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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization
HIGHMARK HEALTH GROUP

Employer identification number
~~45-3674900~~ 82-1406555

INTRODUCTION TO AHN

ALLEGHENY HEALTH NETWORK (AHN), BASED IN PITTSBURGH, PENNSYLVANIA, IS A TAX-EXEMPT, PATIENT-CENTERED AND PHYSICIAN-LED ACADEMIC HEALTHCARE SYSTEM THAT PROVIDES CHARITABLE CARE AND HIGH-QUALITY HEALTH SERVICES TO PATIENTS THROUGHOUT WESTERN PENNSYLVANIA AND THE ADJACENT MULTI-STATE REGION OF OHIO, WEST VIRGINIA, NEW YORK AND MARYLAND. PART OF HIGHMARK HEALTH (HH), AHN COMPRISES EIGHT HOSPITALS AND MORE THAN 200 ADDITIONAL HEALTHCARE SITES, INCLUDING HEALTH + WELLNESS PAVILIONS; A RESEARCH INSTITUTE; MORE THAN 2,800 EMPLOYED AND AFFILIATED PHYSICIANS; 17,000 STAFF MEMBERS; 2,000 VOLUNTEERS; A GROUP PURCHASING ORGANIZATION; AND A COMPLETE SPECTRUM OF HOME AND COMMUNITY BASED HEALTHCARE SERVICES. THE NETWORK'S HOSPITALS INCLUDE ONE QUATERNARY ACADEMIC MEDICAL CENTER, ALLEGHENY GENERAL HOSPITAL IN PITTSBURGH, AND SEVEN TERTIARY/COMMUNITY HOSPITALS THAT PROVIDE A COMPREHENSIVE ARRAY OF GENERAL AND ADVANCED SERVICES: ALLEGHENY VALLEY HOSPITAL, NATRONA HEIGHTS, PA; CANONSBURG HOSPITAL, CANONSBURG, PA; FORBES HOSPITAL, MONROEVILLE, PA; JEFFERSON HOSPITAL, JEFFERSON HILLS, PA; SAINT VINCENT HOSPITAL, ERIE, PA; WEST PENN HOSPITAL, PITTSBURGH; AND WESTFIELD MEMORIAL HOSPITAL, WESTFIELD, NY.

AHN WAS ESTABLISHED IN 2013, BUT ITS MEMBER HOSPITALS SHARE LEGACIES OF CHARITABLE CARE THAT DATE BACK MORE THAN 160 YEARS (WEST PENN HOSPITAL WAS CHARTERED IN 1848). AHN WAS FORMED TO ACT AS THE PARENT COMPANY OF THE HOSPITALS OF THE FORMER WEST PENN ALLEGHENY HEALTH SYSTEM, INC.

Name of the organization: HIGHMARK HEALTH GROUP

Employer identification number: 45-3674900

(WPAHS), AS WELL AS JEFFERSON HOSPITAL, SAINT VINCENT HOSPITAL AND WESTFIELD MEMORIAL HOSPITAL. HIGHMARK HEALTH, IN TURN, SERVES AS THE ULTIMATE PARENT OF AHN AND ITS AFFILIATES.

EACH YEAR, THE HOSPITALS AND CLINICS OF AHN TOGETHER ADMIT NEARLY 100,000 PATIENTS, LOG 300,000 EMERGENCY ROOM VISITS AND DELIVER 6,500 BABIES; AND ITS PHYSICIANS PERFORM MORE THAN 100,000 SURGICAL PROCEDURES. ANCHORED BY NATIONALLY AND INTERNATIONALLY RECOGNIZED CLINICAL AND RESEARCH PROGRAMS IN THE AREAS OF BONE AND JOINT CARE, SPORTS MEDICINE, CARDIOVASCULAR DISEASE, NEUROSURGERY AND NEUROLOGY, WOMEN'S HEALTH, CANCER, EMERGENCY MEDICINE, BARIATRIC AND METABOLIC DISEASE. AHN PROVIDES A COMPLETE SPECTRUM OF ADVANCED DIAGNOSTIC, MEDICAL AND SURGICAL CARE ACROSS ALL MEDICAL SPECIALTIES, INCLUDING PRIMARY CARE, TRAUMA AND BURN CARE, GENERAL SURGERY, DIABETES, AUTOIMMUNE DISEASES, CRITICAL CARE, DIGESTIVE DISEASES, MEN'S HEALTH/UROLOGY, LUNG AND ESOPHAGEAL DISEASES AND REHABILITATION SERVICES.

AHN ALSO PLAYS A PIVOTAL ROLE IN THE TRAINING OF FUTURE GENERATIONS OF HEALTHCARE PROFESSIONALS BY OFFERING 46 GRADUATE MEDICAL PROGRAMS, THREE MEDICAL SCHOOL AFFILIATIONS AND TWO NURSING SCHOOLS. THE NETWORK'S HOSPITALS SERVE AS CLINICAL CAMPUSES FOR THE MEDICAL SCHOOLS OF DREXEL UNIVERSITY, TEMPLE UNIVERSITY AND THE LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE (LECOM). NEARLY 250 STUDENTS ARE ENROLLED EACH YEAR IN NURSING PROGRAMS AT THE WEST PENN HOSPITAL SCHOOL OF NURSING AND THE CITIZENS SCHOOL OF NURSING IN NATRONA HEIGHTS, AND MORE THAN 500 MEDICAL RESIDENTS

AND FELLOWS RECEIVE ADVANCED TRAINING ON STAFF AT AHN HOSPITALS.

AHN'S GOAL IS TO TRANSFORM THE CURRENT MODEL OF HEALTH CARE DELIVERY IN WESTERN PENNSYLVANIA BY ENCOURAGING HEALTH CARE PROVIDERS WITHIN AHN, WHETHER HOSPITALS OR PHYSICIANS, TO USE THE MOST COST-EFFECTIVE VENUE FOR CARE, ADHERE TO THE HIGHEST, EVIDENCE-BASED STANDARDS OF CARE, AND DELIVER SUPERIOR OUTCOMES BY REDUCING UNNECESSARY READMISSIONS AND HEALTHCARE ASSOCIATED COMPLICATIONS. PROVIDING COST-EFFICIENT, CONVENIENTLY ACCESSED CARE DELIVERS VALUE AND BENEFIT TO OUR COMMUNITIES, OUR PARTNER HEALTH CARRIERS, AREA BUSINESS, AND MOST OF ALL TO OUR PATIENTS.

THE MISSION OF AHN IS TO PROMOTE HEALTH AND WELLNESS IN OUR COMMUNITIES BY PROVIDING SAFE, COMPASSIONATE, AFFORDABLE HEALTH CARE TO ALL WHO SEEK IT, REGARDLESS OF A PATIENT'S RACE, CREED, GENDER, NATIONAL ORIGIN, PHYSICAL OR MENTAL DISABILITY, OR ABILITY TO PAY.

COMMUNITY BENEFITS

AHN AND ITS TAX-EXEMPT SUBSIDIARY FACILITIES SUPPORT A BROAD ARRAY OF CHARITABLE SERVICES TO THE COMMUNITY BY PROVIDING SUBSIDIZED HEALTH CARE; SPONSORING COMMUNITY EVENTS (HEALTH FAIRS, CANCER SCREENINGS, WALKS, EDUCATIONAL SEMINARS; SUPPORT GROUPS); AND MAKING CHARITABLE DONATIONS. THE SERVICES BENEFIT CHILDREN AND TEENS, ADULTS AND SENIORS, PATIENTS AND THEIR FAMILIES, AND THE COMMUNITY AT LARGE. THIS STATEMENT IS NOT A TOTAL ACCOUNT OF ALL OF AHN'S CHARITABLE ACTIVITIES, BUT A SUMMARY OF AHN'S

Name of the organization: HIGHMARK HEALTH GROUP

Employer identification number: 45-3674900

MANY CONTRIBUTIONS TO THE COMMUNITY, AND ITS COMMITMENT TO PROVIDE A WIDE RANGE OF QUALITY HEALTH SERVICES TO ALL WHO SEEK AHN'S CARE:

AHN POSITIVE CLINIC: THE POSITIVE HEALTH CLINIC (PHC) IS A COMPREHENSIVE HIV PRIMARY CARE CLINIC PROVIDING STATE-OF-THE-ART CARE TO HIV-POSITIVE PERSONS; SUPPORT STAFF INCLUDE PHYSICIANS, NURSES, MEDICAL ASSISTANTS, SOCIAL WORKERS, BEHAVIORAL HEALTH THERAPISTS, PSYCHIATRISTS AND PATIENT ADVOCATES. OUR TEAM TREATS MORE THAN 750 PATIENTS AND HAS EXTENSIVE EXPERIENCE WITH ALL ASPECTS OF HIV MANAGEMENT, PROVIDING A WIDE RANGE OF PRIMARY AND SPECIALIZED HIV CARE, REGARDLESS OF AN INDIVIDUAL'S MEDICAL INSURANCE COVERAGE OR ABILITY TO PAY. SERVICES AND PROGRAMS INCLUDE: COMPREHENSIVE HIV CARE; RAPID HIV TESTING AND COUNSELING AND PARTNER TESTING; MEDICATION ADHERENCE COUNSELING AND PHARMACY SUPPORT; GYNECOLOGIC CARE; NUTRITIONAL ASSESSMENT AND COUNSELING BY A REGISTERED DIETITIAN; TREATMENT FOR PERSONS CO-INFECTED WITH HIV AND HEPATITIS C; SMOKING CESSATION PROGRAMS; MENTAL HEALTH ASSESSMENT, COUNSELING AND PSYCHIATRIC SUPPORT; CASE-MANAGEMENT FOR NON-MEDICAL NEEDS. OUR STAFF ASSISTS WITH FINANCIAL OR SOCIAL ISSUES THAT MAY INTERFERE WITH THE PROVISION OF MEDICAL CARE. IN DECEMBER 2015, AHN AND OTHER ORGANIZATIONS ANNOUNCED THE CREATION OF A REGIONAL AIDS-PREVENTION CAMPAIGN WITH A GOAL OF ENDING NEW HIV INFECTIONS IN ALLEGHENY COUNTY BY 2020.

BRADDOCK URGENT CARE: IN 2015, AHN AND HH OPENED THE AHN URGENT CARE CENTER, SUBSIDIZING HEALTH CARE ACCESS FOR THE UNDERSERVED BRADDOCK, PA., COMMUNITY, BY PROVIDING CARE ON A CHARITABLE BASIS AND SERVING A

| Name of the organization | Employer identification number |
|---|---|
| HIGHMARK HEALTH GROUP | 45-3674900 |

SIGNIFICANT SHARE OF MEDICARE AND MEDICAID PATIENTS. WITH THE HELP OF A $200,000 HIGHMARK, INC. GRANT, AHN IS LAUNCHING A YEAR-LONG COMMUNITY HEALTH IMPROVEMENT PLAN, INTENDED TO EDUCATE AND IMPROVE OUTCOMES FOR BRADDOCK-AREA RESIDENTS IN FOUR KEY AREAS: BEHAVIORAL HEALTH, INCLUDING SUBSTANCE ABUSE AND MENTAL HEALTH DISORDERS; CANCER, PARTICULARLY OF THE PROSTATE, LUNG, COLON OR BREAST; CHRONIC DISEASE, WITH A FOCUS ON ASTHMA AND DIABETES, AND MATERNAL AND CHILD HEALTH, WITH A PARTICULAR FOCUS ON SEXUALLY TRANSMITTED DISEASE PREVENTION. THE AHN URGENT CARE CENTER WAS BUILT FOLLOWING THE CLOSURE OF BRADDOCK'S COMMUNITY HOSPITAL, WHICH HAD BEEN THE PRIMARY JOBS CENTER AND HEALTH CARE ACCESS POINT FOR BRADDOCK RESIDENTS; THE AHN URGENT CARE CENTER IS STAFFED BY BOARD CERTIFIED PHYSICIANS, REGISTERED NURSES, MEDICAL ASSISTANTS AND RADIOLOGY TECHNICIANS, AND EQUIPPED WITH 12 PATIENT EXAM ROOMS AND DIAGNOSTIC CAPABILITIES SUCH AS X-RAY IMAGING AND BLOOD WORK.

