reference	Explanation
Form 990, Page 2, Part III	Heart and Vascular Presentations -The Forbes Cardiovascular Institute often fills requests to speak at different organizations or events In 2014, this included presentations at community colleges, senior living centers and various local Emergency Medical Services (EMS) providers HEALTH FAIRS Celebrate Monroeville -Forbes Hospital was a sponsor of Celebrate Monroeville, which took place at the Monroeville Convention Center The Hospital provided health and wellness information, medical screenings, medical and health information and help with providing access to health and medical information This event benefited the community by helping to provide resources and also helped the community obtain information about their health care needs More than 3,000 people attended this event EMS Sponsored Flu Clinics - Forbes Hospital EMS provided a number of flu clinics to the local communities including Monroeville, Jeannette, Penn Hills, Penn Township, North Huntingdon, Swissvale, Plum, Pitcairn and Trafford Over 1,200 flu vaccines were administered at no charge to the residents of these communities North American Martyrs Festival - Forbes Hospital is a "gold level" sponsor of this event at the North American Martyrs Church in Monroeville This four day event is a community festival and is attended by thousands of local residents Forbes Hospital provided over 30 volunteers to man the Forbes booth and provide for security, several Family Practice residents and a physician were on hand to run a first aid tent each night of the event and an EMS first responder who was assigned Forbes also provided overflow parking for the community at hospital lots Participation in Other Health Fairs and Community Events - Forbes Hospital participated in numerous other health fairs and local community events during 2014 Education, information and community benefits provided at these health fairs and community programs included but were not limited to diabetes education, free lunches, flu shots, various screenings, women's health, stroke education At a number of community safety days, EMS 1st responder units as well as a life flight helicopter were on hand to provide pre-hospital education SUPPORT GROUPS Bereavement Support Groups - Six monthly support groups were provided by Forbes designed to serve the age-range specific bereavement care needs not only of families whose loved ones have died on the Forbes Hospice program, but as well the bereavement care needs of any members of the community who wish to attend or participate Each of these monthly support groups are jointly facilitated by a member of the Forbes Hospice professional clinical staff and a volunteer trained by the hospice bereavement care coordinator Over 330 people benefitted from this activity

Return Reference	Explanation
Form 990, Page 2, Part III	Fetal and Neonatal Grief Loss Support Services - Women who have experienced fetal or neonatal loss require ongoing support in order to regain homeostasis Available Forbes grief counselors provide women and families the opportunity to talk through their grief Counselors are able to make additional appropriate referrals, based on potential problems Diabetes Support Group - This support group meets monthly and is supported and sponsored by Forbes The group's average monthly attendance is 30 The purpose of the support group is to provide a forum for patients with diabetes to meet and discuss issues pertaining to diabetes This will ultimately help them to maintain and improve their overall care The speakers at the meetings range from physicians, dietitians, pharmacists, pharmaceutical representatives, insurance counselors and actual patients Stroke Support Group -Forbes Stroke Rehabilitation Department conducts a monthly Stroke Support Group at the hospital The intention of this group is to help stroke victims and the loved ones by providing a forum for which they can communicate experiences and concerns with individuals and families who have suffered through similar circumstances Individual and Family Counseling - Forbes Hospice Bereavement Care Coordinator routinely fields phone calls of inquiry about available support services from members of the community at large and either guides them in process of referral support or, when able to provide direct service support through in-house therapy sessions or extended phone conversations of a quality equal to such service provided families whose loved ones have died on the Forbes Hospice program Community Memorial Services -Forbes Hospice has a community-wide memorial services for bereaved family members twice a year The Hospital provides food, printing, mailings, and mementos to support this activity Health Professions Education Forbes Hospital provides aspiring health professionals with many educational opportunities to further their career in healthcare In addition to the educational support we provide to interns, residents and fellows, Forbes Hospital provided health professions education to the community in a variety of ways and forums Consistent with the filing of the Schedule H, Forbes Hospital provided these services in addition to the educational support provided to interns, residents and fellows at an estimated cost of $6,000 for 2014 Student Nursing Clinical Internships - Various departments of Forbes have nursing students from several area institutions of higher learning perform internships, clinical experiences and professional shadowing throughout the year Staff from Hospital departments spends time providing explanations, education and sometimes supervision of various procedures or projects the nursing students complete as part of their rotations The internships are to help prepare them for the work environment upon graduation Hospital staff is readily available to teach and assist these students approximately 40 weeks out of the year The students are assigned intermittently to 10 different clinical units including Psychology, Emergency Department, Intensive Care Unit and OBGYN The students also rotate to specialty areas such as the Cardiac Catheterization Lab and the operating room for observation days

Return Reference	Explanation
Form 990, Page 2, Part III	Supervision of Master's Level Interns - Forbes Hospice Bereavement Care Coordinator routinely trains interns from several area universities in skills of counseling of dying patients and their families and in bereavement Two interns within the same training period were provided this in-depth supervision, which necessarily includes monitoring of all hours of their internship Clinical Education for Physical Therapy, Occupational Therapy & Speech Language Pathology -AHN and Forbes Rehabilitation Services offers extensive clinical education to students from a number of local universities and colleges Clinical experiences range from one week to 4 months with a therapists spending time each day on education and supervision Phlebotomy Training - The Lab at Forbes provided phlebotomy and processor training to five students from local Community Colleges The students were instructed and supervised to perform the practices of blood drawing skills The program prepares the students to function as a phlebotomist in a clinical setting Job Shadowing - Students from local colleges, technical schools, high schools, and some elementary schools are provided opportunities to do job shadowing to learn about various professions and the duties and responsibilities of these professions This job shadowing occurs in nursing, labor and delivery, nursery, diagnostic imaging, respiratory therapy, surgery, cardiology, the Joslin Diabetes Center, family practice, laboratory, Gastro intestinal lab, and rehab services

