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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
ALLEGHENY SINGER RESEARCH INSTITUTE

% MATTHEW PETERSON

Doing business as

Number and street (or P O box if mail is not delivered to street address)
C/O TAX DEPT120 Fifth AveSTE 922

Room/suite

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

F Name and address of principal officer
Tony Farah MD
30 ISABELLA STREET
PITTSBURGH,PA 15212

H(a) Is this a group return for subordinates?

☐ Yes☒ 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 1977

M State of legal domicile PA

Part I	Summary																																										
Activities & Governance	<div>1 Briefly describe the organization's mission or most significant activities See Form 990, Page 2, Part III, Line 1</div>																																										
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets																																										
Revenue	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>3</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>0</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>5</td><td>208</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>0</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	3	3	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	208	6	Total number of volunteers (estimate if necessary)	6	0	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0																		
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Part II

Signature Block

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

Sign Here

Signature of officer

ELIZABETH M ALLEN CFO

Type or print name and title

2015-11-10

Date

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Paid Preparer Use Only

Firm's name ▶

Firm's address ▶

Firm's EIN ▶

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

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

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

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 \$ 25,323,068 including grants of \$ 64,100) (Revenue \$ 28,881,886)

Scientific Research - See Schedule O for additional disclosure

4b

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

4c

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

4d

Other program services (Describe in Schedule O)
















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

4e

Total program service expenses 25,323,068

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	No
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	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	3	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	0	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	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
7b	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		
8a	a The governing body?	8a	Yes
8b	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
10b	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
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	a The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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			
(1) Tony Farah MD Director and President	1 0 39 0	X		X					1,039,535	113,270
(2) Jacqueline Bauer Director and Secretary	1 0 39 0	X		X					412,601	27,316
(3) John Paul Director	1 0 39 0	X							1,864,483	136,134
(4) Thomas Albanesi Treasurer	1 0 39 0			X					98,235	7,205
(5) Keith LeJeune Vice President	1 0 39 0			X				0	309,277	5,716
(6) Elizabeth Allen Treasurer	1 0 39 0			X					756,501	55,916
(7) Michael Passineau Assistant Professor	40 0 0 0					X		151,222		18,755
(8) Mark Doyle Associate Professor	40 0 0 0					X		128,503		11,889
(9) Boyle Cheng Assistant Professor	40 0 0 0					X		173,811		15,037
(10) MASSIMO TRUCCO PHYSICIAN	40 0 0 0					X		165,728		429
(11) JOSEPH AHEARN Chief Scientific Officer	40 0 0 0					X		294,623		23,025
(12) Michael Sirott Secretary						X		114,831	0

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)	▶	913,887	4,595,463	414,692

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▶9

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization 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
University of Pgh Research Cost Act, PO Box 371220 PITTSBURGH, PA 15251	Research Services	316,533

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 ▶1

Part VIII

Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	117,428			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		117,428			
Program Service Revenue			Business Code				
	2a	SCIENTIFIC RESEARCH	541700	28,528,409	28,528,409		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		28,528,409			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		817,551		817,551	
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)	0	0		
		d	Net rental income or (loss)		0		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)		356,191		356,191
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from fundraising events		0		
	9a	Gross income from gaming activities See Part IV, line 19	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from gaming activities		0		
	10a	Gross sales of inventory, less returns and allowances	a				
		b	Less cost of goods sold	b			
		c	Net income or (loss) from sales of inventory		0		
Miscellaneous Revenue		Business Code					
11a	CLINICAL SERVICES	541700	116,736	116,736			
b	CARDIOLOGY RESEARCH REIMBURSEMENT	541700	86,978	86,978			
c	MISCELLANEOUS	541700	149,763	149,763			
d	All other revenue						
e	Total. Add lines 11a-11d		353,477				
12	Total revenue. See Instructions		30,173,056	28,881,886		1,173,742	