CANCER SCREENINGS: MANY CANCERS CAN BE PREVENTED OR DETECTED AT EARLIER AND MORE TREATABLE STAGES IF PATIENTS UNDERGO ROUTINE SCREENING TESTS. IN THE FALL OF 2014, AHN LAUNCHED A FREE HEALTH SCREENING AND CANCER EDUCATION PROGRAM AT JEFFERSON HOSPITAL, WITH SCREENINGS FOR CERVICAL, BREAST, COLORECTAL, PROSTATE, LUNG, HEAD AND NECK, AND SKIN CANCER. IN 2015, THE SCREENING PROGRAM EXPANDED ACROSS THE NETWORK; DURING SIX SCREENING EVENTS, MORE THAN 2,300 SCREENING TESTS DETECTED 427 ABNORMALITIES, FOR AN ABNORMALITY RATE OF NEARLY 20 PERCENT. THOSE WITH ABNORMAL SCREENINGS WERE REFERRED FOR FOLLOW-UP TREATMENT OR TESTING. THE SCREENINGS ARE ALL BEING PERFORMED BY AHN HEALTH PROFESSIONALS WHO ARE

Name of the organization: HIGHMARK HEALTH GROUP

Employer identification number: 45-3674900

VOLUNTEERING THEIR TIME AT NO COST TO THE PATIENTS. PATIENT SURVEYS SHOW A HIGH RATE OF SATISFACTION AND APPRECIATION FOR THIS AHN CANCER INSTITUTE CANCER SCREENING AND EDUCATION PROGRAM. ADDITIONAL FREE COMMUNITY CANCER SCREENINGS ARE SCHEDULED THROUGHOUT THE REGION AT AHN FACILITIES THROUGH 2016 AND WILL REMAIN AN ANNUAL SERVICE TO THE COMMUNITY PERFORMED BY THE AHN CANCER INSTITUTE.

COMMUNITY HEALTH NEEDS ASSESSMENT: IN 2015, AHN EMBARKED ON A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO COLLECT HEALTH AND SOCIO-ECONOMIC DATA TO DETERMINE THE COMMUNITY HEALTH NEEDS ACROSS AHN'S WESTERN PENNSYLVANIA SERVICE FOOTPRINT. IN TAKING A SYSTEM-WIDE APPROACH TO COMMUNITY HEALTH IMPROVEMENT, AHN SOUGHT TO IDENTIFY REGIONAL HEALTH TRENDS AND UNIQUE DISPARITIES WITHIN HOSPITAL SERVICE AREAS. SYSTEM-WIDE PRIORITIES WERE DEVELOPED TO DELEGATE RESOURCES ACROSS THE SYSTEM TO IMPACT THE REGION'S MOST PRESSING HEALTH NEEDS, WHILE HOSPITAL-SPECIFIC STRATEGIES WERE OUTLINED TO GUIDE LOCAL EFFORTS AND COLLABORATION WITH COMMUNITY PARTNERS TO ADDRESS THOSE PRIORITIZED NEEDS.

THE AHN CHNA STEERING AND ADVISORY COMMITTEES REVIEWED FINDINGS FROM THE CHNA RESEARCH, INCLUDING PUBLIC HEALTH DATA, SOCIO-ECONOMIC MEASURES, RESPONSES FROM THE KEY INFORMANT SURVEY, AND HOSPITAL UTILIZATION TRENDS TO DETERMINE THE HIGHEST NEEDS IN EACH HOSPITAL COMMUNITY AND DEVELOP SYSTEM-WIDE PRIORITIES TO FOCUS COMMUNITY HEALTH IMPROVEMENT EFFORTS. THE COMMITTEE MEMBERS RECOMMENDED THE FOLLOWING ISSUES BE ADOPTED AS PRIORITY

Name of the organization: HIGHMARK HEALTH GROUP

Employer identification number: 45-3674900

HEALTH NEEDS ACROSS THE AHN SERVICE AREA: BEHAVIORAL HEALTH, CANCER, CHRONIC DISEASE, AND MATERNAL & CHILD HEALTH. THE RATIONALE AND CRITERIA USED TO SELECT THESE SYSTEM-WIDE PRIORITIES INCLUDED: PREVALENCE OF DISEASE AND NUMBER OF COMMUNITY MEMBERS IMPACTED; RATE OF DISEASE IN COMPARISON TO STATE AND NATIONAL BENCHMARKS; HEALTH DISPARITIES AMONG RACIAL AND ETHNIC MINORITIES; EXISTING PROGRAMS, RESOURCES, AND EXPERTISE TO ADDRESS THE ISSUES; AND INPUT FROM REPRESENTATIVES OF UNDERSERVED POPULATIONS. SUBSEQUENTLY, THE CHNA DEVELOPED SEVERAL COMMUNITY HEALTH GOALS AND INITIATIVES BASED ON THE IDENTIFICATION OF THE PRIORITY NEEDS.

THE 2015 CHNA BUILDS UPON OUR HOSPITALS' PREVIOUS CHNAS CONDUCTED, AND PROVIDES A COMPREHENSIVE GUIDE FOR ALLEGHENY HEALTH NETWORK'S COMMUNITY BENEFIT AND COMMUNITY HEALTH IMPROVEMENT EFFORTS. WE IDENTIFIED NEEDS WITHIN EACH OF OUR HOSPITAL COMMUNITIES, AND WORK WITH OUR COMMUNITY PARTNERS TO TAKE A COLLABORATIVE APPROACH TO COMMUNITY HEALTH IMPROVEMENT WHILE DIRECTING SYSTEM-WIDE RESOURCES TO IMPROVE POPULATION HEALTH THROUGHOUT THE REGION. WHERE APPLICABLE, WE HAVE ALIGNED OUR PRIORITIES AND PLANNING WITH EXISTING LOCAL AND REGIONAL INITIATIVES TO FOSTER COLLABORATION IN COMMUNITY HEALTH IMPROVEMENT.

IMPROVING THE HEALTH OF WESTERN PENNSYLVANIANS IS IN THE BEST INTEREST OF OUR COMMUNITIES AND THE REGION, AND IT COMPORTS THE AHN MISSION OF PROMOTING HEALTH IN WELLNESS IN OUR COMMUNITIES BY PROVIDING SAFE, COMPASSIONATE, AFFORDABLE HEALTH CARE TO ALL WHO SEEK IT, REGARDLESS OF A

Name of the organization: HIGHMARK HEALTH GROUP

Employer identification number: 45-3674900

PATIENT'S RACE, CREED, GENDER, NATIONAL ORIGIN, PHYSICAL OR MENTAL DISABILITY, OR ABILITY TO PAY. WE ARE PROUD TO BE PART OF THE COMMUNITIES WE SERVE AND ARE COMMITTED TO BENEFITTING THE LIVES OF OUR PATIENTS, STAFF, AND FRIENDS THROUGH THE WORK WE DO.

COMMUNITY SUPPORT, EVENTS AND SPONSORSHIPS: MAJOR PARTNERSHIPS INITIATED IN 2015 INCLUDE A CARNEGIE SCIENCE CENTER SPONSORSHIP (A PARTNERSHIP TO DEVELOP BODYTECH, A DYNAMIC, THREE-PRONGED HEALTH AND SCIENCE EDUCATIONAL PROGRAM FOR THE REGION. THE INITIATIVE INCLUDES A NEW EXHIBIT AT THE SCIENCE CENTER CALLED BODYWORKS, THE BODYSTAGE LIVE DEMONSTRATION THEATER, AND A TRAVELING SCIENCE SHOW, ANATOMY ADVENTURE, WHICH VISITS

SYSTEM AND THAT PLACES 500 BICYCLES THROUGHOUT THE CITY OF PITTSBURGH, FOR COMMUNITY USE, TO ENCOURAGE CYCLING AND HEALTHY LIFESTYLES. THROUGHOUT 2015, AHN SPONSORED 44 WALKS AND 183 COMMUNITY EVENTS, INCLUDING LUNCH-AND-LEARN EVENTS, HEALTH FAIRS, EMPLOYER WELLNESS EVENTS, SCREENINGS, AND SCHOOL PROGRAMMING (CPR CERTIFICATION CLASSES, DISABILITY MENTORING DAY, PROJECT MOVE, COLLEGE AND CAREER READINESS PROGRAMS, SURGERY OBSERVATION PROGRAMS). AHN ALSO ISSUED GRANTS AND MONETARY CONTRIBUTIONS TO 142 NON-PROFITS AND 19 COMMUNITY ORGANIZATIONS. COMMUNITY SPONSORSHIPS IN 2015 TOTALED $859,000.

JEFFERSON HOSPITAL: ALSO KNOWN AS JEFFERSON REGIONAL MEDICAL CENTER, JEFFERSON HOSPITAL (JH) WAS ORGANIZED IN 1973. LOCATED JUST SOUTH OF PITTSBURGH, JH IS AN INTEGRATED SYSTEM OP HEALTH CARE SERVICES AND

| Name of the organization | Employer identification number |
|---|---|
| HIGHMARK HEALTH GROUP | 45-3674900 |

FACILITIES THAT PROVIDES QUALITY HEALTH CARE FROM EMERGENCY ADMISSIONS TO INPATIENT HOSPITALIZATION AND LEADING EDGE SURGERY TO REHABILITATION AND HOME CARE. FOR THE MOST RECENTLY COMPLETED TWELVE MONTH REPORTING PERIOD, THE TOTAL INPATIENT DISCHARGES WERE 14,082, OUTPATIENT VISITS WERE 251,391, NUMBER OF EMPLOYEES WAS 2,091 AND NUMBER OF PHYSICIANS ON STAFF WAS 580. TOTAL UNCOMPENSATED CARE AND COMMUNITY BENEFITS WAS $20,566,295 JH PROVIDES SAFE, COMPASSIONATE, AFFORDABLE HEALTH CARE TO ALL WHO SEEK IT, REGARDLESS OF A PATIENT'S RACE, CREED, GENDER, NATIONAL ORIGIN, PHYSICAL OR MENTAL DISABILITY, OR ABILITY TO PAY.

SAINT VINCENT HOSPITAL: ALSO KNOWN AS THE SAINT VINCENT HEALTH CENTER, SAINT VINCENT HOSPITAL (SVH) AND SAINT VINCENT HEALTH SYSTEM INCLUDE THE REGIONAL HEART NETWORK, SAINT VINCENT MEDICAL EDUCATION AND RESEARCH INSTITUTE, WESTFIELD MEMORIAL HOSPITAL, SAINT VINCENT FOUNDATION FOR HEALTH AND HUMAN SERVICES, SAINT VINCENT AFFILIATED PHYSICIANS, REGIONAL HOME HEALTH AND HOSPICE (55.48% CONTROLLED) AND REGIONAL CANCER CENTER (50% CONTROLLED). SVH IS A NOT-FOR-PROFIT ACUTE CARE HOSPITAL THAT PROVIDES INPATIENT, OUTPATIENT AND EMERGENCY CARE SERVICES FOR RESIDENTS OF NORTHWESTERN PENNSYLVANIA AND ADJACENT AREAS OF NEW YORK AND OHIO. FOUNDED BY THE SISTERS OF ST. JOSEPH IN 1875, SVH CONTINUES TO SUPPORT THE CHARITABLE MISSION AND VALUES OF THE SISTERS, PROVIDING SAFE, COMPASSIONATE, AFFORDABLE HEALTH CARE TO ALL WHO SEEK IT, REGARDLESS OF A PATIENT'S RACE, CREED, GENDER, NATIONAL ORIGIN, PHYSICAL OR MENTAL DISABILITY, OR ABILITY TO PAY. FOR THE MOST RECENTLY COMPLETED TWELVE MONTH REPORTING PERIOD, THE TOTAL INPATIENT DISCHARGES WERE 14,171,

Name of the organization: HIGHMARK HEALTH GROUP

Employer identification number: 45-3674900

OUTPATIENT VISITS WERE 184,797, NUMBER OF EMPLOYEES WAS 1,993 AND NUMBER OF PHYSICIANS ON STAFF WAS 394. TOTAL UNCOMPENSATED CARE AND COMMUNITY BENEFITS WAS $26,839,324.

