

## Return of Organization Exempt From Income Tax

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

20**16** 

QUID
Open to Public

Department of the Treasury (piginal Revenue Service

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at www.irs.gov/form990 Internal Revenue Service Inspection A For the 2016 calendar year, or tax year beginning , 2016, and ending C Name of organization D Employer Identification number B Check applicable HIGHMARK HEALTH GROUP 82-1406555 Coino business as Number and street (or P.O. box if mail is not delivered to street address) Room/stude E Telephone number Name change 120 FIFTH AVENUE (412) 544-6668 First return terminated City or town state or province country and ZIP or foreign postal code Ameraed fetu n PITTSBURGH, PA 15222 G Gross receipts \$ 3,445,227,277 App cut on panding F Name and address of principal officer DAVID HOLMBERG H(a) is this a group return for X Yes 120 FIFTH AVENUE PITTSBURGH, PA 15222 H(b) Are all suppregnates ecluded? X Yes X 501(c)(3) If No " attach a list (see instructions) 501(c) ( 4947(a)(1) or (Inserting) Website > WWW AHN OPG H(c) Group exemption number Form of organization X Corporation Association L Year of formation Trust Other > M. State of legal domicfle Part I 1 Briefly describe the organization's mission or most significant activities PROMOTE HEALTH & WELLNESS IN OUR COMMUNITIES BY PROVIDING SAFE, COMPASSIONATE, AFFORDABLE HEALTH CARE Activities & Governance TO ALL WHO SEEK IT 2 Check this box ► X if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI line 1a) 201 144 Number of independent voting members of the governing body (Part VI, line 1b) 4 16,342 Total number of individuals employed in calendar year 2016 (Part Viline 2a) 5 1,696 6 Total number of volunteers (estimate if necessary) 6 7,392,974 7a Total unrelated business revenue from Part VIII column (C), line 12 -1,169,888 b Net unrelated business taxable income from Form 990-T line 34 Prior Year Current Year 24,309,598 16,020,410 Contributions and grants (Part VIII line 1h) 2,545,334,359 2,959,362,669 9 Program service revenue (Part VIII, line 2g) 49,355,849 36,761,699 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 67,418,533 105,886,628 11 Other revenue (Part VIII column (A) lines 5 6d, 8c, 9c 10c and 11e) 686,418,339 3,118,031,406 2,119,038 4,237,304 Benefits paid to or for members (Part IX column (A) line 4) 1,264,776,487 1,455,373,291 Salaries, other compensation, employee benefits (Part IX column (A) 27,000 16 a Professional fundraising fees (Part IX column (A), line 11e) 748,881 b Total fundraising expenses (Part IX column (D) line 25) 1,363,160,779 1,639,891,498 17 Other expenses (Part IX column (A) lines 11a 11d 11f 24e) 2,630,056,304 3,099,529,093 Total expenses Add lines 13 17 (must equal Part IX column (A) line 25) 56,362,035 18,502,313 Revenue less expenses. Subtract line 18 from line 12 Assets or Beginning of Current Year End of Year 2,499,453,772 2,476,442,481 20 Total assets (Part X line 16) 2,279,977 484 2,217,566,957 21 Total habilities (Part X line 26) 219,476,288 258,875,524 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury 1 deglare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete. Decipration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of on Here KAREN L NO.INAH Type or print name and title Print/Type preparer's name Preparer's signature Paid GIARDINI FRANK

JS4 6E1019 1 000 1549%O 649P

Firm's name

Firm's address ▶171 N

▶GRANT THORNTON LLP

May the IRS discuss this return with the preparer shown above? (see instruction For Paperwork Reduction Act Notice | see the separate instructions