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	64,100	64,100		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
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	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	10,206,314	4,710,742	5,495,572	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	233,226	107,646	125,580	
9	Other employee benefits	1,163,411	536,974	626,437	
10	Payroll taxes	679,298	313,531	365,767	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	45,000		45,000	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	17,164		17,164	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,374,152	1,035,821	338,331	
12	Advertising and promotion	23,289	23,289		
13	Office expenses	160,687	50,331	110,356	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	241,374	163,395	77,979	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	85,633	35,818	49,815	
20	Interest	0			
21	Payments to affiliates	1,787,110	232,685	1,554,425	
22	Depreciation, depletion, and amortization	759,498	552,731	206,767	
23	Insurance	47,004		47,004	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MEDICATIONS AND SUPPLIES	15,518,066	15,473,066	45,000	
b	RESEARCH EXPENDITURES	1,543,467	1,543,467		
c	BAD DEBT	239,956	239,956		
d	MEMBERSHIP FEES	134,527	98,393	36,134	
e	All other expenses	192,948	141,123	51,825	
25	Total functional expenses. Add lines 1 through 24e	34,516,224	25,323,068	9,193,156	0
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 <input type="checkbox"/> 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)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		18,987,769	2	23,615,001
	3	Pledges and grants receivable, net		1,798,568	3	1,989,301
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		219,673	9	112,948
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a5,386,003	4,719,495	10c	4,132,490
	b	Less accumulated depreciation	10b1,253,513			
	11	Investments—publicly traded securities		8,290,743	11	10,288,947
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	53,715
	15	Other assets See Part IV, line 11		25,000	15	600,129
	16	Total assets. Add lines 1 through 15 (must equal line 34)		34,041,248	16	40,792,531
Liabilities	17	Accounts payable and accrued expenses		1,417,585	17	4,423,650
	18	Grants payable		0	18	0
	19	Deferred revenue		16,134,363	19	16,346,009
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		3,255,606	25	3,183,413
	26	Total liabilities. Add lines 17 through 25		20,807,554	26	23,953,072
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		3,477,018	27	4,844,333
	28	Temporarily restricted net assets		1,771,607	28	3,014,839
	29	Permanently restricted net assets		7,985,069	29	8,980,287
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		13,233,694	33	16,839,459
	34	Total liabilities and net assets/fund balances		34,041,248	34	40,792,531

Part XI Reconciliation 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	30,173,056
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,516,224
3	Revenue less expenses Subtract line 2 from line 1	3	-4,343,168
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,233,694
5	Net unrealized gains (losses) on investments	5	234,330
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	7,714,603
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,839,459

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ 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 ALLEGHENY SINGER RESEARCH INSTITUTE	Employer identification number 25-1320493
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Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☒

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

WEST PENN ALLEGHENY HEALTH SYSTEM INC,

PITTSBURGH, PA
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 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 IIISupport 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.		
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.		

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).		

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?		
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).		
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.		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> 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 <u>Parent of Supported Organizations</u> 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	<input type="checkbox"/> 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

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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.

Name of the organization ALLEGHENY SINGER RESEARCH INSTITUTE	Employer identification number 25-1320493
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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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2014

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
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a

Did the organization include an amount on Form 990, Part X, line 21, 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	9,756,676	9,655,409	9,686,344	9,802,917	9,770,791
b Contributions	117,429	47,263	117,981	72,446	76,610
c Net investment earnings, gains, and losses	380,045	290,558	366,025	-59,574	535,796
d Grants or scholarships					
e Other expenditures for facilities and programs	-1,758,141	209,024	491,591	105,216	557,204
f Administrative expenses	17,165	27,530	23,350	24,229	23,076
g End of year balance	11,995,126	9,756,676	9,655,409	9,686,344	9,802,917

- 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

☐ 75 000 %
- c

Temporarily restricted endowment

☐ 25 000 %
- 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
- (i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No
- b

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

☐ 3b

☐ Yes

☐ No
- 4

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		812,720	117,040	695,680
c Leasehold improvements		669,850	224,003	445,847
d Equipment		3,903,433	912,470	2,990,963
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,132,490