WEST PENN ALLEGHENY HEALTH SYSTEM: THE HOSPITALS OF THE FORMER WPAHS, ORGANIZED IN 2000, INCLUDE ALLEGHENY GENERAL HOSPITAL, ALLEGHENY VALLEY HOSPITAL (ALSO KNOWN AS ALLE-KISKI MEDICAL CENTER), CANONSBURG HOSPITAL (ALSO KNOWN AS CANONSBURG GENERAL HOSPITAL), FORBES HOSPITAL (ALSO KNOWN AS FORBES REGIONAL HOSPITAL), AND WEST PENN HOSPITAL (ALSO KNOWN AS THE WESTERN PENNSYLVANIA HOSPITAL). IN ADDITION TO THE HOSPITALS, WPAHS INCLUDES THE ALLEGHENY MEDICAL PRACTICE NETWORK (AMPN), ALLEGHENY CLINIC (AC), ALLEGHENY-SINGER RESEARCH INSTITUTE (ASRI), WEST PENN ALLEGHENY ONCOLOGY NETWORK (WPAON), CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE (CGH AMBULANCE), ALLE-KISKI MEDICAL CENTER TRUST (AKMC TRUST), FORBES HEALTH FOUNDATION (FHF), SUBURBAN HEALTH FOUNDATION (SHF), AND THE WESTERN PENNSYLVANIA HOSPITAL FOUNDATION. FOR THE MOST RECENTLY COMPLETED TWELVE-MONTH REPORTING PERIOD, TOTAL INPATIENT DISCHARGES FOR THE WPAHS HOSPITALS WERE 57,191, OUTPATIENT VISITS WERE 834,471, NUMBER OF EMPLOYEES WAS 12,837 AND TOTAL UNCOMPENSATED CARE AND COMMUNITY BENEFITS WAS $134,397,027 THE HOSPITALS OF WPAHS PROVIDE SAFE, COMPASSIONATE, AFFORDABLE HEALTH CARE TO ALL WHO SEEK IT, REGARDLESS OF A PATIENT'S RACE, CREED, GENDER, NATIONAL ORIGIN, PHYSICAL OR MENTAL DISABILITY, OR ABILITY TO PAY.

| Name of the organization | Employer identification number |
|---|---|
| HIGHMARK HEALTH GROUP | 45-3674900 |

ACCOMPLISHMENTS

AHN IS A LEADING CENTER FOR ADVANCED HEART, LIVER, KIDNEY AND PANCREAS TRANSPLANTATION. ACCORDING TO COMPARION MEDICAL ANALYTICS' 2016 CARECHEX HOSPITAL QUALITY RATINGS, ALLEGHENY HEALTH NETWORK RANKS #1 IN PENNSYLVANIA AND #8 NATIONALLY FOR OVERALL ORGAN TRANSPLANTATION QUALITY. ALLEGHENY HEALTH NETWORK'S CANCER INSTITUTE PROVIDES ADVANCED, MULTI-DISCIPLINARY CARE FOR THE TREATMENT OF ALL CANCERS, INCLUDING BRAIN, BREAST, COLON AND RECTAL, HEAD AND NECK, LUNG, LIVER, OVARIAN, CERVICAL, PROSTATE AND BLOOD/HEMATOLOGIC CANCERS. THE PROGRAM REACHES PATIENTS AT MORE THAN 50 CLINIC LOCATIONS THROUGHOUT WESTERN PA AND EMPLOYS MORE THAN 150 ONCOLOGISTS. THE INSTITUTE IS ALSO HOME TO ONE OF PENNSYLVANIA'S LARGEST BONE MARROW AND CELL TRANSPLANT PROGRAMS AND HAS A FORMAL AFFILIATION WITH THE JOHNS HOPKINS KIMMEL COMPREHENSIVE CANCER CENTER FOR CLINICAL COLLABORATIONS, MEDICAL EDUCATION AND A BROAD RANGE OF RESEARCH INITIATIVES.

THE HOSPITALS OF ALLEGHENY HEALTH NETWORK HAVE EARNED MANY ACCOLADES FOR SUPERIOR QUALITY AND SERVICE EXCELLENCE, INCLUDING RECOGNITION FROM RESPECTED INDEPENDENT ANALYSTS AND REGULATORY BODIES SUCH AS THE JOINT COMMISSION, COMPARION MEDICAL ANALYTICS, US NEWS & WORLD REPORT, CONSUMER REPORTS AND HEALTHGRADES. ACCORDING TO THE COMPARION MEDICAL ANALYTICS' 2016 CARECHEX HOSPITAL QUALITY RATINGS, ALLEGHENY HEALTH NETWORK PLACES IN THE TOP 10% NATIONALLY FOR CANCER CARE QUALITY, IN THE TOP 5% NATIONALLY FOR CARDIAC CARE, IN THE TOP 10% NATIONALLY AND #1 IN THE REGION FOR STROKE CARE, #1 IN WESTERN PA FOR TRAUMA CARE QUALITY AND #1

Name of the organization: HIGHMARK HEALTH GROUP

Employer identification number: 45-3674900

IN WESTERN PA FOR WOMEN'S HEALTH CARE.

PHYSICIANS AND SCIENTISTS AT ALLEGHENY HEALTH NETWORK ARE OFTEN ON THE CUTTING EDGE OF ADVANCED TREATMENTS AND NEW TECHNOLOGIES. INNOVATIVE MEDICAL RESEARCH ACROSS ALL OF THE NETWORK'S PROGRAMS IS A CRITICAL COMPONENT OF THE ORGANIZATION'S MISSION. THE NETWORK'S RESEARCH INSTITUTE COORDINATES PRIVATE AND FEDERALLY FUNDED INTERDISCIPLINARY PROGRAMS DESIGNED TO BETTER UNDERSTAND, TREAT AND PREVENT DISEASE, AND THE NETWORK'S HOSPITALS ARE FREQUENTLY INVOLVED IN CLINICAL TRIALS OF BREAST, PROSTATE AND BOWEL CANCER, BURN AND TRAUMATIC INJURIES, GENE THERAPY, CARDIOVASCULAR DISEASE, LEUKEMIA AND LYMPHOMA, AUTOIMMUNE DISEASES, NEUROLOGICAL DISEASES, AND MORE. THE NETWORK IS CURRENTLY HOME TO MORE THAN 300 ACTIVE CLINICAL RESEARCH TRIALS.

FIVE AHN HOSPITALS ALSO CONTINUE TO RECEIVE NATIONAL RECOGNITION FOR THE QUALITY OF THEIR HEART FAILURE PROGRAMS. AGH, AVH, CH, JH AND SVH EACH

HEART FAILURE ACHIEVEMENT AWARDS. THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION PRESENTS THE ANNUAL HONORS TO HOSPITALS THAT IMPLEMENT SPECIFIC QUALITY IMPROVEMENT MEASURES OUTLINED BY THE AMERICAN HEART ASSOCIATION/AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION'S SECONDARY PREVENTION GUIDELINES FOR PATIENTS WITH HEART FAILURE.

INVESTMENTS

AHN AND HH CONTINUE TO MAKE CAPITAL AND PROGRAMMATIC INVESTMENT IN THE

Name of the organization: HIGHMARK HEALTH GROUP

Employer identification number: 45-3674900

NETWORK. WHEN AHN WAS CREATED, ITS MEMBER HOSPITALS WERE IN DIRE NEED OF UPGRADES AND ENHANCEMENTS DUE TO YEARS OF DEFERRED MAINTENANCE. SINCE THE CLOSING OF THE AFFILIATION IN 2013, AHN HAS MADE SIGNIFICANT INVESTMENTS IN THESE FACILITIES TO IMPROVE THE QUALITY OF PATIENT CARE AND EXPAND SERVICES AND CAPABILITIES FOR THE COMMUNITY. MANY OF THESE INVESTMENTS HAVE LED TO NO FINANCIAL RETURN, BUT ARE REQUIRED TO SUSTAIN THE SYSTEM, PROVIDE THE APPROPRIATE INFRASTRUCTURE, IMPROVE THE QUALITY AND PREPARE IT FOR THE EXPECTED INFLUX OF FUTURE VOLUME. CAPITAL INVESTMENTS FROM 2015 THROUGH SUMMER 2016 HAVE INCLUDED, BUT ARE NOT LIMITED TO, THE FOLLOWING: THE AHN SPORTS COMPLEX AT COOL SPRINGS, A LARGE MULTI-SPORT FACILITY SPECIALIZING SPORTS MEDICINE AND SPORTS PERFORMANCE; THE CAHOUET CENTER FOR COMPREHENSIVE PARKINSON'S CARE, DESIGNED TO HELP PATIENTS WITH PARKINSON'S DISEASE AND THEIR FAMILIES MORE SEAMLESSLY ACCESS AND COORDINATE THE CLINICAL AND SUPPORT SERVICES THEY REQUIRE BY COMBINING AHN'S WORLD-CLASS MEDICAL EXPERTISE WITH THE INVALUABLE RESOURCES OF THE PARKINSON FOUNDATION UNDER ONE ROOF, CREATING A MULTI-DISCIPLINARY PROGRAM THAT ADDRESSES THE CHANGING NEEDS OF PARKINSON'S PATIENTS OVER TIME; A NEW 48-BED CRITICAL CARE/TELEMETRY UNIT FOR CARDIOVASCULAR PATIENTS AT AGH; NEW CT SCAN SERVICE AT WESTFIELD MEMORIAL HOSPITAL; NEWLY REMODELED ORTHOPEDIC UNIT FLOOR AT SVH; NEW ISLET CELL ISOLATION LAB FOR DIABETES AND PANCREAS TREATMENT AT AGH; NEW MAKO ROBOTIC TECHNOLOGY FOR HIP AND KNEE REPLACEMENTS AT SVH, AGH AND WPH; AND A NEW EMERGENCY OPERATIONS COMMAND CENTER FACILITY AT JH; NEW CARDIAC ICU AT WPH, PART OF A LARGER $30 MILLION HOSPITAL INVESTMENT, EXPANDED OBSTETRICAL FACILITIES AT FORBES HOSPITAL, THE IMPLEMENTATION OF THE EPIC

Name of the organization: HIGHMARK HEALTH GROUP

Employer identification number: 45-3674900

ELECTRONIC HEALTH RECORD AT AGH AND WPH AND THE OPENING OF A NEW, STATE-OF-THE-ART CENTER FOR SURGICAL ARTS TRAINING FACILITY AGH FOR RESIDENTS, FELLOWS AND ATTENDING SURGEONS.

PART I, LINE 3 AND PART V, LINE 1A

VOTING MEMBERS OF GOVERING BOARD

THE NUMBER OF VOTING MEMBERS OF THE GOVERNING BODY REFLECTED IN IRS FORM 990, PAGE 1, PART I, LINE 3 WILL NOT CORRESPOND TO THE ACTUAL NUMBER OF VOTING MEMEBERS LISTED IN IRS FORM 990, PAGE 7, PART VII. THE REASON BEING IS THAT CERTAIN VOTING MEMBERS OF THE GOVERNING BODY ARE VOTING MEMBERS FOR MORE THAN ONE OF THE ORGANIZATIONS INCLUDED IN THIS GROUP FILING. IN THESE INSTANCES, THE INDIVIDUAL IS COUNTED IN PART I, LINE 3 IN ACCORDANCE WITH THE NUMBER OF ORGANIZATIONS THEY ARE VOTING MEMBERS BUT WILL ONLY BE LISTED IN PART VII ONCE.

PART I, LINE 5 AND PART V, LINE 2A

INDIVIDUALS EMPLOYED

TOTAL NUMBER OF INDIVIDUALS EMPLOYED IN 2015 OF 18,030 IS REPRESENTATIVE OF THE SUM OF ALL INDIVIDUALS EMPLOYED BY EACH OF THE 18 SEPARATE AND DISTINCT LEGAL ENTITIES THAT ARE SUBSIDIARIES OF HIGHMARK HEALTH GROUP AND ARE INCLUDED IN THE GROUP RETURN.

PART I, LINE 8

CONTRIBUTIONS, GRANTS, AND SIMILAR AMOUNTS RECEIVED

PURSUANT TO TREASURY REGULATION SECTION 1 6033-2(D)(5) THE SPONSORING ENTITY OF HIGHMARK HEALTH GROUP, HIGHMARK HEALTH, HAS ELECTED TO REPORT

| Name of the organization | Employer identification number |
|---|---|
| HIGHMARK HEALTH GROUP | 45-3674900 |

INFORMATION ABOUT CONTRIBUTIONS, GRANTS, AND SIMILAR AMOUNTS RECEIVED, INFORMATION ABOUT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES, CERTAIN OTHER HIGHLY PAID EMPLOYEES, CERTAIN INDEPENDENT CONTRACTORS ON A CONSOLIDATED BASIS ALONG WITH ALL MEMBERS OF THE HIGHMARK HEALTH GROUP IN THE HIGHMARK HEALTH GROUP RETURN.

FORM 990, PART VI, LINE 11B

FORM 990 REVIEW PROCESS

HIGHMARK HEALTH GROUP IRS FORM 990 WAS PREPARED BY ITS EXTERNAL ADVISORS, GRANT THORNTON, LLP AND REVIEWED BY THE HIGHMARK HEALTH TAX DEPARTMENT, SENIOR MANAGEMENT OF THE ORGANIZATION, AND THE AUDIT AND COMPLIANCE COMMITTEE. BEFORE FILING THE TAX RETURN WITH THE INTERNAL REVENUE SERVICE, A FINAL COPY WAS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 12C

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

HIGHMARK HEALTH (HH), HAS A CORPORATE COMPLIANCE DEPARTMENT THAT MONITORS AND OVERSEES COMPLAINS WITH THE CONFLICT OF INTEREST POLICY FOR ALL ENTITIES WITHIN THE FILING GROUP. THE FOLLOWING DESCRIBES THE MANNER IN WHICH THE CORPORATE COMPLIANCE DEPARTMENT MONITORS AND OVERSEES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY:

CONFLICT OF INTEREST DISCLOSURE FORMS ARE COMPLETED ON AN ANNUAL BASIS BY ALL BOARD MEMBERS, OFFICERS, AND ANY PERSON WHO HAS AUTHORITY TO ACT ON

Name of the organization: HIGHMARK HEALTH GROUP

Employer identification number: 45-3674900

BEHALF OF THE BOARD OF DIRECTORS, KEY EMPLOYEES, MANAGERS AND ABOVE, PERSONS WITH PURCHASING AUTHORITY INCLUDING PROCUREMENT DEPARTMENT EMPLOYEES AND COMMITTEE WHICH MAY INFLUENCE PURCHASING DECISIONS, AND ANY OTHER EMPLOYEES AS DESIGNATED BY THE COMPLIANCE DEPARTMENT.