Return Reference	Explanation
Form 990, Page 2, Part III	High School College Prep Program - AHN and Forbes aids high school seniors prepare for their career choice with a specific department in the Hospital The students can choose to work as an intern in a department or service that they are considering pursuing after graduation The intern is supervised by an advisor associated with the chosen profession The student receives a grade for this work as recommended by the hospital advisor CASH AND IN-KIND CONTRIBUTIONS This category includes monetary and in-kind services donated to individuals and the community at large In-kind services include hours donated by staff to the community during hospital work hours, overhead expenses of meeting space donated to not-for-profit community groups, and donations of food, equipment, and supplies

Return Reference	Explanation
Form 990, Page 2, Part III	In-kind Donations - Forbes made in-kind donations of time and resources to help support various community functions The in-kind donations included the following Global Links -Forbes Hospice donated health care supplies to Global Links in an effort to provide adequate care for patients throughout the region Central Blood Bank Blood Drives -Forbes hosted four blood drives for the Central Blood Bank. The hospital provided space and hospital staff and volunteers help man the table The hospital also provided refreshments to participants in the blood drive

Return Reference	Explanation
Form 990, Page 2, Part III	Community Building Activities Community Building Activities include activities engaged in for the purpose of improving or protecting the health, future and wellbeing of the community Consistent with the filing of Schedule H, Forbes provided these services at an approximate cost of $49,250 for 2014 Application Assistance - AHN- Forbes nurse manager and clinical staff assist low income pregnant women with the completion and submission of Presumptive Eligibility paperwork to qualify for free prenatal care through the Pennsylvania Department of Health Taxi Cab services - Forbes provides unsubsidized Yellow Cab taxi service to patients who have transportation issues to or from the hospital including the emergency department, behavioral health and the nursing units Educator in the Workplace - A learning support teacher and 10 students from local schools came to FH to learn about various health careers and the preparation required This helps to prepare the teachers and their students to become better equipped to become working members of the community The students and their teacher were here for 8 hours a week for approximately 36 weeks and worked with various Hospital staff Career Day- Two nurses from Forbes provided career information to high school seniors career day at Gateway High School, Monroeville Social Services - Forbes Hospital's social work services are available to help patients and their families adjust to changes in their lives due to illness and hospitalization Social workers help patients and families identify and manage factors that may interfere with health and recovery Through counseling, discharge planning and providing information and referrals, the staff helps to ensure a comfortable return home or other level of care that is appropriate at the time of discharge

Return Reference	Explanation
Operational Oversight By a Third Party	West Penn Allegheny Health System, Inc is a member of the integrated delivery system named Allegheny Health Network Deloitte Financial Advisory Services, LLP (Deloitte) was engaged to assign a Chief Financial Officer and Treasurer to Allegheny Health Network Elizabeth Allen was appointed in an interim capacity to these positions and remained under the employment of Deloitte until May 4, 2014 She has daily oversight of all financial matters pertinent to the operation of the network. Elizabeth Allen became an employee of the Allegheny Health Network on May 5, 2014

Return Reference	Explanation
Form 990, Page 6, Part IV, Section B, Line 11A	The IRS Form 990 of the West Penn Allegheny Health System, Inc 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

Return Reference	Explanation
Monitoring and Enforcement of the Conflict of Interest Policy	Highmark Health (HH), the parent organization of Allegheny Health Network (AHN), has a corporate compliance department that monitors and oversees compliance with the AHN conflict of interest policy West Penn Allegheny Health System, Inc (WPAHS) is a member of AHN WPAHS has a corporate compliance department that, in conjuction with the HH Compliance Department, monitors compliance with AHN COI policy The following describes the manner in which the corporate compliance department monitors and oversees compliance with the conflict of interest policy for AHN Conflict of Interest disclosure forms are completed on an annual basis by all board members, officers, any person who has authority to act on behalf of the BOD, key employees,employed physicians and non-employed physicians serving in an elected or appointed leadership position, managers and above, persons with purchasing or contracting authority including procurement department employees and committees which may influence purchasing decisions, and any other employees as designated by the Compliance Department Upon completion of the above disclosure statement by all applicable individuals, the Integrity and Compliance Department reviews all disclosures Those that require additional information or clarification are contacted by the Integrity and Compliance Department requesting such Once received, all information is evaluated in consultation with the Legal Department and Senior Management as applicable to determine whether a real or potential conflict of interest exists Those conflicts that require a mitigation plan are developed and approved in coordination with the respective responsible senior management The senior managers are responsible for discussing the mitigation plan with the individual as needed and monitoring compliance with the mitigation plan A final report of all board and executive level management disclosures is submitted for review to the Audit and Compliance Subcommittee of the Board, as well as by the board of directors