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 Organizations Endowment Funds	The intended use of Allegheny Singer Research Institute's permanent and term endowments are for, but not exclusive to capital improvements, research, education, departmental needs, operating efficiencies, and overall patient care. The earnings off of the permanent amount are expendable, based on the specific use of the fund.
ASRI Inclusion In The Consolidated Audit Of WPAHS	Allegheny Singer Research Institute (ASRI) does not issue independent audited financial statements. ASRI is a member of a regional healthcare system named Allegheny Health Network. The Allegheny Health Network in conjunction with its parent organization, Highmark Health, receives a consolidated audit which includes the operations of ASRI. The following analysis represents the reconciliation between the financial statement net income and the net income as reported on Form 990, Page 1, line 19: Net loss per financial statements \$ (5,017,726). Less: Income and expense reclassified from restricted net assets on the financial statements to unrestricted income and expense on Form 990 674,558. Net income per Form 990 \$ (4,343,168). 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.

[illegible]

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
ALLEGHENY SINGER RESEARCH INSTITUTE

Employer identification number
25-1320493

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to 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) Open Door Inc PO Box 99243 Pittsburgh, PA 15233	30-0354607	501c3	25,000				Support of HIV Care
(2) Carnegie Mellon University 5000 Forbes Avenue Pittsburgh, PA 15213	25-0969449	501C3	22,700				Parkinson's Research

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

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 US	Allegheny Singer Research Institute 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 allegheny singer research institute was founded.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990.

▶ 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
ALLEGHENY SINGER RESEARCH INSTITUTE

Employer identification number
25-1320493

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		No
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? If "Yes," to line 5a or 5b, describe in Part III.	5b		No
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? If "Yes," to line 6a or 6b, describe in Part III.	6b		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in 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
Additional Compensation Disclosures	The following represents an additional disclosure for Schedule J, line 4a pertaining to a former officer listed in Form 990, Part VII, Section A, Line 1a receiving severance pay during the period ending December 31, 2014 Michael Sirott \$ 114,831
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 M Bauer \$2,740
Deferred Non-qualifying Retirement Plan 457(f)	The following individuals have amounts accrued related to 457(f) Non-qualifying retirement plans John Paul \$95,127 Tony Farah \$74,796 Elizabeth Allen \$46,733

Additional Data

Software ID:

Software Version:

EIN: 25-1320493

Name: ALLEGHENY SINGER RESEARCH INSTITUTE

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 Michael Passineau, Assistant Professor	(i) (ii)	151,088	0	134	5,260	13,495	169,977	0
1 Boyle Cheng, Assistant Professor	(i) (ii)	173,575	0	236	5,850	9,187	188,848	0
2 Tony Farah MD, Director and President	(i) (ii)	738,598	275,000	25,937	79,771	33,499	1,152,805	0
3 Michael Sirott, Secretary	(i) (ii)	0	0	114,831	0	0	114,831	0
4 Jacqueline Bauer, Director and Secretary	(i) (ii)	321,366	71,578	19,657	12,155	15,161	439,917	0
5 Keith LeJeune, Vice President	(i) (ii)	0 274,838	0 30,226	0 4,213	0 0	0 5,716	0 314,993	0 0
6 John Paul, Director	(i) (ii)	933,552	900,944	29,987	104,088	32,046	2,000,617	0
7 Elizabeth Allen, Treasurer	(i) (ii)	409,508	325,000	21,993	46,733	9,183	812,417	0
8 MASSIMO TRUCCO, PHYSICIAN	(i) (ii)	165,728	0	0	0	429	166,157	0
9 JOSEPH AHEARN, Chief Scientific Officer	(i) (ii)	293,591	0	1,032	13,000	10,025	317,648	0

2014

Open to Public Inspection

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.