UPON COMPLETION OF THE ABOVE DISCLOSURE STATEMENT BY ALL APPLICABLE INDIVIDUALS, THE INTEGRITY AND COMPLIANCE DEPARTMENT REVIEWS ALL DISCLOSURES. THOSE THAT REQUIRE ADDITIONAL INFORMATION OR CLARIFICATION ARE CONTACTED BY THE INTEGRITY AND COMPLIANCE DEPARTMENT REQUESTING SUCH.

ONCE RECEIVED, ALL INFORMATION IS EVALUATED IN CONSULTATION WITH THE LEGAL DEPARTMENT AND SENIOR MANAGEMENT AS APPLICABLE TO DETERMINE WHETHER A REAL OR POTENTIAL CONFLICT OF INTEREST EXISTS. THOSE CONFLICTS THAT REQUIRE A MITIGATION PLAN ARE DEVELOPED AND APPROVED IN COORDINATION WITH THE RESPECTIVE RESPONSIBLE SENIOR MANAGEMENT. THE SENIOR MANAGERS ARE RESPONSIBLE FOR DISCUSSING THE MITIGATION PLAN WITH THE INDIVIDUAL AS NEEDED AND MONITORING COMPLIANCE WITH THE MITIGATION PLAN.

A FINAL REPORT OF ALL BOARD AND EXECUTIVE LEVEL MANAGEMENT DISCLOSURES IS SUBMITTED FOR REVIEW TO THE AUDIT AND COMPLIANCE SUBCOMMITTEE OF THE BOARD, AS WELL AS BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15A AND 15B

PROCESS FOR DETERMINING EXECUTIVE COMPENSATION

| Name of the organization | Employer identification number |
|---|---|
| HIGHMARK HEALTH GROUP | 45-3674900 |

THE AHN CORPORATE FOLLOWS A PROCESS FOR DETERMINING COMPENSATION FOR EXECUTIVE POSITIONS, (INCLUDING OFFICERS, KEY EMPLOYEES AND OTHER MANAGEMENT POSITIONS), AND ARE COVERED BY THE AHN EXECUTIVE COMPENSATION POLICY. THE POLICY WAS APPROVED BY THE HIGHMARK HEALTH BOARD OF DIRECTORS. IT IS THE POLICY OF AHN MANAGEMENT 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 AHN.

THE PERSONNEL AND COMPENSATION COMMITTEE (PEC) APPROVES THE COMPENSATION FOR THE PRESIDENT AND CEO OF AHN AND ALL NON-HOSPITAL SENIOR EXECUTIVES WHO REPORT DIRECTLY TO THE PRESIDENT AND CEO OF AHN. THE PERSONNEL AND 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 PEC COMMITTEE MEMBER VOTING ON A SENIOR EXECUTIVE'S COMPENSATION ARRANGEMENT ENSURES THAT HE OR SHE HAS NO CONFLICT OF INTEREST, INCLUDING THAT HE OR SHE (A) DOES NOT ECONOMICALLY BENEFIT FROM THE PROPOSED EMPLOYMENT; (B) DOES NOT RECEIVE COMPENSATION SUBJECT TO THE APPROVAL OF THE PROPOSED EMPLOYEE; AND (C) HAS NO MATERIAL FINANCIAL INTEREST AFFECTED BY THE TRANSACTION.

THE EXECUTIVE COMPENSATION PROGRAM FOR THE HOSPITAL ENTITIES WITHIN THE GROUP IS ADMINISTERED BY THE CEO OF ALLEGHENY HEALTH NETWORK WITH RESPECT TO THE CEOS, COOS AND CFOS OF EACH HOSPITAL, PURSUANT TO OVERALL

Name of the organization: HIGHMARK HEALTH GROUP

Employer identification number: 45-3674900

GUIDELINES ESTABLISHED BY THE PERSONNEL AND COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF HIGHMARK HEALTH. IT IS THE POLICY OF AHN TO COMPENSATE ITS EXECUTIVES IN ACCORDANCE WITH COMPETITIVE MARKET PRACTICES, TAKING INTO ACCOUNT ORGANIZATIONAL PERFORMANCE AND THE SKILLS, EXPERIENCE, QUALIFICATIONS AND PERFORMANCE OF EACH EXECUTIVE. AHN GENERALLY TARGETS THE MEDIAN OF THE RELEVANT MARKET WITH REASONABLE VARIATION BASED ON EACH EXECUTIVE'S SKILLS, EXPERIENCE, PERFORMANCE AND CURRENT POSITIONING RELATIVE TO MARKET.

THE HUMAN RESOURCES DEPARTMENT OF ALLEGHENY HEALTH NETWORK OBTAINS APPROPRIATE MARKET COMPARABILITY DATA FOR EACH ENTITY, INCLUDING NATIONALLY PUBLISHED COMPENSATION SURVEYS AND/OR SPECIFIC ORGANIZATION PEER GROUPS, TO PREPARE COMPENSATION RECOMMENDATIONS FOR ALL KEY EXECUTIVES, INCLUDING OFFICERS, KEY EMPLOYEES, AND OTHER DISQUALIFIED PERSONS. RECOMMENDATIONS ARE REVIEWED AND APPROVED BY A COMMITTEE THAT IS INDEPENDENT WITH RESPECT TO THE COMPENSATION PROVIDED TO THE EXECUTIVES.

COMPENSATION MAY INCLUDE SEVERAL FORMS OF CASH COMPENSATION, INCLUDING BASE SALARY, PERFORMANCE-BASED INCENTIVE COMPENSATION, AND A COMPETITIVE EMPLOYEE BENEFITS PROGRAM. BASE SALARY IS THE FIXED ELEMENT OF COMPENSATION INTENDED TO ALIGN WITH EACH EXECUTIVE'S ROLE, RESPONSIBILITIES, OVERALL PERFORMANCE AND OTHER CONTRIBUTIONS. INCENTIVE COMPENSATION IS USED TO PROVIDE VARIABLE, OR "AT RISK" COMPENSATION BASED ON THE PERFORMANCE OF BOTH THE EXECUTIVE AND THE ORGANIZATION. THE

Name of the organization: HIGHMARK HEALTH GROUP

Employer identification number: 45-3674900

HOSPITAL EXECUTIVES CAN EARN INCENTIVE COMPENSATION ONLY IF THE ORGANIZATION ACHIEVES CERTAIN PRE-DETERMINED FINANCIAL GOALS. THE PLANS ARE INTENDED TO HOLD EXECUTIVES ACCOUNTABLE FOR ACHIEVING PERFORMANCE THAT IS CONSISTENT WITH THE LONG-TERM GOALS AND OBJECTIVES OF THE HOSPITAL.

ALL ENTITIES WITHIN THE FILING FOLLOW THE REQUIREMENT IN THE REGULATIONS TO COMPLY WITH THE REBUTTABLE PRESUMPTION OF THE REASONABLENESS OF COMPENSATION.

FORM 990, PART VI, LINE 19

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC. FINANCIAL STATEMENTS ARE ON A CONSOLIDATED BASIS, AND ARE AVAILABLE UPON REQUEST AND APPROVAL BY THE CFO OF HIGHMARK HEALTH.

PART XI LINE 9

OTHER CHANGES IN NET ASSETS

| | |
|---|---|
| EQUITY TRANSFERS AFFILIATES | (71,708,048) |
| ADDITIONAL MINIMUM PENSION LIABILITY | (9,180,997) |
| SWAP | (8,281,734) |
| FAS 158 ADOPTION ADJUSTMENT | (2,864,173) |
| OTHER | (1,945,327) |
| TRANSFERS FROM/TO RESTRICTED ASSETS | (1,292,606) |
| CHANGE IN MINORITY INTEREST | 71,454 |

Name of the organization: HIGHMARK HEALTH GROUP

Employer identification number: 45-3674900

| | |
|---|---|
| PETERS TOWNSHIP CHANGE IN PY | 4,441,430 |
| CAPITAL ACQUISITION | 9,179,951 |
| TOTAL | (81,580,050) |

ATTACHMENT 1

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

| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
|---|---|---|
| ASTORINO DEVELOPMENT COMPANY<br>227 FORT PITT BLVD<br>PITTSBURGH, PA 15222 | CONSTRUCTION | 25,876,905. |
| MBM CONTRACTING INC.<br>4999 OLD CLAIRTON RD<br>PITTSBURGH, PA 15236 | CONSTRUCTION | 19,560,514. |
| DELOITTE CONSULTING, LLP<br>111 S WACKER DR<br>CHICAGO, IL 60606 | CONSULTING | 16,000,743. |
| ASTORINO AND ASSOCIATES, LTD.<br>227 FORT PITT BLVD<br>PITTSBURGH, PA 15222 | CONSTRUCTION | 8,805,010. |
| DONER PARTNERS, LLP<br>25900 NORTHWESTERN HIGHWAY<br>SOUTHFIELD, MI 48075 | ADVERTISING | 6,268,396. |

ATTACHMENT 2

FORM 990, PART IX - OTHER FEES

| DESCRIPTION | (A) TOTAL FEES | (B) PROGRAM SERVICE EXP. | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING EXPENSES |
|---|---|---|---|---|
| OTHER PAID SERVICES | 295,116,940. | 236,682,812. | 58,210,367. | 223,761. |
| PURCHASED SERVICES | 44,450,176. | 40,219,220. | 4,230,109. | 847. |

Name of the organization: HIGHMARK HEALTH GROUP

Employer identification number: 45-3674900

ATTACHMENT 2 (CONT'D)

FORM 990, PART IX - OTHER FEES

| DESCRIPTION | (A) TOTAL FEES | (B) PROGRAM SERVICE EXP. | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING EXPENSES |
|---|---|---|---|---|
| TOTALS | 339,567,116. | 276,902,032. | 62,440,476. | 224,608. |

SCHEDULE R (Form 990)

C15 6Y8 QQD 11

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

2015

Open to Public Inspection

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

45-3674900 82-1466555

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
| (1) WEST PENN ALLEGHENY FOUNDATION LLC 20-1107650<br>4800 FRIENDSHIP AVENUE PITTSBURGH, PA 15224 | CAPITAL ACQ. | PA | 1,081,991. | 31,024,781. | WPAHS, INC. |
| (2) PETERS TOWNSHIP ASC 27-3982341<br>15305 DALLAS PKWY, STE 1600 ADDISION, TX 75001 | RELATED | TX | -317,626. | 3,334,863. | WPAHS, INC. |
| (3) JRMC DIAGNOSTIC SERVICES LLC 80-0069336<br>565 COAL VALLEY ROAD PITTSBURGH, PA 15025 | MEDICAL PRAC | PA | 2,574,289. | 515,305. | JRMC |
| (4) JEFFERSON MAGNETIC RESONANCE IMAGING LLC 25-1840696<br>565 COAL VALLEY ROAD PITTSBURGH, PA 15025 | MEDICAL PRAC | PA | 0. | 0. | JRMC |
| (5) ST. VINCENT SHARED SAVINGS PROG ACO LLC 45-5550348<br>232 WEST 25TH STREET ERIE, PA 16544 | MEDICARE | PA | 0. | 0. | SVHC |
| (6) PETERS AMBLTRY SURG 27-3982341<br>4800 FRIENDSHIP AVE PITSBURGH, PA 15224 | MEDICAL PRAC | PA | 2,779,703. | 4,130,584. | N/A |

**Part II** **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) No |
|---|---|---|---|---|---|---|---|
| (1) CANONSBURG HOSPITAL & HEALTH FOUNDATION 25-1818505<br>100 MEDICAL BOULEVARD CANONSBURG, PA 15317 | INACTIVE | PA | 501(C)(3) | 11- TYPE I | N/A | | X |
| (2) CLINICAL PATHOLOGY INSTITUTE COOPERATIVE 25-1528055<br>1526 PEACH STREET ERIE, PA 16501 | HEALTHCARE | PA | 501(C)(3) | 3 | SVHC | | X |
| (3) COMMUNITY BLOOD BANK 25-1181389<br>232 WEST 25TH STREET ERIE, PA 16544 | HEALTHCARE | PA | 501(C)(3) | 11- TYPE I | SVHC | | X |
| (4) ENERGYCARE, INC. 25-1430922<br>232 WEST 25TH STREET ERIE, PA 16544 | HEALTHCARE | PA | 501(C)(3) | 9 | SVHC | | X |
| (5) GREATER CANONSBURG HEALTH SYSTEM 25-1488089<br>100 MEDICAL BOULEVARD CANONSBURG, PA 15317 | INACTIVE | PA | 501(C)(3) | 11- TYPE I | NA | | X |
| (6) HIGHMARK HEALTH 45-3674900<br>120 FIFTH AVENUE, SUITE 922 PITTSBURGH, PA 15222 | HEALTHCARE | PA | 501(C)(3) | 11- TYPE I | NA | | X |
| (7) JRMC/UPMC CANCER ASSOCIATES 20-1634783<br>565 COAL VALLEY ROAD JEFFERSON HILLS, PA 15236 | HEALTHCARE | PA | 501(C)(3) | 3 | JRMC | | X |

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

45-3674900

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
| (1) AHN SURGERY CENTER - BETHEL PARK LLC 47-3690355<br>1000 HIGBEE DR BETHEL PARK, PA 15102 | RELATED | PA | 53,219. | 53,219. | AHN |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