Return Reference	Explanation
Process Used To Determine Executive Compensation	The top management official, officers and key employees of WPAHS, Inc are employed by both WPAHS, Inc and related organizations The executive compensation policy is different for certain individuals Stated below is the executive compensation policies that cover the top management official, officers and key employees of WPAHS, Inc The Allegheny Health Network (AHN) process for determining compensation for executive positions (including officers, key employees and other management positions) is covered by the HH Executive Compensation Policy This policy was approved by the HH Board of Directors It is the policy of HH and its Board of Directors to compensate its executives in accordance with the market and in relation to the experience, service and accomplishments of the individual both prior to and during their service with HH The Personnel and Compensation Committee makes recommendations to the HH Board of Directors who ultimately approve the compensation for the President and CEO of AHN and all senior executives who report directly to the President and CEO of AHN All other AHN senior executives' compensation is approved by the HH CEO and HH CHRO Compensation includes all compensation components, including without limitation, base compensation, incentive compensation, deferred compensation, fringe and other benefits The Board of Directors also approve all base compensation adjustments and all incentive compensation awards, as well as material changes to deferred compensation, fringe, or other benefits The Personnel & Compensation Committee uses comparability data provided by an independent compensation consultant The external consultant provides a letter of reasonability for all offers made to new executives that report to the AHN CEO Each Board of Director member voting on a senior executive's compensation arrangement ensures that he or she has no conflict of interest, including that he or she (a) does not economically benefit from the proposed employment, (b) does not receive compensation subject to the approval of the proposed employee, and (c) has no material financial interest affected by the transaction Allegheny Health Network follows the requirement in the regulations to comply with the rebuttable presumption of the reasonableness of compensation The WPAHS, Inc executive compensation program is administered by the CEO of Allegheny Health Network ("AHN") with respect to the WPAHS, Inc CEO, COO and CFO, and by the WPAHS, Inc CEO, for all other officers, each pursuant to overall guidelines established by the Personnel and Compensation Committee ("P&C Committee") of the Board of Directors of Highmark Health It is the policy of the WPAHS, Inc to compensate its executives in accordance with competitive market practices, taking into account both organization performance and the skills, experience, qualifications, and performance of each executive The WPAHS, Inc generally targets the median of the relevant market, with reasonable variation based on each executive's skills, experience, performance and current positioning relative to market Compensation may include several forms of cash compensation, including base salary, performance-based incentive compensation, and a competitive employee benefits program Base salary is the fixed element of compensation intended to align with each executive's role, responsibilities, overall performance and other contributions Incentive compensation is used to provide variable, or "at risk" compensation based on the performance of both the executive and the organization The hospital executives can earn incentive compensation only if the organization achieves certain pre-determined financial goals The plans are intended to hold executives accountable for achieving performance that is consistent with the long-term goals and objectives of the hospital The Human Resources Department obtains appropriate market comparability data for each entity, including nationally published compensation surveys and/or specific organization peer groups, to prepare compensation recommendations for all key executives, including officers, key employees, and other disqualified persons Recommendations are reviewed and approved by a governing body that is independent with respect to the compensation provided to the executives compensation provided to the executives

Return Reference	Explanation
Public Availability of Organizational Documents	West Penn Allegheny Health System, Inc (WPAHS, Inc) does not make its governing documents available to the public Highmark Health (HH) financial statements are on a consolidated basis which include West Penn Allegheny Health System, Inc The audited financial statements of HH are available upon the request and approval by the CFO of Highmark Health WPAHS has adopted a conflict of interest policy that is uniformly applied to all organizations of the health system, including WPAHS, Inc This is not available to the public

Return Reference	Explanation
Employment Information Reported For Individuals	The following individuals served as a Director of West Penn Allegheny Health System, Inc without serving a consecutive twelve month period in the position in which they are being reported The following lists this individual along with the dates served during the Calendar Year 2014 Karen Hanlon 08-01-2014 - 12-31-2014 Nanette Deturk 01-01-2014 - 07-31-2014 Form 990, Page 7, Part VII, Section A, Column E Compensation reported in column E for Daniel Lebish largely represents deferred and incentive compensation based on services performed in prior years and paid for by a related organization

Return Reference	Explanation
Officer, Director and Key Employee Hour Allocation	West Penn Allegheny Health System, Inc is a member of the Allegheny Health Network by virtue of being affiliated with West Penn Allegheny Health System (WPAHS) Individuals employed by one organization may be assigned to provide management for an affiliated organization As such, many individuals play key roles or serve as officers or directors on multiple affiliated organizations Each individual will be assigned forty hours to the organization of their actual employment If the individual is employed by one organization and appointed as an officer, director or key employee of affiliated organizations the hour allocation on Form 990, Part VII, Page 7, Column (B) takes various factors into account when attempting to assign hours in a reasonable manner Thus, it is possible for a single individual to have hours assigned in excess of forty hours per week if all affiliated organization IRS Forms 990 is taken into account Directors who are not employed and volunteer their services are assigned one hour of service Several directors are compensated for services provided in the capacity of a director for a for-profit affiliated organization These individuals serve as volunteers on the West Penn Allegheny Health System, Inc Board of Directors due to their experience and knowledge of the healthcare field The actual time served for all individuals disclosed in IRS Form 990 can vary based upon the need of the organization

Return Reference	Explanation
Rent Expense	West Penn Allegheny Health System, Inc does not account for rental expense in a manner that would allow for a direct offset to rental income The components of rental expense are reported on Form 990, Page 10, Part IX, Statement of Functional Expense

Return Reference	Explanation
Purpose of Tax Exempt Bond Issuance	The purpose of the issue of the Allegheny County Hospital Development Authority (ACHDA) Hospital Revenue Bonds, Series 2007 A was 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 In 2014, the majority of the bonds were retired, the remainder were legally defeased All related liability was removed from WPAHS, Inc 's balance sheet