Name of the organization ALLEGHENY SINGER RESEARCH INSTITUTE	Employer identification number 25-1320493
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Return Reference	Explanation
Statement of Program Service Accomplishments	<p>IRS FORM 990 - ORGANIZATIONAL COMMENT In 2013, to be consistent with the Highmark Health tax year, Allegheny Singer Research Institute changed its tax year from a fiscal year ended June 30th to calender year This transition caused the short year period July 1, 2013 through December 31, 2013 Prior period balances on the calender year 2014 Form 990 are not reflective of a full twelve month period</p> <p>INRODUCTION TO ALLEGHENY SINGER RESEARCH INSTITUTE (ASRI) ASRI is part of the Allegheny Health Netw ork by virtue of being affiliated with the West Penn Allegheny Health System (WPAHS) Organized in 2000, WPAHS (www.wpahs.org) is comprised of West Penn Allegheny Health System, Inc (WPAHS, Inc), Alle-Kiski Medical Center (AKMC), Canonsburg General Hospital (CGH), Allegheny Specialty Practice Netw ork (ASPN), Allegheny Medical Practice Netw ork (AMPN), West Penn Allegheny Oncology Netw ork (WPAON), Canonsburg General Hospital Ambulance Service, Inc (CGH Ambulance), Alle-Kiski Medical Center Trust (AKMC Trust), Forbes Health Foundation, (FHF) Suburban Health Foundation (SHF) and The Western Pennsylvania Hospital Foundation (WPHF) ASRI was established in 1977 as a Pennsylvania non-profit 501(c)(3) corporation and functions as the entity through which research at WPAHS, Inc - Allegheny General Hospital (AGH), is conducted Both ASRI and AGH are located in Pittsburgh, PA ASRI has a distinguished history of pioneering biomedical research Its leaders have recognized that through innovative research, ASRI can improve the quality of healthcare Through its research efforts, ASRI has had a profound impact on many breakthroughs in innovative technology and research, including Pennsylvania's first heart-valve replacement and one of the first heart transplant procedures performed in the United States This innovative environment continued with the performance of the nation's first bilateral ventricular assist, the first percutaneous automated discectomy, and the nation's first dynamic cardiomyoplasty (muscle flap procedure) ASRI was one of 10 U S medical centers to study drugs to reduce damage from spinal cord injuries The ASRI Center for Genomic Sciences became the first in the world to map the gene for gastroesophageal reflux disease in children ASRI is in a unique position to lead translational research that will improve patient care at a rapid pace ASRI is focused on research that transfers innovation from the laboratory bench to the bedside so that patient care is advanced at a much more rapid pace than conventional research efforts To accomplish this, ASRI has positioned its research culture uniquely at the midway point between an academic health center and the health-care industry, thus leveraging the strengths of both</p> <p>MISSION, VISION & VALUES The vision for ASRI is to facilitate advancement of basic and clinical research ASRI's mission is to sponsor superior programs in health, education, and research and to fully integrate medical education and biomedical research in its clinical settings in order to continuously improve the patient care rendered, while containing costs to the community</p> <p>COMMUNITY ASSESSMENT ASRI provides its community benefit through the cutting-edge technology and research it develops Results of this type of research are ultimately felt by the local community in which ASRI is located and is served by WPAHS ASRI facilities are also home to a wide spectrum of biochemical, physiological and medical device research and development projects With hundreds of active research projects in progress, the follow ing represents a sample of the research and innovative solutions undertaken by ASRI</p> <p>Stem Cell Transplantation - Cancer remains a formidable foe and kills more than 560,000 Americans each year ASRI researchers test novel therapies that could save more lives and even lead to cures Of all the new er therapies being developed, stem cell transplantation, using stem cells from a patient's own body (autologous stem cell transplant) or stem cells from a donor (allogeneic stem cell transplant), is allow ing oncologists to improve survival rates for cancer patients cells from a donor (allogeneic stem cell transplant), is allow ing oncologists to improve survival rates for cancer patients</p>