**Part II** **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) No |
|---|---|---|---|---|---|---|---|
| (1) REGIONAL CANCER CENTER 25-1385705<br>232 WEST 25TH STREET ERIE, PA 16544 | HEALTHCARE | PA | 501(C)(3) | 3 | SVHS | | X |
| (2) REGIONAL HEART NETWORK 25-1856341<br>232 WEST 25TH STREET ERIE, PA 16544 | HEALTHCARE | PA | 501(C)(3) | 3 | SVHC | | X |
| (3) REGIONAL HOME HEALTH AND HOSPICE 83-0371265<br>232 WEST 25TH STREET ERIE, PA 16544 | HEALTHCARE | PA | 501(C)(3) | 9 | SVHC | | X |
| (4) SUBURBAN HEALTH FOUNDATION 25-1472073<br>100 SOUTH JACKSON AVENUE PITTSBURGH, PA 15202 | FUNDRAISING | PA | 501(C)(3) | 11-TYPE I | WPAHS, INC. | | X |
| (5) VANTAGE HEALTH GROUP 25-1498145<br>232 WEST 25TH STREET ERIE, PA 16544 | HEALTHCARE | PA | 501(C)(3) | 3 | SVHC | | X |
| (6) WEST ALLEGHENY HOSPITAL 25-1054206<br>100 MEDICAL BOULEVARD PITTSBURGH, PA 15317 | INACTIVE | PA | 501(C)(3) | 3 | N/A | | X |
| (7) WESTFIELD MEMORIAL HOSPITAL, INC 16-0743222<br>189 EAST MAIN STREET WESTFIELD, NY 14787 | HEALTHCARE | NY | 501(C)(3) | 3 | SVHS | | X |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) 5148 LIBERTY ASSO 25-0969492<br>4800 FRIENDSHIP AVE PITTSBURGH | MEDICAL PRAC | PA | N/A | UNRELATED | 105,888 | 876,440. | | X | | | X | 50.0000 |
| (2) AHN HOME INFUSION 25-1736527<br>312 W 25TH ST ERIE, PA 16502 | PROPERTY MGMT | PA | N/A | RELATED | 194,902 | 2,825,285 | | X | | | X | 80.0000 |
| (3) AHN SURGERY CENTER 47-3690355<br>1000 HIGBEE DR, BETHEL PARK,PA | HEALTH CARE SRVS | PA | N/A | RELATED | 0 | 0. | | X | | | X | |
| (4) ALLEGHENY IMAGING 30-0314897<br>4800 FRIENDSHIP AVE PITTSBURGH | MEDICAL PRAC | PA | N/A | RELATED | 207,975. | 328,716. | | X | | | X | 45.0000 |
| (5) ASSOC. CLINICAL LAB 25-1533746<br>312 W 25TH ST ERIE, PA 16502 | MEDICAL PRAC | PA | N/A | RELATED | 0. | 0. | | X | | | X | |
| (6) ASSOC CLINIC LAB PA 45-3688292<br>312 W 25TH ST ERIE, PA 16502 | MEDICAL PRAC | PA | N/A | RELATED | 0. | 0. | | X | | | X | |
| (7) ERIE MED COMPLEX 20-1017545<br>312 W 25TH ST ERIE, PA 16502 | MEDICAL PRAC | PA | N/A | RELATED | 0. | 0. | | X | | | X | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| (1) CLINICAL SERVICES, INC. 25-1403846<br>232 WEST 25TH STREET ERIE, PA 16544 | HEALTH CARE | PA | SVHS | C CORP | 16,572,548. | 18,580,427. | 100.0000 | X | |
| (2) DAVIS VISION IPA, INC 11-2958041<br>175 EAST HOUSTON STREET SAN ANTONIO, TX 78205 | TPA | TX | HIGHMARK, INC. | C CORP | 0 | 0 | | | X |
| (3) DAVIS VISION, INC 11-3051991<br>175 EAST HOUSTON STREET SAN ANTONIO, TX 78205 | VISION SERVICE | TX | HIGHMARK, INC. | C CORP | 0 | 0. | | | X |
| (4) ECCA MANAGED VISION CARE, INC. 74-2759084<br>175 EAST HOUSTON STREET SAN ANTONIO, TX 78205 | PHYSICIAN SERVICE | TX | HIGHMARK, INC. | C CORP | 0 | 0. | | | X |
| (5) EMPIRE VISION CENTER, INC. 14-1586016<br>175 EAST HOUSTON STREET SAN ANTONIO, TX 78205 | RETAIL SALES | TX | HIGHMARK, INC. | C CORP | 0. | 0. | | | X |
| (6) EYE DRX RETAIL MANAGEMENT, INC 74-2924030<br>175 EAST HOUSTON STREET SAN ANTONIO, TX 78205 | OFFICE ADMIN | TX | HIGHMARK, INC. | C CORP | 0. | 0. | | | X |
| (7) FAMILY PRACTICE MEDICAL ASSOCIATES SOUTH 25-1684735<br>2414 LYTLE RD STE 300 BETHEL PARK, PA 15102 | MEDICAL PRACTICE | PA | JRMC | C CORP | 8,920,615. | 2,343,862. | 100.0000 | X | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) FORBES REG UROLOGIC 20-4949337 4800 FRIENDSHIP AVE PITTSBURGH | MEDICAL PRAC | PA | N/A | RELATED | 0. | 0. | | X | | | X | |
| (2) GATEWAY HLTH PLAN 25-1691945 444 LIBERTY AVE PITTSBURGH, PA | INSURANCE | PA | N/A | RELATED | 0. | 0. | | X | | | X | |
| (3) JEFFERSON MED ASSOC 25-1740456 1200 BROOKS LN CLAIRTON, PA | MEDICAL PRAC | PA | N/A | RELATED | 255,471 | 5,095,393 | | X | | | X | 43.7900 |
| (4) JENKINS EMP ASSOC. 25-1524682 120 FIFTH AVE PITTSBURGH, PA | PROPERTY MGMT | PA | N/A | RELATED | 0 | 0. | | X | | | X | |
| (5) JV HOLDCO, LLC 47-2368587 120 FIFTH AVE PITTSBURGH, PA | MEDICAL PRAC | PA | N/A | RELATED | 1,587,029. | 26,043,383. | | X | | | X | 59.6100 |
| (6) MCCANDLES ENDOSCOPY 26-1284448 4800 FRIENDSHIP AVE PITTSBURGH | MEDICAL PRAC | PA | N/A | RELATED | 397,143. | 413,000. | | X | | | X | 50.0000 |
| (7) N SHORE ENDOSCOPY 25-1880238 4800 FRIENDSHIP AVE PITTSBURGH | MEDICAL PRAC | PA | N/A | RELATED | 540,973. | 432,314. | | X | | | X | 50.0000 |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| (1) FIRST PRIORITY LIFE INSURANCE COMPANY 23-2905083 19 NORTH MAIN STREET WILKES-BARRE, PA 18711 | INSURANCE | PA | HIGHMARK, INC. | C CORP | 0 | 0 | | | X |
| (2) GATEWAY HEALTH PLAN OF OHIO, INC. 30-0282076 444 LIBERTY AVENUE, SUITE 2100 PITTSBURGH, PA 15222 | INSURANCE | PA | HIGHMARK, INC | C CORP | 0. | 0. | | | X |
| (3) GATEWAY HEALTH PLAN, INC. 25-1505506 444 LIBERTY AVENUE, SUITE 2100 PITTSBURGH, PA 15222 | INSURANCE | PA | HIGHMARK, INC. | C CORP | 0. | 0. | | | X |
| (4) GRANDIS, RUBIN SHANAHAN & ASSOC 45-3355906 565 COAL VALLEY RD JEFFERSON HILLS, PA 15025 | MEDICAL PRACTICE | PA | JRMC | C CORP | 4,540,633. | 751,421. | 100.0000 | X | |
| (5) HCI, INC. 75-3002215 120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222 | FINC & INSURANCE | PA | HIGHMARK INC. | C CORP | 0. | 0. | | | X |
| (6) HEALTH SYSTEM SERVICES CORP & SUBS 25-1403745 565 COAL VALLEY RD JEFFERSON HILLS, PA 15025 | MED OFFICE BLDG | PA | JRMC | C CORP | 3,102,933. | 28,727,892 | 100 0000 | X | |
| (7) HIGHMARK BCBSD HEALTH OPTIONS, INC 47-1817274 800 DELAWARE AVENUE WILMINGTON, DE 19801-1368 | INSURANCE SERVICE | DE | HIGHMARK, INC | C CORP | 0 | 0. | | | X |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) PROVIDER PPI, LLC 32-0429947<br>120 FIFTH AVE PITTSBURGH, PA | FACILITIES SUPPOR | PA | N/A | RELATED | 0. | 0 | | X | | | X | |
| (2) ST VINC PROF BLDG 25-1578290<br>312 W 25TH ST ERIE, PA 16502 | PROPERTY MGMT | PA | N/A | RELATED | 4,734 | 7,894. | | X | | | X | 17.3400 |
| (3) SILVER RAIN LP 27-3035436<br>120 FIFTH AVE PITTSBURGH, PA | PROPERTY MGMT | PA | N/A | RELATED | 0 | 0. | | X | | | X | |
| (4) S HILLS SURG CNTR 27-4011352<br>6161 CLAIRTON RD W MIFFLIN, PA | MEDICAL PRAC | PA | N/A | RELATED | 153,700 | 431,200 | | X | | | X | 41.9200 |
| (5) TRI STATE REG ASSOC 23-2919277<br>312 W 25TH ST ERIE, PA 16502 | MEDICAL PRAC | PA | N/A | RELATED | 0. | 0. | | X | | | X | |
| (6) UPMC VNA HOME HLTH 25-1844485<br>120 FIFTH AVE PITTSBURGH, PA | MEDICAL PRAC | PA | N/A | RELATED | 3,008,838. | 9,231,098. | | X | | | X | 33.4200 |
| (7) UPPER MW CONSL SRVS 26-3112347<br>7601 FRANCES AVE MINNEAPOLIS | SUPPLY CHAIN | MN | N/A | RELATED | 0. | 75,000 | | X | | | X | 1.2700 |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| (1) HIGHMARK BCBSD, INC. 51-0020405<br>800 DELAWARE AVENUE WILMINGTON, DE 19801-1368 | INSURANCE | DE | HIGHMARK INC. | C CORP | 0. | 0. | | | X |
| (2) HIGHMARK BENEFITS GROUP, INC. 46-4763378<br>120 FIFTH AVE, SUITE 923 PITTSBURGH, PA 15222 | INSURANCE SALES | PA | HIGHMARK, INC. | C CORP | 0 | 0. | | | X |
| (3) HIGHMARK CASUALTY INSURANCE COMPANY 25-1334623<br>120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222 | INSURANCE | PA | HIGHMARK, INC. | C CORP | 0 | 0. | | | X |
| (4) HIGHMARK COVERAGE ADVANTAGE, INC 46-4757476<br>120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222 | INSURANCE SALES | PA | HIGHMARK, INC. | C CORP | 0. | 0. | | | X |
| (5) HIGHMARK, INC 23-1294723<br>120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222 | INSURANCE | PA | HIGHMARK, INC. | C CORP | 0. | 0. | | | X |
| (6) HIGHMARK SELECT RESOURCES, INC. 20-2353206<br>120 FIFTH AVENUE, SUITE 922 PITTSBURGH, PA 15222 | INSURANCE SALES | PA | HIGHMARK, INC. | C CORP | 0 | 0. | | | X |
| (7) HIGHMARK SENIOR HEALTH COMPANY 46-4156633<br>120 FIFTH AVENUE, SUITE 922 PITTSBURGH, PA 15222 | INSURANCE SALES | PA | HIGHMARK, INC | C CORP | 0. | 0. | | | X |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) VANTAGE CAP MGMT 23-3099689<br>312 W 25TH ST ERIE, PA 16502 | CAPITAL MGMT | PA | N/A | RELATED | 0 | 0 | | X | | | X | |
| (2) VANTAGE HLDNG COMP 03-0477182<br>312 W 25TH ST ERIE, PA 16502 | CAPITAL MGMT | PA | N/A | RELATED | 0 | 0. | | X | | | X | |
| (3) WATRFRONT SURG CNTR 25-1898743<br>495 E WATERFRONT DR HOMESTEAD | MEDICAL PRAC | PA | N/A | RELATED | 411,699. | 562,655. | | X | | | X | 26 2100 |
| (4) W PENN AMBLTRY CNTR 27-2344847<br>15305 DALLAS PKWY PITTSBURGH | MEDICAL PRAC | PA | N/A | RELATED | 0 | 0. | | X | | | X | |
| (5) WSC REALTY PARTNERS 25-1874990<br>495 E WATERFRONT DR. HOMESTEAD | PROPERTY MGMT | PA | N/A | RELATED | 31,007. | 420,000. | | X | | | X | 23 4900 |
| (6) SV NW PA SURG 05-0591755<br>312 WEST 25TH STREET ERIE, PA | MEDICAL PRACTICE | PA | N/A | RELATED | 0. | 0 | | X | | | X | |
| (7) | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| (1) HIGHMARK SENIOR SOLUTIONS COMPANY 46-4156854<br>120 FIFTH AVENUE, SUITE 922 PITTSBURGH, PA 15222 | INSURANCE SALES | PA | HIGHMARK, INC | C CORP | 0 | 0 | | | X |
| (2) HIGHMARK VENTURES, INC. 25-1645888<br>120 FIFTH AVENUE, SUITE 922 PITTSBURGH, PA 15222 | HOLDING COMPANY | PA | HIGHMARK, INC | C CORP | 0. | 0. | | | X |
| (3) HIGHMARK WEST VIRGINIA 55-0624615<br>P.O. BOX 1948 PARKERSBURG, WV 26102 | INSURANCE SALES | WV | HIGHMARK, INC | C CORP | 0. | 0. | | | X |
| (4) HM BENEFITS ADMINISTRATORS, INC. 25-1128451<br>120 FIFTH AVENUE, SUITE 922 PITTSBURGH, PA 15222 | FUNDS ADMIN | PA | HIGHMARK, INC | C CORP | 0. | 0. | | | X |
| (5) HM CAPTIVE INSURANCE COMPANY 65-1274122<br>120 FIFTH AVENUE, SUITE 922 PITTSBURGH, PA 15222 | INSURANCE | PA | HIGHMARK, INC | C CORP | 0. | 0. | | | X |
| (6) HM CASUALTY INSURANCE COMPANY 87-0807723<br>120 FIFTH AVENUE, SUITE 922 PITTSBURGH, PA 15222 | INSURANCE SALES | PA | HIGHMARK, INC. | C CORP | 0. | 0. | | | X |
| (7) HM CENTERED HEALTH 20-5457337<br>120 FIFTH AVENUE, SUITE 922 PITTSBURGH, PA 15222 | INSURANCE | PA | HIGHMARK, INC | C CORP | 0. | 0. | | | X |