Return Reference	Explanation
Other Changes In Net Assets	The following is a reconciliation of the Other Changes in Net Assets of West Penn Allegheny Health System, Inc for calendar year 2014 Transfer of merged organization $ 222,887 Net Asset Transfers to Affiated Organizations (8,148,189) Change in Minimum Pension Liability (169,385,797) FAS 158 Adoption Adjustment (47,419,201) Term Loan Swap Settlement (2,578,700) _____ Other Changes In Net Assets $(227,309,000)

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED MANAGEMENT SERVICES TOTAL FEES 65271089

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING FEES TOTAL FEES 30281379

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PURCHASED SERVICES TOTAL FEES 19302862

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER SERVICES TOTAL FEES 23035578

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
West Penn Allegheny Health System Inc

Employer identification number
25-0969492

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) West Penn Allegheny Foundation LLC 4800 Friendship Avenue Pittsburgh, PA 15224 20-1107650	Capital Acq	PA	428,904	33,065,348	WPAHS Inc
(2) Peters Township ASC 15305 Dallas Pkwy Ste 1600 LB 28 Addison, TX 75001 27-3982341	Related	TX	-222,887	3,886,657	WPAHS

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
See Additional Data Table							

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

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

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	No
See Additional Data Table									

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 orgranization 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		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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 sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