CLARK ST, SUITE 200 CHI

Preparer

Use Only

Forn	990 (2016) Page	<u>. 2</u>
Pa	rt III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission	
	HIGHMARK HEALTH IS AN INTERDEPENDENT SYSTEM DESIGNED TO DELIVER HIGH	
	QUALITY, ACCESSIBLE, UNDERSTANDABLE AND AFFORDABLE EXPERIENCES,	
	OUTCOMES AND SOLUTIONS FOR OUR CUSTOMERS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	io
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?Yes X N	0
	If "Yes," describe these changes on Schedule O.	L
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	
	the total expenses, and revenue, if any, for each program service reported	15,
	the total expenses, and revenue, if any, for each program service reported	
	(Code) \(\sigma_{\text{Code}}\)	—
4a	(Code:)(Expenses \$\(\begin{array}{c} 2,266,766,996 \\ \ext{PROVIDE HIGH} \\\ \text{ALLEGHENY HEALTH NETWORK (AHN)} \\ \text{STRIVES TO PROVIDE HIGH} \\\ \ext{PROVIDE HIGH} \\\ \ext{PROVIDE HIGH} \\\ \ext{PROVIDE HIGH} \\ PROVIDE HIG	
	QUALITY, AFFORDABLE HEALTHCARE TO THE COMMUNITIES WE SERVE TO	—
	ACCOMPLISH THESE PROGRAM SERVICE OBJECTIVES, THE WEST PENN	_
	ALLEGHENY HEALTH SYSTEM EXISTS TO PROMOTE HEALTH AND WELLNESS FOR	—
	OUR PATIENTS AND OUR COMMUNITIES. SEE SCHEDULE O FOR ADDITIONAL	_
	DETAILS	_
		_
		—
		_
4b	(Code: ) (Expenses \$ 223,409,772 including grants of \$ 3,435 ) (Revenue \$ 258,153,102 )	_
	THE ALLEGHENY HEALTH NETWORK (AHN) STRIVES TO PROVIDE HIGH	
	QUALITY, AFFORDABLE HEALTHCARE TO THE COMMUNITIES WE SERVE TO	_
	ACCOMPLISH THESE PROGRAM SERVICE OBJECTIVES, JEFFERSON REGIONAL	
	MEDICAL CENTER EXISTS TO PROMOTE HEALTH AND WELLNESS FOR OUR	
	PATIENTS AND OUR COMMUNITIES SEE SCHEDULE O FOR ADDITIONAL	
	DETAILS	
_		
4C	(Code: ) (Expenses \$ 312,140,134 including grants of \$ 146,852 ) (Revenue \$ 338,350,629 )	
	THE ALLEGHENY HEALTH NETWORK (AHN) STRIVES TO PROVIDE HIGH	
	QUALITY, AFFORDABLE HEALTHCARE TO THE COMMUNITIES WE SERVE TO  ACCOMPLISH THESE PROGRAM SERVICE OBJECTIVES, THE SAINT VINCENT	
	MEDICAL FAMILY EXISTS TO PROMOTE HEALTH AND WELLNESS FOR OUR	
	PATIENTS AND OUR COMMUNITIES SEE SCHEDULE O FOR ADDITIONAL	
	DETAILS	—
	Other program services (Describe in Schedule O )	
~ u	(Expenses \$ including grants of \$ ) (Revenue \$ )	
	(Expenses 5 including drants of 5 increases 5	

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_	990 (2016)		Р	age 3
Part	IV Checklist of Required Schedules			
	r		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	}		
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	_2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		ì	
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		_x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	- 1	ì	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	- {	ı	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	- 1	ŀ	
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		ł	
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		ł	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	Ì	ł	
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		Ì	
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	l	1	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		_X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	- (	- 1	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	·
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			1 3
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	·	ſ	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	' I		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		Ì	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Ì	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		Ì	
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), Innes 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). . . . . . . . . . . . .