**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) [illegible] | | (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 | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Yes | No |
| (1) HM HEALTH INSURANCE COMPANY 54-1637426<br>120 FIFTH AVENUE, SUITE 922 PITTSBURGH, PA 15222 | INSURANCE SALES | PA | HIGHMARK, INC | C CORP | 0. | 0. | | | X |
| (2) HM HEALTH SOLUTIONS, INC 46-3823617<br>120 FIFTH AVENUE, SUITE 922 PITTSBURGH, PA 15222 | INFO TECHNOLOGY | PA | HIGHMARK, INC. | C CORP | 0. | 0. | | | X |
| (3) HM INSURANCE GROUP 25-1646315<br>120 FIFTH AVENUE, SUITE 922 PITTSBURGH, PA 15222 | MGMT SERVICE | PA | HIGHMARK, INC. | C CORP | 0. | 0. | | | X |
| (4) HM LIFE INSURANCE COMPANY 06-1041332<br>120 FIFTH AVENUE, SUITE 922 PITTSBURGH, PA 15222 | INSURANCE SALES | PA | HIGHMARK, INC. | C CORP | 0 | 0 | | | X |
| (5) HM LIFE INSURANCE COMPANY OF NEW YORK 25-1800302<br>120 FIFTH AVENUE, SUITE 922 PITTSBURGH, PA 15222 | INSURANCE SALES | PA | HIGHMARK, INC | C CORP | 0. | 0. | | | X |
| (6) HMO OF NORTHEASTERN PENNSYLVANIA, INC. 23-2413324<br>19 NORTH MAIN STREET WILKES-BARRE, PA 18711 | INSURANCE | PA | HIGHMARK, INC | C CORP | 0. | 0. | | | X |
| (7) HMPG, INC. 45-3444325<br>120 FIFTH AVENUE, SUITE 922 PITTSBURGH, PA 15222 | HOLDING COMPANY | PA | AHN | C CORP | 0. | 0 | | | X |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| (1) HVHC, INC. 25-1801124<br>175 EAST HOUSTON STREET SAN ANTONIO, TX 78205 | HOLDING COMPANY | TX | HIGHMARK, INC | C CORP | 0. | 0. | | | X |
| (2) JEA, INC 25-1712017<br>120 FIFTH AVENUE, SUITE 922 PITTSBURGH, PA 15222 | MGMT SERVICE | PA | HIGHMARK, INC. | C CORP | 0. | 0. | | | X |
| (3) JEFFERSON HILLS SURGICAL SPECIALISTS PA 30-0477313<br>1200 BROOKS LANE 150 CLAIRTON, PA 15025 | MEDICAL PRACTICE | PA | JRMC | C CORP | 3,840,919 | 624,428. | 100.0000 | X | |
| (4) JRMC PHYSICIAN SERVICE CORP. 86-1159658<br>565 COAL VALLEY ROAD JEFFERSON HILLS, PA 15025 | MEDICAL PRACTICE | PA | JRMC | C CORP | 280,968 | 72,226 | 100.0000 | X | |
| (5) JRMC SPECIALTY GROUP PRACTICE 72-1529332<br>565 COAL VALLEY ROAD JEFFERSON HILLS, PA 15025 | MEDICAL PRACTICE | PA | JRMC | C CORP | 901,733. | 125,720. | 100.0000 | X | |
| (6) HIGHMARK CHOICE COMPANY 25-1522457<br>120 FIFTH AVENUE, SUITE 922 PITTSBURGH, PA 15222 | INSURANCE SALES | PA | HIGHMARK, INC. | C CORP | 0 | 0. | | | X |
| (7) KLINGENSMITH HEALTHCARE, INC. 25-1375204<br>120 FIFTH AVENUE, SUITE 922 PITTSBURGH, PA 15222 | HEALTH CARE | PA | HMPG, INC | C CORP | 0. | 0. | | | X |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| (1) LAKE ERIE MEDICAL GROUP, PC 45-3444157<br>120 FIFTH AVENUE, SUITE 922 PITTSBURGH, PA 15222 | HEALTH CARE | PA | AC | C CORP | 7,206,749. | 1,792,683. | 100.0000 | X | |
| (2) OPTIMA IMAGING 25-1652874<br>4800 FRIENDSHIP AVENUE PITTSBURGH, PA 15224 | MEDICAL PRACTICE | PA | WPAHS, INC | S CORP | 2,994 | 0. | | | X |
| (3) PALLADIUM RISK RETENTION GROUP 46-3476730<br>409 BROAD STREET, SUITE 270 SEWICKLEY, PA 15143 | HEALTH CARE | PA | HMPG, INC. | C CORP | 0 | 0. | | | X |
| (4) PARK CARDIOTHORACIC & VASCULAR INST. 72-1529328<br>565 COAL VALLEY ROAD JEFFERSON HILLS, PA 15025 | MEDICAL PRACTICE | PA | JRMC | C CORP | 1,706,526 | 120,148. | 100.0000 | X | |
| (5) PARKER BENEFITS 55-0625743<br>P.O. BOX 1948 PARKERSBURG, WV 26102 | TPA | WV | HIGHMARK INC. | C CORP | 0 | 0. | | | X |
| (6) PHYSICIAN LANDING ZONE, PC 45-3913973<br>120 FIFTH AVENUE, SUITE 922 PITTSBURGH, PA 15222 | HEALTH CARE | PA | AC | C CORP | 8,788,184 | 8,635,634. | 100.0000 | X | |
| (7) PITTSBURGH BONE, JOINT AND SPINE, INC 25-1203449<br>1200 BROOKS LANE, SUITE G20 JEFFERSON HILLS, PA 15025 | MEDICAL PRACTICE | PA | JRMC | C CORP | 5,494,861 | 1,407,686. | 100.0000 | X | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| (1) PITTSBURGH PULMONARY & CRITICAL CARE ASS 46-3274101<br>1200 BROOKS LANE, SUITE 130 CLAIRTON, PA 15025 | MEDICAL PRACTICE | PA | JRMC | C CORP | 3,514,263. | 399,595 | 100.0000 | X | |
| (2) PREMIER MEDICAL ASSOCIATES, PC 25-1742869<br>120 FIFTH AVENUE, SUITE 922 PITTSBURGH, PA 15222 | HEALTH CARE | PA | AC | C CORP | 57,340,595. | 28,091,116. | 100.0000 | X | |
| (3) PREMIER WOMEN'S HEALTH 46-4682160<br>120 FIFTH AVENUE, SUITE 922 PITTSBURGH, PA 15222 | MEDICAL PRACTICE | PA | AC | C CORP | 5,927,194. | 1,728,549. | 100 0000 | X | |
| (4) PRIMARY CARE GROUP 2, INC. 90-0451375<br>6011 BAPTIST ROAD, SUITE 220 PITTSBURGH, PA 15236 | MEDICAL PRACTICE | PA | JRMC | C CORP | 917,860. | 109,393 | 100.0000 | X | |
| (5) PRIMARY CARE GROUP 3, INC. 90-0451380<br>5426 MIFFLIN ROAD PITTSBURGH, PA 15227 | MEDICAL PRACTICE | PA | JRMC | C CORP | 784,056. | 100,867. | 100.0000 | X | |
| (6) PRIMARY CARE GROUP 4, INC. 80-0403090<br>1907 LEBANON CHURCH ROAD WEST MIFFLIN, PA 15122 | MEDICAL PRACTICE | PA | JRMC | C CORP | 706,939. | 76,510. | 100.0000 | X | |
| (7) PRIMARY CARE GROUP 5, INC 80-0403100<br>624 MONONGAHELA AVENUE GLASSPORT, PA 15045 | MEDICAL PRACTICE | PA | JRMC | C CORP | 730,810. | 164,157. | 100.0000 | X | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| (1) PRIMARY CARE GROUP 6, INC. 45-3684432<br>P O. BOX 333 WEST MIFFLIN, PA 15122 | MEDICAL PRACTICE | PA | JRMC | C CORP | 453,899. | 87,040. | 100.0000 | X | |
| (2) PRIMARY CARE GROUP 7, INC 90-0503600<br>575 COAL VALLEY ROAD JEFFERSON HILLS, PA 15025 | MEDICAL PRACTICE | PA | JRMC | C CORP | 566,284. | 313,507. | 100.0000 | X | |
| (3) PRIMARY CARE GROUP 8, INC. 01-0927360<br>803 MILLER AVENUE CLAIRTON, PA 15025 | MEDICAL PRACTICE | PA | JRMC | C CORP | 220,293. | 217,779. | 100.0000 | X | |
| (4) PRIMARY CARE GROUP 9, INC 01-0929359<br>1200 BROOKS LANE 270 CLAIRTON, PA 15025 | MEDICAL PRACTICE | PA | JRMC | C CORP | 16,736. | 493. | 100.0000 | X | |
| (5) PRIMARY CARE GROUP 10, INC. 38-3807173<br>3726 BROWNSVILLE ROAD PITTSBURGH, PA 15227 | MEDICAL PRACTICE | PA | JRMC | C CORP | 437,351. | 122,733. | 100.0000 | X | |
| (6) PRIMARY CARE GROUP 11, INC. 80-0494617<br>455 VALLEY BROOK ROAD, SUITE 300 MCMURRAY, PA 15317 | MEDICAL PRACTICE | PA | JRMC | C CORP | 0 | 0. | | | X |
| (7) PRIMARY CARE GROUP 12, INC 90-0614054<br>17 ARENTZEN BLVD., SUITE 101 CHARLEROI, PA 15022 | MEDICAL PRACTICE | PA | JRMC | C CORP | 1,422,808. | 248,880. | 100.0000 | X | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| (1) PRIME MEDICAL GROUP PCG 1 26-4194208<br>1200 BROOKS LANE 110 CLAIRTON, PA 15025 | MEDICAL PRACTICE | PA | JRMC | C CORP | 3,743,233 | 319,089. | 100.0000 | X | |
| (2) REMWORKS SLEEP STORE INC 25-1411844<br>120 FIFTH AVENUE, SUITE 922 PITTSBURGH, PA 15222 | RENTAL & SALES | PA | HIGHMARK, INC. | C CORP | 0. | 0. | | | X |
| (3) SOUTH PITTSBURGH UROLOGY ASSOCIATES 46-4954859<br>1200 BROOKS LANE, SUITE 220 CLAIRTON, PA 15025 | MEDICAL PRACTICE | PA | JRMC | C CORP | 1,134,748. | 328,883. | 100.0000 | X | |
| (4) SPECIALTY GROUP PRACTICE 1, INC. 35-2367818<br>575 COAL VALLEY ROAD, SUITE 365 CLAIRTON, PA 15025 | MEDICAL PRACTICE | PA | JRMC | C CORP | 0. | 0. | | | X |
| (5) STANDARD PROPERTY CORPORATION 25-1668093<br>120 FIFTH AVENUE, SUITE 922 PITTSBURGH, PA 15222 | REAL ESTATE OPS | PA | HIGHMARK, INC | C CORP | 0. | 0. | | | X |
| (6) STEEL VALLEY ORTHOPEDICS & SPORTS MEDICI 45-3540378<br>1200 BROOKS LANE 240 CLAIRTON, PA 15025 | MEDICAL PRACTICE | PA | JRMC | C CORP | 4,575,784. | 794,038. | 100.0000 | X | |
| (7) UNITED CONCORDIA COMPANIES, INC 25-1687586<br>4401 DEER PATH ROAD HARRISBURG, PA 17110 | DENTAL INSURANCE | PA | HIGHMARK, INC | C CORP | 0 | 0. | | | X |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| (1) UNITED CONCORDIA DENTAL CORPORATION OF A 63-1028262<br>4401 DEER PATH ROAD HARRISBURG, PA 17110 | DENTAL INSURANCE | PA | HIGHMARK, INC. | C CORP | 0 | 0. | | | X |
| (2) UNITED CONCORDIA DENTAL PLANS OF CALIFOR 23-7328765<br>4401 DEER PATH ROAD HARRISBURG, PA 17110 | DENTAL INSURANCE | PA | HIGHMARK, INC. | C CORP | 0. | 0 | | | X |
| (3) UNITED CONCORDIA DENTAL PLANS OF KENTUCK 61-1012900<br>4401 DEER PATH ROAD HARRISBURG, PA 17110 | DENTAL INSURANCE | PA | HIGHMARK, INC. | C CORP | 0 | 0. | | | X |
| (4) UNITED CONCORDIA DENTAL PLANS OF PENNSYL 23-2541529<br>4401 DEER PATH ROAD HARRISBURG, PA 17110 | DENTAL INSURANCE | PA | HIGHMARK, INC. | C CORP | 0. | 0 | | | X |
| (5) UNITED CONCORDIA DENTAL PLANS OF TEXAS, 74-2489037<br>4401 DEER PATH ROAD HARRISBURG, PA 17110 | DENTAL INSURANCE | PA | HIGHMARK, INC | C CORP | 0 | 0. | | | X |
| (6) UNITED CONCORDIA DENTAL PLANS OF THE MID 38-2289438<br>4401 DEER PATH ROAD HARRISBURG, PA 17110 | DENTAL INSURANCE | PA | HIGHMARK, INC. | C CORP | 0. | 0 | | | X |
| (7) UNITED CONCORDIA DENTAL PLANS, INC 52-1542269<br>4401 DEER PATH ROAD HARRISBURG, PA 17110 | DENTAL INSURANCE | PA | HIGHMARK, INC | C CORP | 0. | 0. | | | X |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| (1) UNITED CONCORDIA INSURANCE COMPANY 86-0307623<br>4401 DEER PATH ROAD HARRISBURG, PA 17110 | DENTAL INSURANCE | PA | HIGHMARK, INC. | C CORP | 0. | 0. | | | X |
| (2) UNITED CONCORDIA INSURANCE COMPANY OF NE 11-3008245<br>4401 DEER PATH ROAD HARRISBURG, PA 17110 | DENTAL INSURANCE | PA | HIGHMARK, INC. | C CORP | 0. | 0. | | | X |
| (3) UNITED CONCORDIA LIFE AND HEALTH INSURAN 23-1661402<br>4401 DEER PATH ROAD HARRISBURG, PA 17110 | DENTAL INSURANCE | PA | HIGHMARK, INC. | C CORP | 0. | 0. | | | X |
| (4) VISIONARY PROPERTIES, INC. 74-2849554<br>175 EAST HOUSTON STREET SAN ANTONIO, TX 78205 | LEASING | TX | HIGHMARK, INC. | C CORP | 0 | 0. | | | X |
| (5) VISIONARY RETAIL MANAGEMENT, INC. 74-2849552<br>175 EAST HOUSTON STREET SAN ANTONIO, TX 78205 | OFFICE ADMIN | TX | HIGHMARK, INC. | C CORP | 0. | 0. | | | X |
| (6) VISIONWORKS DISTRIBUTION SERVICES, INC. 04-3742989<br>175 EAST HOUSTON STREET SAN ANTONIO, TX 78205 | OPTICAL RETAIL | TX | HIGHMARK, INC | C CORP | 0. | 0. | | | X |
| (7) VISIONWORKS ENTERPRISES, INC 35-2196998<br>175 EAST HOUSTON STREET SAN ANTONIO, TX 78205 | TRADEMARKS | TX | HIGHMARK, INC | C CORP | 0 | 0. | | | X |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| (1) VISIONWORKS LAB SERVICES, INC. 04-3742977<br>175 EAST HOUSTON STREET SAN ANTONIO, TX 78205 | OPTICAL RETAIL | TX | HIGHMARK, INC. | C CORP | 0. | 0 | | | X |
| (2) VISIONWORKS OF AMERICA, INC 74-2337775<br>175 EAST HOUSTON STREET SAN ANTONIO, TX 78205 | RETAIL SALES | TX | HIGHMARK, INC | C CORP | 0 | 0. | | | X |
| (3) VISIONWORKS, INC. 02-0677066<br>175 EAST HOUSTON STREET SAN ANTONIO, TX 78205 | OPTICAL RETAIL | TX | HIGHMARK, INC | C CORP | 0. | 0. | | | X |
| (4) WEST PENN CORPORATE MEDICAL SERVICES, IN 25-1437405<br>4800 FRIENDSHIP AVENUE PITTSBURGH, PA 15224 | MEDICAL PRACTICE | PA | WPAHS, INC | C CORP | | 89,483. | 100.0000 | X | |
| (5) WEST PENN NEUROSURGERY, PC 25-1630719<br>4800 FRIENDSHIP AVENUE PITTSBURGH, PA 15224 | MEDICAL PRACTICE | PA | WPAHS, INC. | C CORP | | 141. | 100.0000 | X | |
| (6) WEST VIRGINIA FAMILY HEALTH PLAN, INC. 45-2763165<br>1219 VIRGINIA STREET EAST CHARLESTON, WV 25301 | INSURANCE | WV | HIGHMARK, INC | C CORP | 0. | 0. | | | X |
| (7) | | | | | | | | | |