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

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

(a) 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) Allegheny Clinic 320 East North Ave Pittsburgh, PA 15212 25-1838458	Healthcare	PA	501(c)(3)	3	WPAHS Inc	Yes	
(1) Allegheny Health Network 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 45-3674924	Healthcare	PA	501(c)(3)	11-I	Highmark Hea		No
(2) Allegheny Medical Practice Network 4800 Friendship Ave Pittsburgh, PA 15224 25-1838457	Healthcare	PA	501(c)(3)	3	WPAHS Inc	Yes	
(3) Allegheny Singer Research Institute 320 East North Ave Pittsburgh, PA 15212 25-1320493	Sci Research	PA	501(c)(3)	4	WPAHS Inc	Yes	
(4) Alle-Kiski Medical Center 1301 Carlisle Street Pittsburgh, PA 15065 25-1875178	Healthcare	PA	501(c)(3)	3	WPAHS Inc	Yes	
(5) Alle-Kiski Medical Center Trust 1301 Carlisle Street Pittsburgh, PA 15065 20-5855753	Fundraising	PA	501(c)(3)	11-I	AKMC		No
(6) Canonsburg General Hospital 100 Medical Blvd Canonsburg, PA 15317 25-1737079	Healthcare	PA	501(c)(3)	3	WPAHS Inc	Yes	
(7) Canonsburg General Hospital Ambulance Se 100 Medical Blvd Canonsburg, PA 15317 23-2939715	ER Response	PA	501(c)(3)	9	CGH		No
(8) Canonsburg Hospital & Health Foundation 100 Medical Blvd Canonsburg, PA 15317 25-1818505	Inactive	PA	501(c)(3)	11-I	NA		No
(9) Clinical Pathology Institute Cooperative 1526 Peach Street Erie, PA 16501 25-1528055	Healthcare	PA	501(c)(3)	3	SVHC		No
(10) Community Blood Bank 232 West 25th Street Erie, PA 16544 25-1181389	Healthcare	PA	501(c)(3)	11-I	SVHC		No
(11) EnergyCare Inc 232 West 25th Street Erie, PA 16544 25-1430922	Healthcare	PA	501(c)(3)	9	SVHC		No
(12) Forbes Health Foundation 2570 Haymaker Rd Monroeville, PA 15146 25-1798379	Fundraising	PA	501(c)(3)	7	WPAHS Inc	Yes	
(13) Greater Canonsburg Health System 100 Medical Blvd Canonsburg, PA 15317 25-1488089	Inactive	PA	501(c)(3)	11-I	NA		No
(14) Highmark Health 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 45-3674900	Healthcare	PA	501(c)(3)	11-I	NA		No
(15) Jefferson Regional Medical Center 565 Coal Valley Rd Jefferson Hills, PA 15236 25-1260215	Healthcare	PA	501(c)(3)	3	AHN		No
(16) JRMCUPMC Cancer Associates 565 Coal Valley Rd Jefferson Hills, PA 15236 20-1634783	Healthcare	PA	501(c)(3)	3	JRMC		No
(17) Regional Cancer Center 232 West 25th Street Erie, PA 16544 25-1385705	Healthcare	PA	501(c)(3)	3	SVHS		No
(18) Regional Heart Network 232 West 25th Street Erie, PA 16544 25-1856341	Healthcare	PA	501(c)(3)	3	SVHC		No
(19) Regional Home Health and Hospice 232 West 25th Street Erie, PA 16544 83-0371265	Healthcare	PA	501(c)(3)	9	SVHS		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(21) Saint Vincent Affiliated Physicians 1910 Sassafras Street Erie, PA 16502 20-3784338	Healthcare	PA	501(c)(3)	9	SVHS		No
(1) Saint Vincent Foundation - HHS 232 West 25th Street Erie, PA 16544 25-1669168	Fundraising	PA	501(c)(3)	11-I	SVHS		No
(2) Saint Vincent Health Center 232 West 25th Street Erie, PA 16544 25-0965547	Healthcare	PA	501(c)(3)	3	AHN		No
(3) Saint Vincent Health System 232 West 25th Street Erie, PA 16544 25-1406710	Healthcare	PA	501(c)(3)	11-I E	AHN		No
(4) Saint Vincent Med Ed & Research 1910 Sassafras Street Erie, PA 16502 25-1679140	Healthcare	PA	501(c)(3)	9	SVHS		No
(5) Suburban Health Foundation 100 South Jackson Ave Pittsburgh, PA 15202 25-1472073	Fundraising	PA	501(c)(3)	11-I	WPAHS Inc	Yes	
(6) The Western Pennsylvania Hospital Founda 4800 Friendship Ave Pittsburgh, PA 15224 25-1470766	Fundraising	PA	501(c)(3)	11-I	WPAHS Inc	Yes	
(7) Vantage Health Group 232 West 25th Street Erie, PA 16544 25-1498145	Healthcare	PA	501(c)(3)	3	SVHC		No
(8) West Allegheny Hospital 100 Medical Blvd Pittsburgh, PA 15317 25-1054206	Inactive	PA	501(c)(3)	3	NA		No
(9) West Penn Allegheny Oncology Network 4800 Friendship Ave Pittsburgh, PA 15224 11-3683376	Healthcare	PA	501(c)(3)	11-III FL	WPAHS Inc	Yes	
(10) Westfield Memorial Hospital Inc 189 East Main Street Westfield, NY 14787 16-0743222	Healthcare	NY	501(c)(3)	3	SVHS		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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) Disproprtionate 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
5148 Liberty Avenue Associates 4800 Friendship Ave Pittsburgh, PA 15224 25-0969492	Medical Practice	PA	N/A	related	2,920	870,552		No	0		No	50 000 %
Allegheny Imaging of McCandless 4800 Friendship Ave Pittsburgh, PA 15224	Medical Practice	PA	N/A	related	438,294	374,991		No	0		No	45 000 %
Associated Clinical Lab LP 312 West 25th Street Erie, PA 16502 25-1533746	Medical Practice	PA	N/A	NONE	0	0		No	0		No	0 %
Associated Clinical Lab of PA Ltd 312 West 25th Street Erie, PA 16502 45-3688292	Medical Practice	PA	N/A	NONE	0	0		No	0		No	0 %
Employee Benefit Data Services Company 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 25-1824465	Data Services	PA	N/A	NONE	0	0		No	0		No	0 %
Erie Medical Complex LLC 312 West 25th Street Erie, PA 16502 20-1017545	Medical Practice	PA	N/A	NONE	0	0		No	0		No	0 %
Forbes Regional Urologic 4800 Friendship Ave Pittsburgh, PA 15224	Medical Practice	PA	N/A	NONE	0	0		No	0		No	0 %
Gateway Health Plan LP 444 Liberty Avenue Suite 2100 Pittsburgh, PA 15222 25-1691945	Insurance	PA	N/A	NONE	0	0		No	0		No	0 %
Jefferson Medical Associates LP 1200 Brooks Ln 150 Clairton, PA 15025	Medical Practice	PA	N/A	NONE	0	0		No	0		No	0 %
Jenkins Empire Associates 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 25-1524682	Property Mgmt	PA	N/A	NONE	0	0		No	0		No	0 %
JV Holdco LLC 120 Fifth Ave Suite 922 Pittsburgh, PA 15222	Medical Practice	PA	N/A	NONE	0	0		No	0		No	0 %
McCandless Endoscopy Center 4800 Friendship Ave Pittsburgh, PA 15224	Medical Practice	PA	N/A	related	430,967	440,857		No	0		No	50 000 %
North Shore Endoscopy Center 4800 Friendship Ave Pittsburgh, PA 15224	Medical Practice	PA	N/A	NONE	0	0		No	0		No	0 %
Peters Ambulatory Surgery Ctr LLC 4800 Friendship Ave Pittsburgh, PA 15224	Medical Practice	PA	WPHAS	NONE	0	0		No	0		No	0 %
Provider PPI LLC 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 32-0429947	Facilities Suppor	PA	N/A	NONE	0	0		No	0		No	0 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Saint Vincent NWPA Surgery Ct Ltd 312 West 25th Street Erie, PA 16502 05-0591755	Medical Practice	PA	N/A	NONE	0	0		No	0		No	0 %
Saint Vincent Professional Bldg Leasehol 312 West 25th Street Erie, PA 16502 25-1578290	Property Mgmt	PA	N/A	NONE	0	0		No	0		No	0 %
Silver Rain LP 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 27-3035436	Property Mgmt	PA	N/A	NONE	0	0		No	0		No	0 %
South Hills Surgery Center LLC 6161 Clairton Rd West Mifflin, PA 15122 27-4011352	Medical Practice	PA	N/A	NONE	0	0		No	0		No	0 %
Tri State Regional Assoc LLP 312 West 25th Street Erie, PA 16502 23-2919277	Medical Practice	PA	N/A	NONE	0	0		No	0		No	0 %
UPMC VNA Home Health LP 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 25-1844485	Medical Practice	PA	N/A	NONE	0	0		No	0		No	0 %
Upper Midwest Consol Services Ctr LLC 7601 Frances Ave Ste 500 Minneapolis, MN 55435 26-3112347	Supply Chain	PA	N/A	NONE	0	0		No	0		No	0 %
Vantage Capital Management Ltd 312 West 25th Street Erie, PA 16502 23-3099689	Capital Mgmt	PA	N/A	NONE	0	0		No	0		No	0 %
Vantage Holding Company LLC 312 West 25th Street Erie, PA 16502 03-0477182	Capital Mgmt	PA	N/A	NONE	0	0		No	0		No	0 %
Waterfront Surgery Center LLC 495 E Waterfront Dr Ste 110 Homestead, PA 15120 25-1898743	Medical Practice	PA	N/A	NONE	0	0		No	0		No	0 %
West Penn Ambulatory Center 15305 Dallas Parkway Pittsburgh, PA 15224 27-2344847	Medical Practice	PA	N/A	NONE	0	0		No	0		No	0 %
WSC Realty Partners LP 495 E Waterfront Dr Ste 110 Homestead, PA 15120 25-1874990	Property Mgmt	PA	N/A	NONE	0	0		No	0		No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
Yes	**No**							
Burn Care Associates Ltd 4800 Friendship Avenue Pittsburgh, PA 15224 23-2899534	Medical Practice	PA	WPAHS Inc	C Corporation	-75	0	100 000 %	Yes
Clinical Services Inc 232 West 25th Street Erie, PA 16544 25-1403846	Health Care	PA	SVHS	C Corporation				
Davis Vision IPA Inc 175 East Houston Street San Antonio, TX 78205 11-2958041	TPA	TX	Highmark Inc	C Corporation				
Davis Vision Inc 175 East Houston Street San Antonio, TX 78205 11-3051991	Vision Service	TX	Highmark Inc	C Corporation				
Delaware Ancillary Insurance Agency 800 Delaware Avenue Wilmington, DE 198011368 51-0383213	Insurance Service	DE	Highmark Inc	C Corporation				
ECCA Managed Vision Care Inc 175 East Houston Street San Antonio, TX 78205 74-2759084	Physician Service	TX	Highmark Inc	C Corporation				
Empire Vision Center Inc 175 East Houston Street San Antonio, TX 78205 14-1586016	Retail Sales	TX	Highmark Inc	C Corporation				
Eye Drx Retail Management Inc 175 East Houston Street San Antonio, TX 78205 74-2924030	Office Administra	TX	Highmark Inc	C Corporation				
Family Practice Medical Associates South 2414 Lytle Rd Ste 300 Bethel Park, PA 15102 25-1684735	Medical Practice	PA	JRMC	C Corporation				
Gateway Health Plan of Ohio Inc 444 Liberty Avenue Suite 2100 Pittsburgh, PA 15222 30-0282076	Insurance	PA	Highmark Inc	C Corporation				
Gateway Health Plan Inc 444 Liberty Avenue Suite 2100 Pittsburgh, PA 15222 25-1505506	Insurance	PA	Highmark Inc	C Corporation				
Grandis Rubin Shanahan & Assoc 565 Coal Valley Rd Jefferson Hills, PA 15025 45-3355906	Medical Practice	PA	JRMC	C Corporation				
HCI Inc 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 75-3002215	Finance & Insuran	PA	Highmark Inc	C Corporation				
Health System Services Corp & Subs 565 Coal Valley Rd Jefferson Hills, PA 15025 25-1403745	Medical Office Bl	PA	JRMC	C Corporation				
Highmark BCBSD Inc 800 Delaware Avenue Wilmington, DE 198011368 51-0020405	Insurance	DE	Highmark Inc	C Corporation				