Return Reference	Explanation
Statement of Program Service Accomplishments - continued	<p>Sublingual Immunotherapy - Pediatric researchers at ASRI are involved in testing sublingual immunotherapy, a method of allergy treatment that uses an allergen solution under the tongue. The allergen interacts with the immune system and changes the body's ability to react to allergens. ASRI researchers test the effectiveness of an asthma medication in reducing the severity and length of the common cold, as well as testing a new vaccine that could prevent RSV, or the respiratory syncytial virus. Researchers test new medications for the treatment of allergy and asthma in both adults and children.</p> <p>The Positive Health Clinic - The Positive Health Clinic provides HIV education, prevention, testing and treatment to at-risk individuals. During 2014 the Clinic, provided on-going HIV medical care to HIV positive persons. All services were provided regardless of their ability to pay. The Clinic provides a holistic, harm reduction, approach to HIV education, prevention and care, often providing services that are not covered by insurance such as transportation to appointments, social services, mental health therapy and psychiatric care, housing assistance, etc. ASRI receives federal funding for its HIV patient screening and care initiatives through the Ryan White Program.</p> <p>The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act (Ryan White CARE Act, Ryan White, Pub L. 101-381, 104 Stat. 576, enacted August 18, 1990) is the United States' largest federally funded program for people living with HIV/AIDS. The act sought funding to improve availability of care for low-income, uninsured and under-insured victims of AIDS and their families. It funds heavily impacted metropolitan areas, states, and local community-based organizations to provide life-saving medical care, medications, and support services to more than half a million people each year.</p> <p>FINANCIAL CONTRIBUTIONS ASRI supports the community through cash contributions made at the discretion of the entity, benefiting not only the non-profit recipient but ultimately the community as a whole. ASRI made the following cash contributions during 2014 totaling \$64,100: National Multiple Sclerosis Society, Project Hope of Beaver County, Open Door, Inc., Pittsburgh Aids Task, Shepard Wellness Co., Pittsburgh AIDS Task, Jewish Healthcare Foundation, Delta Foundation of Pittsburgh, Carnegie Mellon University.</p>

Return Reference	Explanation
Operational Oversight By A Third Party Management Company	Allegheny Singer Research Institute is a member of the integrated delivery system named Allegheny Health Network. Deloitte Financial Advisory Services, LLP (Deloitte) was engaged to assign an interim Chief Financial Officer and Treasurer to Allegheny Health Network. Elizabeth Allen was appointed to these positions and remained under the employment of Deloitte until May 5, 2014. She had 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 Review Process	The IRS Form 990 of the Allegheny Singer Research Institute was prepared by the Highmark Health Tax Department. Prior to filing the final tax return with the Internal Revenue Service, members of senior management reviewed components of the tax return and the voting members of the governing body received a copy of the tax return.

Return Reference	Explanation
Monitoring and Enforcement of the Conflict of Interest Policy	<p>Allegheny Singer Research Institute (ASRI) is a member of the Allegheny Health Network by virtue of being affiliated with West Penn Allegheny Health System (WPAHS). WPAHS has a corporate compliance department that monitors and oversees compliance with the conflict of interest policy of all organizations in the health system. The following describes the manner in which the corporate compliance department monitors and oversees compliance with the conflict of interest policy for ASRI as well as the other WPAHS affiliates. Conflict of Interest disclosure forms are completed on an annual basis by all board members, officers, employees who have a title of Manager and above, physicians in leadership roles, Pharmacy and Therapeutic Committee members, all employees of the WPAHS Compliance and Internal Audit Departments as well as personnel involved with contracting in the Corporate Purchasing Department. Upon completion of the above disclosure statement by all applicable individuals, a report is generated listing all individuals that have reported a conflict. The WPAHS Compliance Officer and General Counsel review the conflicts disclosed. Those that require additional information or clarification receive a letter from the Compliance Officer requesting such. Once received, all additional information is added to the report and again reviewed by the Compliance Officer and General Counsel. Those conflicts that require a mitigation plan are sent to the respective organization's senior management for development of the mitigation plan. The organization's senior management is responsible to discuss the mitigation plan with the individual as needed and monitor compliance with the mitigation plan. Once mitigation is received, a final report is reviewed by System Executive Compliance Council with the Legal Department and by the Allegheny Health Network Audit and Compliance Subcommittee of the Board, as well as by the board of directors. Allegheny Health Network Audit and Compliance Subcommittee of the Board, as well as by the board of directors.</p>