**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 | | Yes | No |
|---|---|---|---|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | X |
| b Gift, grant, or capital contribution to related organization(s) | 1b | X | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | X | |
| d Loans or loan guarantees to or for related organization(s) | 1d | X | |
| e Loans or loan guarantees by related organization(s) | 1e | | X |
| f Dividends from related organization(s) | 1f | | X |
| g Sale of assets to related organization(s) | 1g | | X |
| h Purchase of assets from related organization(s) | 1h | | X |
| i Exchange of assets with related organization(s) | 1i | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | X | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | X | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | X | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | X | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | X | |
| o Sharing of paid employees with related organization(s) | 1o | X | |
| p Reimbursement paid to related organization(s) for expenses | 1p | X | |
| q Reimbursement paid by related organization(s) for expenses | 1q | X | |
| r Other transfer of cash or property to related organization(s) | 1r | X | |
| s Other transfer of cash or property from related organization(s) | 1s | | X |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| (1) ALLEGHENY GENERAL HOSPITAL SHARED SERVICES | B | 9,366,211. | FMV |
| (2) CLINICAL SERVICES, INC. | B | 1,855,000. | FMV |
| (3) ALLEGHENY CLINIC | C | 1,024,755. | FMV |
| (4) ALLE-KISKI MEDICAL CENTER | C | 941,355. | FMV |
| (5) CANONBURG GENERAL HOSPITAL | C | 491,248. | FMV |
| (6) ALLEGHENY CLINIC MEDICAL ONCOLOGY | C | 728,627. | FMV |

**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. | | Yes | No |
|---|---|---|---|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | | |
| d Loans or loan guarantees to or for related organization(s) | 1d | | |
| e Loans or loan guarantees by related organization(s) | 1e | | |
| f Dividends from related organization(s) | 1f | | |
| g Sale of assets to related organization(s) | 1g | | |
| h Purchase of assets from related organization(s) | 1h | | |
| i Exchange of assets with related organization(s) | 1i | | |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | |
| o Sharing of paid employees with related organization(s) | 1o | | |
| p Reimbursement paid to related organization(s) for expenses | 1p | | |
| q Reimbursement paid by related organization(s) for expenses | 1q | | |
| r Other transfer of cash or property to related organization(s) | 1r | | |
| s Other transfer of cash or property from related organization(s) | 1s | | |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| (1) WEST PENN ALLEGHENY HEALTH SYSTEM, INC. | C | 12,541,482. | FMV |
| (2) WEST PENN ALLEGHENY HEALTH SYSTEM, INC. | C | 4,610,063. | FMV |
| (3) ALLEGHENY GENERAL HOSPITAL SHARED SERVICES | C | 726,426. | FMV |
| (4) ALLEGHENY MEDICAL PRACTICE NETWORK | J | 1,004,741. | FMV |
| (5) THE WESTERN PENNSYLVANIA HOSPITAL | N | 207,598. | FMV |
| (6) WEST PENN ALLEGHENY HEALTH SYSTEM BILLED SERV | O | 267,672. | FMV |

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

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| (1) SYSTEM WIDE SERVICES | P | 293,668. | FMV |
| (2) THE WESTERN PENNSYLVANIA HOSPITAL | P | 7,208,992. | FMV |
| (3) ALLEGHENY SINGER RESEARCH INSTITUTE | P | 59,859. | FMV |
| (4) ALLEGHENY HEALTH NETWORK | P | 59,889. | FMV |
| (5) PWH HOLDCO | P | 100,985. | FMV |
| (6) ALLEGHENY SINGER RESEARCH INSTITUTE | P | 221,203. | FMV |

**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. | | Yes | No |
|---|---|---|---|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | | |
| d Loans or loan guarantees to or for related organization(s) | 1d | | |
| e Loans or loan guarantees by related organization(s) | 1e | | |
| f Dividends from related organization(s) | 1f | | |
| g Sale of assets to related organization(s) | 1g | | |
| h Purchase of assets from related organization(s) | 1h | | |
| i Exchange of assets with related organization(s) | 1i | | |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | |
| o Sharing of paid employees with related organization(s) | 1o | | |
| p Reimbursement paid to related organization(s) for expenses | 1p | | |
| q Reimbursement paid by related organization(s) for expenses | 1q | | |
| r Other transfer of cash or property to related organization(s) | 1r | | |
| s Other transfer of cash or property from related organization(s) | 1s | | |

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

| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|---|
| (1) | THE WESTERN PENNSYLVANIA HOSPITAL | P | 1,225,327. | FMV |
| (2) | PREMIER MEDICAL ASSOCIATES | P | 2,189,792. | FMV |
| (3) | WEST PENN ALLEGHENY HEALTH SYSTEM, INC. | P | 590,252. | FMV |
| (4) | FORBES HOSPICE (167) | Q | 427,453. | FMV |
| (5) | WEST PENN ALLEGHENY HEALTH SYSTEM, INC. | Q | 3,062,299. | FMV |
| (6) | SYSTEM WIDE SERVICES | Q | 162,018. | FMV |

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

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| (1) ALLEGHENY CLINIC | Q | 1,070,538. | FMV |
| (2) THE WESTERN PENNSYLVANIA HOSPITAL FOUNDATION | Q | 55,779. | FMV |
| (3) ALLEGHENY GENERAL HOSPITAL | Q | 95,025. | FMV |
| (4) FORBES REGIONAL HOSPITAL | Q | 2,094,501. | FMV |
| (5) PHYSICIAN LANDING ZONE, PC | Q | 2,215,229. | FMV |
| (6) THE WESTERN PENNSYLVANIA HOSPITAL FOUNDATION | Q | 19,090,607. | FMV |

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

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| (1) ALLEGHENY HEALTH NETWORK | R | 25,134,752. | FMV |
| (2) WEST PENN ALLEGHENY HEALTH SYSTEM HOSPITAL CO | K | 461,886. | FMV |
| (3) WEST PENN ALLEGHENY HEALTH SYSTEM HOSPITAL CO | Q | 8,637,311. | FMV |
| (4) WEST PENN ALLEGHENY HEALTH SYSTEM HOSPITAL CO | O | 1,256,013. | FMV |
| (5) ALLEGHENY HEALTH NETWORK | Q | 145,602. | FMV |
| (6) CANONSBURG GENERAL HOSPITAL | P | 177,784. | FMV |

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

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| (1) ALLEGHENY SINGER RESEARCH INSTITUTE | O | 51,626. | FMV |
| (2) ALLEGHENY SPECIALTY PRACTICE NETWORK | K | 96,838. | FMV |
| (3) ALLEGHENY SPECIALTY PRACTICE NETWORK | Q | 267,814. | FMV |
| (4) ALLEGHENY SPECIALTY PRACTICE NETWORK | O | 100,193. | FMV |
| (5) I/C PENSION PARENT | P | 558,500. | FMV |
| (6) REGIONAL HEART NETWORK | N,O,P | 4,395,037. | FMV |