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Yes	**No**							
Highmark Benefits Group Inc 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 46-4763378	Insurance Sales	PA	Highmark Inc	C Corporation				
Highmark Casualty Insurance Company 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 25-1334623	Insurance	PA	Highmark Inc	C Corporation				
Highmark Coverage Advantage Inc 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 46-4757476	Insurance Sales	PA	Highmark Inc	C Corporation				
Highmark Inc 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 23-1294723	Insurance	PA	Highmark Inc	C Corporation				
Highmark Select Resources Inc 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 20-2353206	Insurance Sales	PA	Highmark Inc	C Corporation				
Highmark Senior Health Company 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 46-4156633	Insurance Sales	PA	Highmark Inc	C Corporation				
Highmark Senior Solutions Company 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 46-4156854	Insurance Sales	PA	Highmark Inc	C Corporation				
Highmark Ventures Inc 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 25-1645888	Holding Company	PA	Highmark Inc	C Corporation				
Highmark West Virginia PO Box 1948 Parkersburg, WV 26102 55-0624615	Insurance Sales	WV	Highmark Inc	C Corporation				
HM Benefits Administrators Inc 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 25-1128451	Funds Administrat	PA	Highmark Inc	C Corporation				
HM Broker Services Inc 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 23-2384777	Marketing Agent	PA	Highmark Inc	C Corporation				
HM Captive Insurance Company 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 65-1274122	Insurance	PA	Highmark Inc	C Corporation				
HM Casualty Insurance Company 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 87-0807723	Insurance Sales	PA	Highmark Inc	C Corporation				
HM Health Insurance Company 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 54-1637426	Insurance Sales	PA	Highmark Inc	C Corporation				
HM Health Solutions Inc 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 46-3823617	Info Technology	PA	Highmark Inc	C Corporation				