Return Reference	Explanation
<p>Process Used To Determine Executive Compensation</p>	<p>The top management official and officers of ASRI are employed by AHN. Stated below is the executive compensation policy that cover the top management official and officers of ASRI. 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.</p>

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

Return Reference	Explanation
Officer, Director and Key Employee Hour Allocation	<p>Allegheny Singer Research Institute (ASRI) is a member of the Allegheny Health Network by virtue of being affiliated with West Penn Allegheny Health System (WPAHS). Individuals employed by one organization may be assigned to provide management for an affiliated organization. As such, many individuals play key roles or serve as officers or directors on multiple affiliated organizations. Each individual will be assigned forty hours to the organization of their actual employment. If the individual is employed by one organization and appointed as an officer, director or key employee of affiliated organizations the hour allocation on Form 990, Part VII, Page 7, Column (B) takes various factors into account when attempting to assign hours in a reasonable manner. Thus, it is possible for a single individual to have hours assigned in excess of forty hours per week if all affiliated organization IRS Forms 990 is taken into account. Directors who are not employed and volunteer their services are assigned one hour of service. The actual time served for all individuals disclosed in IRS Form 990 can vary based upon the need of the organization. PARTIAL YEAR OFFICERS THE FOLLOWING INDIVIDUALS LISTED IN PART VII DID NOT HOLD THEIR RESPECTIVE POSITIONS WITH ASRI FOR A CONSECUTIVE TWELVE MONTH PERIOD. THE DATES OF THEIR RESPECTIVE SERVICE IS LISTED BELOW. ELIZABETH ALLEN 05-21-2014 - 12-31-2014 THOMAS ALBANESI 01-01-2014 - 02-15-2014</p>

Return Reference	Explanation
Other Changes In Net Assets	The following is a reconciliation of the Other Changes In Net Assets of Allegheny Singer Research Institute for the period January 1, 2014 through December 31, 2014 Transfers From Affiliated Organizations \$ 10,704,903 FAS 158 Adoption (586,691) Net Change in Minimum Pension Liability (2,403,609) _____ Other Changes In Net Assets \$ 7,714,603

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
ALLEGHENY SINGER RESEARCH INSTITUTE

Employer identification number
25-1320493

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

Yes

1q

Yes

1r

No

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

Schedule R (Form 990) 2014

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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 25-1320493