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 

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	90 (2016)		F	Page 4
Part	V Checklist of Required Schedules (continued)		Yes	No
20-	Did the avantage and as as more hospital facilities? If "You " complete Schodule H	20a	X	
20 a b		20a	X	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
-0	organization's current and former officers, directors, trustees, key employees, and highest compensated		{	
	employees? If "Yes," complete Schedule J	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	· ·	24a	x	l
b		24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			,
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		}	
	If "Yes," complete Schedule L, Part I	25b	L	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		} .	
	current or former officers, directors, trustees, key employees, highest compensated employees, or	i	}	i
	disqualified persons? If "Yes," complete Schedule L, Part II	26		<u> X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		}	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	2 7	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).		Ž s	L
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	_^	
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	201	x	i
_	Schedule L, Part IV.	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c	x	i
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
30	conservation contributions? If "Yes," complete Schedule M	30	1	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," complete Schedule N,		<del> </del>	
3.	Part I	31	X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
0_	complete Schedule N, Part II	32	Х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		[	
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38_	X	
		C	000	10040



Statements	Regarding	Other IRS	Filings and	Tax Compliance
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	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		لمان
		(TEXT	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		[	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		i }	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 16,342			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	<b></b>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		'	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			х
_	account)?	4a		
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	50	S. C. C. C.	Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		<del>                                     </del>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	100	-	$\vdash$
0a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1.00	1	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u></u>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	100000	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		2.3	200
	sponsoring organization have excess business holdings at any time during the year?	8		1 0 0 0 1 0 1
9	Sponsoring organizations maintaining donor advised funds.	M	2	
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u></u>	
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	#43 <b>60</b> 3	
10	Section 501(c)(7) organizations. Enter	11		
a	Initiation fees and capital contributions included on Part VIII, line 12	- 38		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	- (23)	3.3	
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
	Gross in come from members of shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources			* **
120	against amounts due or received from them )	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O			
ь	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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Part VI

Sect	ion A. Governing Body and Management				
		l		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 201		, '	
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O		. ^	'.'	٠, ا
b	Enter the number of voting members included in line 1a, above, who are independent	1b 144	1.		1/2.
2	Did any officer, director, trustee, or key employee have a family relationship or a business re-	•		المستشك	
	any other officer, director, trustee, or key employee?		_2_		X
3	Did the organization delegate control over management duties customarily performed by or ur				,,
	supervision of officers, directors, or trustees, or key employees to a management company or other	•	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's		5	Х	
6	Did the organization have members or stockholders?		6	^	
7a	Did the organization have members, stockholders, or other persons who had the power to el	• •	<b>,</b> ,	x	
	one or more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval		75	x	
	stockholders, or persons other than the governing body?		7b	13 m/s	X33
8	Did the organization contemporaneously document the meetings held or written actions und	ertaken during			200
_	the year by the following. The governing body?		8a	Х	228 3 ( )
a b	Each committee with authority to act on behalf of the governing body?		8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Int		Code	ə.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of		1		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pe	ırposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling the form?.	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests to			l	
	rise to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p			v	
4.0	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14		300°. d
15	Did the process for determining compensation of the following persons include a review an	a applotal by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation		15a	X	لسنسا
a b	The organization's CEO, Executive Director, or top management official		15b	Х	
b	Other officers or key employees of the organization			1.2	-: #
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arrangamant			`
.00	with a taxable entity during the year?	•	16a	X	
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b	Х	
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $\triangleright$ PA,				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section	501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.  Own website. Another's website. X Upon request. Other (explain in Sch	edule O)			·
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of into	erest	policy	, and
	financial statements available to the public during the tax year.			. ,	
20	State the name, address, and telephone number of the person who possesses the organization's buffer crudell 120 FIFTH AVE PITTSBURGH, PA 15222	ooks and record	s 🕨		

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orth 990 (2016)		Page

Part VII	Compensation	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contr	ractors								