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Yes	**No**							
HM Insurance Group 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 25-1646315	Management Servic	PA	Highmark Inc	C Corporation				
HM Life Insurance Company 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 06-1041332	Insurance Sales	PA	Highmark Inc	C Corporation				
HM Life Insurance Company of New York 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 25-1800302	Insurance Sales	PA	Highmark Inc	C Corporation				
HMPG Inc 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 45-3444325	Holding Company	PA	AHN	C Corporation				
HSSC Diversified Services Inc 565 Coal Valley Rd Jefferson Hills, PA 15025 25-1770047	Medical Practice	PA	JRMC	C Corporation				
HVHC Inc 175 East Houston Street San Antonio, TX 78205 25-1801124	Holding Company	TX	Highmark Inc	C Corporation				
JEA Inc 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 25-1712017	Management Servic	PA	Highmark Inc	C Corporation				
Jefferson Hills Surgical Specialists PA 1200 Brooks Ln 150 Clairton, PA 15025 30-0477313	Medical Practice	PA	JRMC	C Corporation				
JRMC Health Pavilion 565 Coal Valley Rd Jefferson Hills, PA 15025 25-1203449	Medical Practice	PA	JRMC	C Corporation				
JRMC Physician Service Corp 565 Coal Valley Rd Jefferson Hills, PA 15025 86-1159658	Medical Practice	PA	JRMC	C Corporation				
JRMC Specialty Group Practice 565 Coal Valley Rd Jefferson Hills, PA 15025 72-1529332	Medical Practice	PA	JRMC	C Corporation				
Keystone Health Plan West Inc 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 25-1522457	Insurance Sales	PA	Highmark Inc	C Corporation				
Klingensmith Healthcare Inc 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 25-1375204	Health Care	PA	HMPG Inc	C Corporation				
Lake Erie Medical Group PC 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 45-3444157	Health Care	PA	HMPG Inc	C Corporation				
Medical Center Clinic PC 4800 Friendship Avenue Pittsburgh, PA 15224 23-2894939	Medical Practice	PA	WPAHS Inc	C Corporation	0	0	100 000 %	Yes

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Yes	**No**							
Optima Imaging 4800 Friendship Avenue Pittsburgh, PA 15224 25-1652874	Medical Practice	PA	WPAHS Inc	S Corporation				
Palladium Risk Retention Group 409 Broad St Ste 270 Sewickley, PA 15143 46-3476730	Health Care	PA	HMPG Inc	C Corporation				
Park Cardiothoracic & Vascular Inst 565 Coal Valley Rd Jefferson Hills, PA 15025 72-1529328	Medical Practice	PA	JRMC	C Corporation				
Parker Benefits PO Box 1948 Parkersburg, WV 26102 55-0625743	TPA	WV	Highmark Inc	C Corporation				
Physician Landing Zone PC 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 45-3913973	Health Care	PA	HMPG Inc	C Corporation				
Pittsburgh Bone Joint and Spine Inc 1200 BROOKS LN STE G20 Jefferson Hills, PA 15025 25-1203449	Medical Practice	PA	JRMC	C Corporation				
Pittsburgh Pulmonary & Critical Care Ass 1200 BROOKS LN STE 130 Clairton, PA 15025 46-3274101	Medical Practice	PA	JRMC	C Corporation				
Premier Medical Associates PC 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 25-1742869	Health Care	PA	HMPG Inc	C Corporation				
Primary Care Group 10 Inc 3726 Brownsville Rd Pittsburgh, PA 15227 38-3807173	Medical Practice	PA	JRMC	C Corporation				
Primary Care Group 11 Inc 455 Valley Brook Rd Ste 300 McMurray, PA 15317 80-0494617	Medical Practice	PA	JRMC	C Corporation				
Primary Care Group 12 Inc 17 Arentzen Blvd Ste 101 Charleroi, PA 15022 90-0614054	Medical Practice	PA	JRMC	C Corporation				
Primary Care Group 2 Inc 6011 Baptist Rd Ste 220 Pittsburgh, PA 15236 90-0451375	Medical Practice	PA	JRMC	C Corporation				
Primary Care Group 3 Inc 5426 Mifflin Rd Pittsburgh, PA 15227 90-0451380	Medical Practice	PA	JRMC	C Corporation				
Primary Care Group 4 Inc 1907 Lebanon Church Rd West Mifflin, PA 15122 80-0403090	Medical Practice	PA	JRMC	C Corporation				
Primary Care Group 5 Inc 624 Monongahela Ave Glassport, PA 15045 80-0403100	Medical Practice	PA	JRMC	C Corporation				

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Yes	**No**							
Primary Care Group 6 Inc PO Box 333 West Mifflin, PA 15122 45-3684432	Medical Practice	PA	JRMC	C Corporation				
Primary Care Group 7 Inc 575 Coal Valley Rd Jefferson Hills, PA 15025 90-0503600	Medical Practice	PA	JRMC	C Corporation				
Primary Care Group 8 Inc 803 Miller Ave Clairton, PA 15025 01-0927360	Medical Practice	PA	JRMC	C Corporation				
Primary Care Group 9 Inc 1200 Brooks Ln 270 Clairton, PA 15025 01-0929359	Medical Practice	PA	JRMC	C Corporation				
Prime Medical Group PCG 1 1200 Brooks Ln 110 Clairton, PA 15025 26-4194208	Medical Practice	PA	JRMC	C Corporation				
PWH Holdco 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 46-4682160	Medical Practice	PA	Highmark Inc	C Corporation				
Remworks Sleep Store Inc 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 25-1411844	Rental & Sales	PA	Highmark Inc	C Corporation				
South Pittsburgh Urology Associates 1200 BROOKS LN STE 220 Clairton, PA 15025 46-4954859	Medical Practice	PA	JRMC	C Corporation				
Specialty Group Practice 1 Inc 575 Coal Valley Rd Ste 365 Clairton, PA 15025 35-2367818	Medical Practice	PA	JRMC	C Corporation				
Standard Property Corporation 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 25-1668093	Real Estate Opera	PA	Highmark Inc	C Corporation				
Steel Valley Orthopedics & Sports Medici 1200 Brooks Ln 240 Clairton, PA 15025 45-3540378	Medical Practice	PA	JRMC	C Corporation				
The Gateway Group LTD 800 Delaware Avenue Wilmington, DE 198011368 51-0293417	Benefit Administr	DE	Highmark Inc	C Corporation				
Union Benefit Management Inc 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 25-1845908	Benefit Plan Mgmt	PA	Highmark Inc	C Corporation				
United Concordia Companies Inc 4401 Deer Path Road Harrisburg, PA 17110 25-1687586	Dental Insurance	PA	Highmark Inc	C Corporation				
United Concordia Dental Corporation of A 4401 Deer Path Road Harrisburg, PA 17110 63-1028262	Dental Insurance	PA	Highmark Inc	C Corporation				