Name: ALLEGHENY SINGER RESEARCH INSTITUTE

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) Allegheny Clinic 320 East North Ave Pittsburgh, PA 15212 25-1838458	Healthcare	PA	501(c)(3)	3	WPAHS Inc		No
(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		No
(3) Alle-Kiski Medical Center 1301 Carlisle Street Pittsburgh, PA 15065 25-1875178	Healthcare	PA	501(c)(3)	3	WPAHS Inc		No
(4) Alle-Kiski Medical Center Trust 1301 Carlisle Street Pittsburgh, PA 15065 20-5855753	Fundraising	PA	501(c)(3)	11-I	AKMC		No
(5) Canonsburg General Hospital 100 Medical Blvd Canonsburg, PA 15317 25-1737079	Healthcare	PA	501(c)(3)	3	WPAHS Inc		No
(6) Canonsburg General Hospital Ambulance Se 100 Medical Blvd Canonsburg, PA 15317 23-2939715	ER Response	PA	501(c)(3)	9	CGH		No
(7) Canonsburg Hospital & Health Foundation 100 Medical Blvd Canonsburg, PA 15317 25-1818505	Inactive	PA	501(c)(3)	11-I	NA		No
(8) Clinical Pathology Institute Cooperative 1526 Peach Street Erie, PA 16501 25-1528055	Healthcare	PA	501(c)(3)	3	SVHC		No
(9) Community Blood Bank 232 West 25th Street Erie, PA 16544 25-1181389	Healthcare	PA	501(c)(3)	11-I	SVHC		No
(10) EnergyCare Inc 232 West 25th Street Erie, PA 16544 25-1430922	Healthcare	PA	501(c)(3)	9	SVHC		No
(11) Forbes Health Foundation 2570 Haymaker Rd Monroeville, PA 15146 25-1798379	Fundraising	PA	501(c)(3)	7	WPAHS Inc		No
(12) Greater Canonsburg Health System 100 Medical Blvd Canonsburg, PA 15317 25-1488089	Inactive	PA	501(c)(3)	11-I	NA		No
(13) Highmark Health 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 45-3674900	Healthcare	PA	501(c)(3)	11-I	NA		No
(14) Jefferson Regional Medical Center 565 Coal Valley Rd Jefferson Hills, PA 15236 25-1260215	Healthcare	PA	501(c)(3)	3	AHN		No
(15) JRMCUPMC Cancer Associates 565 Coal Valley Rd Jefferson Hills, PA 15236 20-1634783	Healthcare	PA	501(c)(3)	3	JRMC		No
(16) Regional Cancer Center 232 West 25th Street Erie, PA 16544 25-1385705	Healthcare	PA	501(c)(3)	3	SVHS		No
(17) Regional Heart Network 232 West 25th Street Erie, PA 16544 25-1856341	Healthcare	PA	501(c)(3)	3	SVHC		No
(18) Regional Home Health and Hospice 232 West 25th Street Erie, PA 16544 83-0371265	Healthcare	PA	501(c)(3)	9	SVHS		No
(19) Saint Vincent Affiliated Physicians 1910 Sassafras Street Erie, PA 16502 20-3784338	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? YesNo	
(21) Saint Vincent Foundation - HHS 232 West 25th Street Erie, PA 16544 25-1669168	Fundraising	PA	501(c)(3)	11-I	SVHS		No
(1) Saint Vincent Health Center 232 West 25th Street Erie, PA 16544 25-0965547	Healthcare	PA	501(c)(3)	3	AHN		No
(2) Saint Vincent Health System 232 West 25th Street Erie, PA 16544 25-1406710	Healthcare	PA	501(c)(3)	11-I E	AHN		No
(3) Saint Vincent Med Ed & Research 1910 Sassafras Street Erie, PA 16502 25-1679140	Healthcare	PA	501(c)(3)	9	SVHS		No
(4) Suburban Health Foundation 100 South Jackson Ave Pittsburgh, PA 15202 25-1472073	Fundraising	PA	501(c)(3)	11-I	WPAHS Inc		No
(5) The Western Pennsylvania Hospital Founda 4800 Friendship Ave Pittsburgh, PA 15224 25-1470766	Fundraising	PA	501(c)(3)	11-I	WPAHS Inc		No
(6) Vantage Health Group 232 West 25th Street Erie, PA 16544 25-1498145	Healthcare	PA	501(c)(3)	3	SVHC		No
(7) West Allegheny Hospital 100 Medical Blvd Pittsburgh, PA 15317 25-1054206	Inactive	PA	501(c)(3)	3	NA		No
(8) West Penn Allegheny Health System Inc Two Allegheny Ctr Pittsburgh, PA 15212 25-0969492	Healthcare	PA	501(c)(3)	3	AHN		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		No
(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) Dispropportionate 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	
5148 Liberty Avenue Associates 4800 Friendship Ave Pittsburgh, PA 15224 25-0969492	Medical Practice	PA		NONE	0	0		No	0		No	0 %
Allegheny Imaging of McCandless 4800 Friendship Ave Pittsburgh, PA 15224	Medical Practice	PA		NONE	0	0		No	0		No	0 %
Associated Clinical Lab LP 312 West 25th Street Erie, PA 16502 25-1533746	Medical Practice	PA		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		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		NONE	0	0		No	0		No	0 %