**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 | | Yes | No |
|---|---|---|---|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | | |
| d Loans or loan guarantees to or for related organization(s) | 1d | | |
| e Loans or loan guarantees by related organization(s) | 1e | | |
| f Dividends from related organization(s) | 1f | | |
| g Sale of assets to related organization(s) | 1g | | |
| h Purchase of assets from related organization(s) | 1h | | |
| i Exchange of assets with related organization(s) | 1i | | |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | |
| o Sharing of paid employees with related organization(s) | 1o | | |
| p Reimbursement paid to related organization(s) for expenses | 1p | | |
| q Reimbursement paid by related organization(s) for expenses | 1q | | |
| r Other transfer of cash or property to related organization(s) | 1r | | |
| s Other transfer of cash or property from related organization(s) | 1s | | |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| (1) CLINICAL SERVICES INC | B | 1,000,000. | FMV |
| (2) SAINT VINCENT | S | 1,539,233. | FMV |
| (3) SAINT VINCENT | S | 116,879. | FMV |
| (4) JEFFERSON REGIONAL MEDICAL CENTER | S | 635,180. | FMV |
| (5) ALLEGHENY HEALTH NETWORK | S | 75,845. | FMV |
| (6) ALLEGHENY HEALTH NETWORK | S | 4,021,249. | FMV |

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

| | | Yes | No |
|---|---|---|---|
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | | |
| d Loans or loan guarantees to or for related organization(s) | 1d | | |
| e Loans or loan guarantees by related organization(s) | 1e | | |
| f Dividends from related organization(s) | 1f | | |
| g Sale of assets to related organization(s) | 1g | | |
| h Purchase of assets from related organization(s) | 1h | | |
| i Exchange of assets with related organization(s) | 1i | | |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | |
| o Sharing of paid employees with related organization(s) | 1o | | |
| p Reimbursement paid to related organization(s) for expenses | 1p | | |
| q Reimbursement paid by related organization(s) for expenses | 1q | | |
| r Other transfer of cash or property to related organization(s) | 1r | | |
| s Other transfer of cash or property from related organization(s) | 1s | | |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | | | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| (1) ALLEGHENY HEALTH NETWORK SURGERY CTR BETHEL | R | 398,124. | FMV |
| (2) ALLEGHENY GENERAL HOSPITAL | R | 7,077,545. | FMV |
| (3) CORE LAB | R | 813,706. | FMV |
| (4) WBS INSTITUTIONAL | R | 1,107,642. | FMV |
| (5) SYSTEM WIDE SERVICES - CORPORATE SERVICES | S | 12,418,056. | FMV |
| (6) WEST PENN ALLEGHENY HEALTH SYSTEM, INC | R | 24,523,406. | FMV |

**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 | | Yes | No |
|---|---|---|---|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | | |
| d Loans or loan guarantees to or for related organization(s) | 1d | | |
| e Loans or loan guarantees by related organization(s) | 1e | | |
| f Dividends from related organization(s) | 1f | | |
| g Sale of assets to related organization(s) | 1g | | |
| h Purchase of assets from related organization(s) | 1h | | |
| i Exchange of assets with related organization(s) | 1i | | |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | |
| o Sharing of paid employees with related organization(s) | 1o | | |
| p Reimbursement paid to related organization(s) for expenses | 1p | | |
| q Reimbursement paid by related organization(s) for expenses | 1q | | |
| r Other transfer of cash or property to related organization(s) | 1r | | |
| s Other transfer of cash or property from related organization(s) | 1s | | |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| (1) FRC | S | 7,915,031. | FMV |
| (2) FORBES HSPC | R | 587,063. | FMV |
| (3) ALLE-KISKI MEDICAL CENTER | R | 9,570,178. | FMV |
| (4) CANONSBURG GENERAL HOSPITAL | R | 3,336,375. | FMV |
| (5) CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE | R | 208,128. | FMV |
| (6) THE WESTERN PENNSYLVANIA HOSPITAL | S | 4,763,363. | FMV |

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

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

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

| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|---|
| (1) | THE WESTERN PENNSYLVANIA HOSPITAL FOUNDATION | R | 76,155. | FMV |
| (2) | PETERS TWP SURGERY CENTER | R | 795,721. | FMV |
| (3) | ALLEGHENY SINGER RESEARCH INSTITUTE | S | 317,668. | FMV |
| (4) | WEXFORD HWP | R | 1,525,087. | FMV |
| (5) | ALLEGH RAD ASSOC | R | 3,493,905. | FMV |
| (6) | PREMIER WOMEN'S HEALTH | S | 194,516. | FMV |

**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. | | Yes | No |
|---|---|---|---|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | | |
| d Loans or loan guarantees to or for related organization(s) | 1d | | |
| e Loans or loan guarantees by related organization(s) | 1e | | |
| f Dividends from related organization(s) | 1f | | |
| g Sale of assets to related organization(s) | 1g | | |
| h Purchase of assets from related organization(s) | 1h | | |
| i Exchange of assets with related organization(s) | 1i | | |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | |
| o Sharing of paid employees with related organization(s) | 1o | | |
| p Reimbursement paid to related organization(s) for expenses | 1p | | |
| q Reimbursement paid by related organization(s) for expenses | 1q | | |
| r Other transfer of cash or property to related organization(s) | 1r | | |
| s Other transfer of cash or property from related organization(s) | 1s | | |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| (1) ALLEGHENY SPECIALTY PRACTICE NETWORK | S | 24,295,988. | FMV |
| (2) PHYSICIAN LANDING ZONE | R | 5,512,302. | FMV |
| (3) ACP | R | 1,085,658. | FMV |
| (4) PWH HOLDCO | S | 93,457. | FMV |
| (5) ALLEGHENY GENERAL HOSPITAL PHARMACY | R | 314,233. | FMV |
| (6) HMPG | R | 1,754,636. | FMV |

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

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| (1) PRPPI | S | 5,796,278. | FMV |
| (2) PRSCS | R | 7,232,213. | FMV |
| (3) HMPRX | R | 241,872. | FMV |
| (4) PROMEDIX | S | 108,118. | FMV |
| (5) MSC | S | 841,920. | FMV |
| (6) HPN | R | 215,126. | FMV |

**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 | | Yes | No |
|---|---|---|---|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | | |
| d Loans or loan guarantees to or for related organization(s) | 1d | | |
| e Loans or loan guarantees by related organization(s) | 1e | | |
| f Dividends from related organization(s) | 1f | | |
| g Sale of assets to related organization(s) | 1g | | |
| h Purchase of assets from related organization(s) | 1h | | |
| i Exchange of assets with related organization(s) | 1i | | |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | |
| o Sharing of paid employees with related organization(s) | 1o | | |
| p Reimbursement paid to related organization(s) for expenses | 1p | | |
| q Reimbursement paid by related organization(s) for expenses | 1q | | |
| r Other transfer of cash or property to related organization(s) | 1r | | |
| s Other transfer of cash or property from related organization(s) | 1s | | |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| (1) OPTMS | R | 1,590,868. | FMV |
| (2) GMA | S | 269,100. | FMV |
| (3) PRNAD | R | 59,399. | FMV |
| (4) SMWND | R | 169,590. | FMV |
| (5) OSRS | S | 209,353. | FMV |
| (6) INSTITUTIONAL | S | 17,238,139. | FMV |

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

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| (1) WEST PENN ALLEGHENY HEALTH SYSTEM, INC. | R | 486,975. | FMV |
| (2) BURN CARE | S | 50,549. | FMV |
| (3) ALLEGHENY SPECIALTY PRACTICE NETWORK | R | 69,931. | FMV |
| (4) PHYSICIAN LANDING ZONE | R | 3,180,720. | FMV |
| (5) LEMG | S | 307,119. | FMV |
| (6) PMA | R | 2,189,792. | FMV |

**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.

| | | | Yes | No |
|---|---|---|---|---|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | |
| b | Gift, grant, or capital contribution to related organization(s) | 1b | | |
| c | Gift, grant, or capital contribution from related organization(s) | 1c | | |
| d | Loans or loan guarantees to or for related organization(s) | 1d | | |
| e | Loans or loan guarantees by related organization(s) | 1e | | |
| f | Dividends from related organization(s) | 1f | | |
| g | Sale of assets to related organization(s) | 1g | | |
| h | Purchase of assets from related organization(s) | 1h | | |
| i | Exchange of assets with related organization(s) | 1i | | |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | |
| l | Performance of services or membership or fundraising solicitations for related organization(s) | 1l | | |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | |
| o | Sharing of paid employees with related organization(s) | 1o | | |
| p | Reimbursement paid to related organization(s) for expenses | 1p | | |
| q | Reimbursement paid by related organization(s) for expenses | 1q | | |
| r | Other transfer of cash or property to related organization(s) | 1r | | |
| s | Other transfer of cash or property from related organization(s) | 1s | | |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| (1) PWH HOLDCO | R | 741,495. | FMV |
| (2) PITTS PULMONARY | S | 1,370,003. | FMV |
| (3) PITTS UROLOGY | S | 71,972. | FMV |
| (4) HSSC | R | 684,919. | FMV |
| (5) PARK | S | 828,470. | FMV |
| (6) JEFFERSON REGIONAL MEDICAL CENTER DIAGNOSTICS | R | 191,147. | FMV |

**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 | | Yes | No |
|---|---|---|---|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | | |
| d Loans or loan guarantees to or for related organization(s) | 1d | | |
| e Loans or loan guarantees by related organization(s) | 1e | | |
| f Dividends from related organization(s) | 1f | | |
| g Sale of assets to related organization(s) | 1g | | |
| h Purchase of assets from related organization(s) | 1h | | |
| i Exchange of assets with related organization(s) | 1i | | |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | |
| o Sharing of paid employees with related organization(s) | 1o | | |
| p Reimbursement paid to related organization(s) for expenses | 1p | | |
| q Reimbursement paid by related organization(s) for expenses | 1q | | |
| r Other transfer of cash or property to related organization(s) | 1r | | |
| s Other transfer of cash or property from related organization(s) | 1s | | |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| (1) JEFFERSON REGIONAL MEDICAL CENTER PHYSICAN | S | 1,332,837. | FMV |
| (2) JHSS | S | 407,698. | FMV |
| (3) PRIME MEDICAL GROUP | S | 361,519. | FMV |
| (4) PHYS SPEC SRVS | S | 1,077,400. | FMV |
| (5) STEEL VALLEY ORT | S | 682,946. | FMV |
| (6) PISS BONE AND JOINT | S | 2,911,426. | FMV |

**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 | | Yes | No |
|---|---|---|---|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | | |
| d Loans or loan guarantees to or for related organization(s) | 1d | | |
| e Loans or loan guarantees by related organization(s) | 1e | | |
| f Dividends from related organization(s) | 1f | | |
| g Sale of assets to related organization(s) | 1g | | |
| h Purchase of assets from related organization(s) | 1h | | |
| i Exchange of assets with related organization(s) | 1i | | |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | |
| o Sharing of paid employees with related organization(s) | 1o | | |
| p Reimbursement paid to related organization(s) for expenses | 1p | | |
| q Reimbursement paid by related organization(s) for expenses | 1q | | |
| r Other transfer of cash or property to related organization(s) | 1r | | |
| s Other transfer of cash or property from related organization(s) | 1s | | |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| (1) WPONC | S | 91,191. | FMV |
| (2) HIGHMARK | S | 1,676,355. | FMV |
| (3) ALLEGHENY HEALTH NETWORK | S | 699,345. | FMV |
| (4) ALLEGHENY HEALTH NETWORK | R | 450,293. | FMV |
| (5) PSCP | S | 451,641. | FMV |
| (6) JHSS | R | 422,249. | FMV |

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

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| (1) HSSC | S | 1,407,700. | FMV |
| (2) PREMIER WOMEN'S HEALTH | P | 194,516. | FMV |
| (3) ALLE-KISKI MEDICAL CENTER | Q | 9,424,972. | FMV |
| (4) CANONSBURG GENERAL HOSPITAL | Q | 3,257,824. | FMV |
| (5) CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE | Q | 198,134. | FMV |
| (6) PETERS TWP SURGERGY CENTER | Q | 814,465. | FMV |

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

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| (1) ALLEGHENY SPECIALTY PRACTICE NETWORK | P | 411,409. | FMV |
| (2) PHYSICIAN LANDING ZONE | Q | 5,192,057. | FMV |
| (3) ACP | Q | 1,085,658. | FMV |
| (4) PREMIER WOMEN'S HEALTH | P | 93,457. | FMV |
| (5) OPTMS | P | 3,246,948. | FMV |
| (6) MSC | Q | 1,617,506. | FMV |

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

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

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

| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|---|
| (1) | INSTITUTIONAL | B | 17,238,138. | FMV |
| (2) | ALLEGHENY SPECIALTY PRACTICE NETWORK | C | 69,931. | FMV |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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

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

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

**Part VII** **Supplemental Information**
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

SCHEDULE R, PART V, LINE 2

HIGHMARK HEALTH GROUP TRANSACTS BUSINESS WITH THE LISTED RELATED ORGANIZATIONS IN THE MANNER IDENTIFIED IN COLUMN 2(B). DUE TO THE ADMINISTRATIVE DIFFICULTIES ASSOCIATED WITH A DETAILED BREAKDOWN OF TRANSACTION TYPE N, O, AND P, HIGHMARK HEALTH GROUP HAS CHOSEN TO REFLECT THESE TRANSACTIONS COMBINED FOR PURPOSES OF DISCLOSURE ON SCHEDULE R, PART V, LINE 2.