 Check if Schedule (	O contains a response or note to any	y line in this Part VII...............	
		· <del></del>	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization no	r any related	orga	niza	ation	ı co	mpen	sate	ed any current offic	er, director, or trus	stee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, offic Individua	unle	Pos heck ss pe	erson	e than control Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)ROBIN BERGSTROM	1 00			ĺ						1
BOARD CHAIR	0	1 x						0	0	0
(2)DAVID BLANDINO, M D.	5.00									
BOARD CHAIR	5 00	Х						0	143,604	0.
(3)GREGORY HARBAUGH	1 00				Г					
BOARD CHAIR	0.	Х				l		0	0	0
(4)EDWARD LITTLE	1 00									
BOARD CHAIR	0	Х			ĺ			0	0.	0.
(5)RUSSELL LIVINGSTON	1.00									
BOARD CHAIR	0	X				1		0	0	0.
(6)JOSEPH MACERELLI	10 00									
BOARD CHAIR	0	Х						0	0.	0
(7)SANDRA USHER	1 00									
BOARD CHAIR	0	X						0	0	0.
(8)MARK WEBB	1 00									
BOARD CHAIR	0	] x			1			0	0	0
(9)EDWARD MARASCO	1 00									
VICE CHAIR	0.	X	ļ		ļ	ļ	1	0	0	0
(10)MICHAEL ALTERIO	1 00									
DIRECTOR	0	X			ļ			0	0	0
(11)DAVID CELKO, M D	1 00									
DIRECTOR	0	7 X			l			0	0	0
(12)SCOTT HANKINSON	28 00	T								
DIRECTOR	12 00	X	L		<u> </u>			137,716.	36,104	19,660
(13)CHARLES LABELLE	1 00				Γ					
DIRECTOR	0	X						0	0	0
(14)PAMELA LAPCZYNSKI	1 00									
DIRECTOR	0	X			l			0	0	0.

JSA 6E1041 1 000

Part VII Se	ection A. Officers, Directors, Tr	ustees, Ke	y En	ıplo	ye	es,	and I	Hig	hest Compensat	ed Employees (c	ontinued)
	(A) Name and title	(B) Average hours per week (list any hours for	box, office	unle: er an	Pos heck ss pe	erson	e than o is both tor/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) CAROLE	PANKAS	1 00									
DIRECTO	)R	0	X	<u> </u>			<u></u>		0.	0.	0
16) WILLIAM	THOMEIER, M.D.	1.00									
DIRECTO	)R	0.	X	Ì		<u>L</u> _	l .		0.	0.	0.
17) JASON R	ROSS	1 00				1					
DIRECTO	)R	0	X		}_	ł	<u> </u>	<u> </u>	0	0	0
18) JOHN FI	NNEGAN	1 00									
DIRECTO	)R	0	1 x	}	}	ł	ł	}	0	0	0
19) LADONNA	FUGE, M D	1 00			$\Box$				1		
DIRECTO	DR	0	X				ŀ		0.	7,971.	1,953
20) JAMES A	MSTERDAM	1 00	<del>                                     </del>			1	T				
DIRECTO	 DR	0	Х				ļ		393,000	0	25,214.
21) AMBARAM	CHAUHAN, M.D	1 00	<b> </b>			1	<b> </b>	<del>                                     </del>			
DIRECTO	DR	39 00	x	)	}	)	}		0.	430,774.	12,923
	1 RICHARDSON	1 00	4								
DIRECTO	<del></del>	0	X	<u> </u>	<del> </del>	├	<b>├</b>	├-	0	0.	0
	TALARICO	1 00	-				1	1			1
DIRECTO	<del></del>	0	X	<u> </u>	<b>├</b> -	<b>↓</b> _	<del> </del> -	ــ	0.	0.	0
24) THOMAS		1.00	4		ļ		ļ	1		005 000	00.40
DIRECTO		39 00		<u> </u>	Ļ.,	ļ.,	<u> </u>	<u> </u>	0.	936,000	23,643
25) JOHN EC		1 00	-∤		ļ		ļ				_
DIRECTO	DR	00_	X	<u> </u>	<u></u>		L	<u>L</u>	0.	. 0	0
1b Sub-total								▶		179,708.	19,660
	continuation sheets to Part VII, S	ection A .						▶		4,165,736.	3,958,998
	lines 1b and 1c)								<del></del>	4,345,444.	3,978,658
	per of individuals (including but not compensation from the organization				ed a	bov	e) wh	o re	eceived more than	\$100,000 of	
3 Did the d	organization list any former office on line 1a? If "Yes," complete Sched	cer, directo	or, or	r tri							Yes No
organizatio	ndividual listed on line 1a, is the on and related organizations gr	eater than	\$15	50,0	007	7 /	f "Ye	s, "	complete Schedu	ıle J for such	<b>4</b> X
5 Did any po	erson listed on line 1a receive or	accrue co	mper	isati	on	fror	n any	/ un	related organizati		E X

### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

<del></del>	Compensation
ATTACHMENT 1	

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more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and f	lig	hest Compensat	ed Employees (	ontinued)
(A) Name and title	(B)  Average hours per week (list any hours for  (do not check more than one box, unless person is both an officer and a director/trustee)				is both	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
26) CHARLES MODISPACHER	1 00	1						1		
DIRECTOR	0	X	-	_	<b> </b>		<u> </u>	0	0	0.
27) HELEN BARAN DIRECTOR	1 00	1		l			ł		0	0.
28) TERRENCE CAVANAUGH	1 00	X			-		-	0.	·	
DIRECTOR	1.00	x			1		ł	0.	0	0
29) JAMES HAMILTON	1.00	<u> </u>	├-		-		-	ļ ·	<del> </del>	<u> </u>
DIRECTOR	0.	X	}	}	ł		}	0	0	0
30) NATALIE DWYER HALLER	1 00		1	_				<del> </del>		
DIRECTOR	0.	Х		}				0.	0.	0
31) KAREN HANLON	1.00									
DIRECTOR	39.00	Х_						0	954,508	134,738
32) R STEVEN JONES	1 00	]								
DIRECTOR	0.	X		<u> </u>	<u> </u>			0	0	0
33) KATHRYN BURNS	1.00				1					
DIRECTOR	0.	X			<u> </u>	<u> </u>	<u> </u>	0.	0	0
34) MARNE ROCHE DIRECTOR	1 00	X		<u></u>	L			0.	0	0.
35) CHRIS SCOTT	1 00			}	ł	ł		·	}	
DIRECTOR	0	X	<u> </u>	<u> </u>	<u> </u>		_	0.	0	0.
36) STEWART BARMEN	1.00	4	1		ł	}	1		}	,
DIRECTOR	0.	Х	_ـــــــــــــــــــــــــــــــــــــ	ı	Щ.	L	<u> </u>	0	0	0.
1b Sub-total	ection A .						<b>&gt; &gt; &gt;</b>			
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				o re	eceived more than	\$100,000 of	<u> </u>
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										Yes No
4 For any individual listed on line 1a, is the organization and related organizations grundividual	eater than	\$15 	50,0 • •	007	? II 	f "Yes	s,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "Y	es," comple	te Sci	hedu	ıle J	I for	such	per	rson	<del> </del>	5 X
Section B. Independent Contractors						A			- Ab #400 000	
1 Complete this table for your five highest com- compensation from the organization. Report of										

year

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

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



Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	oye	es,	and I	Hig	hest Compensat	ed Employees (	continued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss po d a c	erson	e is compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
37) DAVID LERBERG, M D	1 00			<del>                                     </del>	_	ă				
DIRECTOR	0.	] x					-	0	0	0.
38) JANE LOVE, M.D	1 00									
DIRECTOR	0.	1 x						0.	l . o	0
39) WENDY O'BRIEN	1.00						П		<u> </u>	
DIRECTOR	0.	x	1	1	1	1	1	) o.	0.	0
40) L.P GUPTA	1.00					1				
DIRECTOR	†ō.	1 x						1 0	0	0.
41) BASIL M COX	1 00		T	<u> </u>						
DIRECTOR	† <del>-</del> -	x						0	0	0
42) LINDA ANN DICKERSON	1.00				$\vdash$	<b>†</b>	$\vdash$		1	
DIRECTOR	0.	х						0	0.	0.
43) DORIS CARSON WILLIAMS	1.00			一	$\vdash$		t		-	
DIRECTOR	1.00							0.	0.	0.
44) THEODORE NEIGHBORS	1 00		<del> </del>		$\vdash$	<del>                                     </del>	<del> </del>			
DIRECTOR	1 <del>-</del> 0.	x	Ì	}	1	1	1	0	0	0
45) DANIEL ONORATO	1.00		1		t	├			<u> </u>	
DIRECTOR	39.00	-						0.	751,047	45,005
46) ROSS PETERSON	1.00		<u> </u>	-	╁╌	1	╁		731,017	13,003
DIRECTOR	0	x						0.	0.	0
47) JAMES GRAHAM	3 00		<del> </del>	<u> </u>	$\vdash$	<del>                                     </del>	<del> </del>	·	· · · · · · · · · · · · · · · · · · ·	
DIRECTOR	t	X	ŀ						0.	0.
1b Sub-total		Γ		<u>.                                    </u>		L			0.	
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)							<b>&gt;</b>			
2 Total number of individuals (including but not						e) wh	o re	ceived more than	\$100 000 of	<u> </u>
reportable compensation from the organization		1705				<del></del>				
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the organization and related organizations grandividual	sum of rep eater than	oortat	ole (	com	per	nsatio	n a:	nd other compen complete Schedu	sation from the le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5 X

Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

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

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

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	ıplo	ye	es,	and I	Hig	hest Compensat	ed Employees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations	box,	unle:	Pos heck ss pe	rson	e than o	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization
	below dotted	Individual trustee or director	nstitutional trustee	er	Key employee	Highest compensated employee	er	(W-2/1099-MISC)		and related organizations
48) DAVID MALONE	3.00									_
DIRECTOR	1 00	Х	ļ	_		<u> </u>	_	0.	74,024	0
49) DAVID MICHAEL MATTER	3 00	ļ						_		
DIRECTOR	1 00	Х	<u> </u>	ļ	_		<u> </u>	0	102,794	0.
50) MICHAEL REDLAWSK	3.00									0
DIRECTOR	0.	Х	ļ	<u> </u>		├	-	0	0	0
51) VICTOR ROQUE	3.00	١	l						100 164	0
DIRECTOR	1 00	X	<u> </u>	<u> </u>		ļ		0.	102,164	0.
52) CAROL BUCCI	40 00	,,						121 257	00 054	22 202
DIRECTOR	0	Х		<b>!</b> —	⊢		-	131,257	98,854	22,202
53) DANIEL R. CASPER, M.D.	40.00	,					1	202 552	0.	34,779.
DIRECTOR	40.00	X	1	1	-	ļ	ļ	383,552.	0.	54,719.
54) THOMAS CORKERY, D.O.	1-40.00	×						306,490	0.	30,011
DIRECTOR 55) DAVID GOLDBERG	40.00	<u> </u>	├	<del>                                     </del>	<u> </u>			300,490		30,011
DIRECTOR	0	x						515,840	0	32,344.
56) TIM LOCH	40.00	<u> </u>	-	┢╌	<u> </u>	1	$\vdash$	313,040	· · · · · ·	32,311.
DIRECTOR	0.00	x						328,687	0.	111,200
57) DMITRIY MNUSKIN, M.D	40.00	^^		$\vdash$	$\vdash$	<del>├</del>	+	3207007		
DIRECTOR	10.00	x						386,262	0	35,925
58) DAVID PARDA, M D	40 00	<del>                                     </del>					-	300,202		
DIRECTOR	0	X			1			1,069,372.	0	36,891
1b Sub-total	Section A .						<b>&gt; &gt;</b>			
2 Total number of individuals (including but not reportable compensation from the organization		hose 1705		ed a	bov	e) wh	o re	eceived more than	\$100,000 of	
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheo										Yes No
4 For any individual listed on line 1a, is the organization and related organizations gundividual	reater than	\$15	50,0	0007	2 /	f "Ye	s, "	complete Schedu	ile J for such	4 X

for services rendered to the Organization? If "Yes," complete Schedule J for such person ...........