Erie Medical Complex LLC 312 West 25th Street Erie, PA 16502 20-1017545	Medical Practice	PA		NONE	0	0		No	0		No	0 %
Forbes Regional Urologic 4800 Friendship Ave Pittsburgh, PA 15224	Medical Practice	PA		NONE	0	0		No	0		No	0 %
Gateway Health Plan LP 444 Liberty Avenue Suite 2100 Pittsburgh, PA 15222 25-1691945	Insurance	PA		NONE	0	0		No	0		No	0 %
Jefferson Medical Associates LP 1200 Brooks Ln 150 Clairton, PA 15025	Medical Practice	PA		NONE	0	0		No	0		No	0 %
Jenkins Empire Associates 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 25-1524682	Property Mgmt	PA		NONE	0	0		No	0		No	0 %
JV Holdco LLC 120 Fifth Ave Suite 922 Pittsburgh, PA 15222	Medical Practice	PA		NONE	0	0		No	0		No	0 %
McCandless Endoscopy Center 4800 Friendship Ave Pittsburgh, PA 15224	Medical Practice	PA		NONE	0	0		No	0		No	0 %
North Shore Endoscopy Center 4800 Friendship Ave Pittsburgh, PA 15224	Medical Practice	PA		NONE	0	0		No	0		No	0 %
Peters Ambulatory Surgery Ctr LLC 4800 Friendship Ave Pittsburgh, PA 15224	Medical Practice	PA		NONE	0	0		No	0		No	0 %
Provider PPI LLC 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 32-0429947	Facilities Suppor	PA		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		NONE	0	0		No	0		No	0 %
Saint Vincent Professional Bldg Leasehol 312 West 25th Street Erie, PA 16502 25-1578290	Property Mgmt	PA		NONE	0	0		No	0		No	0 %
Silver Rain LP 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 27-3035436	Property Mgmt	PA		NONE	0	0		No	0		No	0 %
South Hills Surgery Center LLC 6161 Clairton Rd West Mifflin, PA 15122 27-4011352	Medical Practice	PA		NONE	0	0		No	0		No	0 %
Tri State Regional Assoc LLP 312 West 25th Street Erie, PA 16502 23-2919277	Medical Practice	PA		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		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		NONE	0	0		No	0		No	0 %
Vantage Capital Management Ltd 312 West 25th Street Erie, PA 16502 23-3099689	Capital Mgmt	PA		NONE	0	0		No	0		No	0 %
Vantage Holding Company LLC 312 West 25th Street Erie, PA 16502 03-0477182	Capital Mgmt	PA		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		NONE	0	0		No	0		No	0 %
West Penn Ambulatory Center 15305 Dallas Parkway Pittsburgh, PA 15224 27-2344847	Medical Practice	PA		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		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				
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 BI	PA	JRMC	C Corporation				
Highmark BCBSD Inc 800 Delaware Avenue Wilmington, DE 198011368 51-0020405	Insurance	DE	Highmark Inc	C Corporation				

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							
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				

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							
HM Insurance Group 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 25-1646315	Management Servc	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 Servc	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	AC	C Corporation				
Medical Center Clinic PC 4800 Friendship Avenue Pittsburgh, PA 15224 23-2894939	Medical Practice	PA	WPAHS Inc	C Corporation				

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							
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	AC	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	AC	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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(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							
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				

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							
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 Pennsylv 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				

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							
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				
West Penn Neurosurgery PC 4800 Friendship Avenue Pittsburgh, PA 15224 25-1630719	Medical Practice	PA	WPAHS Inc	C Corporation				
West Virginia Family Health Plan Inc 1219 Virginia Street East Charleston, WV 25301 45-2763165	Insurance	WV	Highmark Inc	C Corporation				