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Yes	**No**							
United Concordia Dental Plans of Califor 4401 Deer Path Road Harrisburg, PA 17110 23-7328765	Dental Insurance	PA	Highmark Inc	C Corporation				
United Concordia Dental Plans of Kentuck 4401 Deer Path Road Harrisburg, PA 17110 61-1012900	Dental Insurance	PA	Highmark Inc	C Corporation				
United Concordia Dental Plans of Pennsyl 4401 Deer Path Road Harrisburg, PA 17110 23-2541529	Dental Insurance	PA	Highmark Inc	C Corporation				
United Concordia Dental Plans of Texas 4401 Deer Path Road Harrisburg, PA 17110 74-2489037	Dental Insurance	PA	Highmark Inc	C Corporation				
United Concordia Dental Plans of the Mid 4401 Deer Path Road Harrisburg, PA 17110 38-2289438	Dental Insurance	PA	Highmark Inc	C Corporation				
United Concordia Dental Plans Inc 4401 Deer Path Road Harrisburg, PA 17110 52-1542269	Dental Insurance	PA	Highmark Inc	C Corporation				
United Concordia Insurance Company 4401 Deer Path Road Harrisburg, PA 17110 86-0307623	Dental Insurance	PA	Highmark Inc	C Corporation				
United Concordia Insurance Company of Ne 4401 Deer Path Road Harrisburg, PA 17110 11-3008245	Dental Insurance	PA	Highmark Inc	C Corporation				
United Concordia Life and Health Insuran 4401 Deer Path Road Harrisburg, PA 17110 23-1661402	Dental Insurance	PA	Highmark Inc	C Corporation				
United Concordia Services Inc 4401 Deer Path Road Harrisburg, PA 17110 37-1494957	Dental Insurance	PA	Highmark Inc	C Corporation				
Visionary Properties Inc 175 East Houston Street San Antonio, TX 78205 74-2849554	Leasing	TX	Highmark Inc	C Corporation				
Visionary Retail Management Inc 175 East Houston Street San Antonio, TX 78205 74-2849552	Office Administra	TX	Highmark Inc	C Corporation				
Visionworks Distribution Services Inc 175 East Houston Street San Antonio, TX 78205 04-3742989	Optical Retail	TX	Highmark Inc	C Corporation				
Visionworks Enterprises Inc 175 East Houston Street San Antonio, TX 78205 35-2196998	Trademarks	TX	Highmark Inc	C Corporation				
Visionworks Lab Services Inc 175 East Houston Street San Antonio, TX 78205 04-3742977	Optical Retail	TX	Highmark Inc	C Corporation				

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Yes	**No**							
Visionworks of America Inc 175 East Houston Street San Antonio, TX 78205 74-2337775	Retail Sales	TX	Highmark Inc	C Corporation				
Visionworks Inc 175 East Houston Street San Antonio, TX 78205 02-0677066	Optical Retail	TX	Highmark Inc	C Corporation				
West Penn Corporate Medical Services In 4800 Friendship Avenue Pittsburgh, PA 15224 25-1437405	Medical Practice	PA	WPAHS Inc	C Corporation	-547	89,483	100 000 %	Yes
West Penn Neurosurgery PC 4800 Friendship Avenue Pittsburgh, PA 15224 25-1630719	Medical Practice	PA	WPAHS Inc	C Corporation	0	141	100 000 %	Yes
West Virginia Family Health Plan Inc 1219 Virginia Street East Charleston, WV 25301 45-2763165	Insurance	WV	Highmark Inc	C Corporation				

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Allegheny Clinic	1c	67,345,759	GAAP Accounting
Allegheny Medical Practice Network	1c	7,334,447	GAAP Accounting
Allegheny Singer Research Institute	1c	1,466,339	GAAP Accounting
The Western Pennsylvania Hospital Foundation	1b	1,399,532	GAAP Accounting
Suburban Health Foundation	1c	15,345	GAAP Accounting
West Penn Alleghney Oncology Network	1c	1,781,249	GAAP Accounting
Alle-Kiski Medical Center	1c	637,802	GAAP Accounting
Western Pennsylvania Hospital Foundation	1p	109,057	GAAP Accounting
West Penn Corporate Medical Service	1c,1q	79,681	GAAP Accounting
Alle-Kiski Medical Center	1q	65,072,827	GAAP Accounting
Canonsburg General Hospital	1q	34,923,257	GAAP Accounting
Alegheny Singer Research Institute	1q	1,627,212	GAAP Accounting
West Penn Allegheny Oncology Network	1p	187,863	GAAP Accounting
Allegheny Medical Practice Network	1p	839,834	GAAP Accounting
Allegheny Clinic	1p	543,656	GAAP Accounting