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual

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

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

Part VIII Section A. Officers, Directors, Th	usiees, ne	y CII	ibic	ye	<del>25,</del>	anu r	ııyı	nest Compensat	ed Employees (d	onunuea)		
(A) Name and title	(B) Average			-	C) sition			(D) Reportable	(E) Reportable	( <b>F</b> Estim		
Name and the	hours per			heck	mor	e than c		compensation	compensation from	amou	int of	
	week (list any hours for					is both or/trust		from the	related organizations	oth comper		1
	related	Indi or d	Inst	Officer	Key	emp emp	Fon	organization	(W-2/1099-MISC)	from	the	
	organizations below dotted	Individual trustee or director	Itutio	鱼	Key employee	nest o	폍	(W-2/1099-MISC)		organi: and re		
	line)	9 2	nal t		loye	e comp	1			organiz	zations	i
	]	stee	Institutional trustee		e	Highest compensated employee						
			6			ted					_	
59) PAUL REILLY, M D	40.00					1			_			
DIRECTOR	0	Х		<u> </u>		ļ	_	157,899.	0	24	4,31	. 9_
60) JENNIFER LEWIS DIRECTOR	40.00	X				1		299,342.	0	2.6	8,57	70
61) MICHAEL CULIG, M.D	40.00			_		-	-	299,342.			0,3/	
DIRECTOR	0.	Х						519,230.	0	3,	4,51	18
62) THOMAS MURPHY	40.00											
DIRECTOR	0	Х						208,282.	0	2.	1,68	34
63) DAVID STAPOR, M D.	40.00											
DIRECTOR	0.	Х	<u> </u>	<u> </u>				0.	325,000	2.	1,08	32.
64) BRIAN JONES	40.00											
DIRECTOR 65) JEFFREY KIM	0	Х				-	ļ	385,877.	0	2.	3,73	34
DIRECTOR	40 00	X						268,389	0	1.	4,75	<del>.</del> 1
66) PATRICK RECIO	40 00		├					200,309		1.	4,/-	<u>, ,</u>
DIRECTOR	1	Х						445,148	0	2:	3,41	<u>1</u> 7
67) CHRISTOPHER SERAFINI	40.00							,				
DIRECTOR	0	Х						231,521.	0	2:	2,19	}9
68) JEFFREY CARLSON	40 00										,	
DIRECTOR	0	Х					L	335,785	0	2.7	1,06	56
69) LISA LAWRENCE	0	ļ <u></u>										
DIRECTOR	1 00	X	<u></u>	L		<u> </u>	L	0	0			0
1b Sub-total												
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)					• •					<del> </del>		
2 Total number of individuals (including but not							о ге	ceived more than	\$100.000 of	L		
reportable compensation from the organizatio		1705				-,			<b>*</b>			
											es	
3 Did the organization list any former office										[	1330-133	
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ina	lividi	ual						L	X	0.305.600
4 For any individual listed on line 1a, is the										- 1 M		
	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											
												-{\delta /_
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co es." comple	mpen te Scl	ısatı hedi.	on i ile i	ıron I for	n any such	un per	reiateo organizati son	on or individual	5	- 1	X
Section B. Independent Contractors	, <i>,,</i>					22011	,,,,,					<u> </u>
1 Complete this table for your five highest com												
compensation from the organization. Report of	compensati	on foi	r the	ca	lend	dar ye	ar e	ending with or with	nin the organizatio	n's tax		

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

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

Form **990** (2016)

year

DIRECTOR	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
10   10   10   10   10   10   10   10	• •	Average hours per week (list any hours for	box,	unle: er and	Pos heck ss pe	more rson	is both tor/trus	an lee)	Reportable Reports compensation compensation from relate e) the organiza			Estimated amount of other compensation	
190,716		organizations below dotted	ndividual trustee or director	nstitutional trustee	Officer	(ey employee	ighest compensated	ormer	_	(W-2/1099	-MISC)	organization and related	
171, DONALD MCNARY		40.00								-			
177,683		ļ	Х	ļ	<u> </u>	<u> </u>		ļ	190,716		0	19,720	
12  MILLIAM GOLDEARE		<b></b>	ļ ,,						122 (02		0	35.643	
TRUSTEE			X			_	-		177,683		<u> </u>	15,641.	
1.00			· v				1		397 751		Λ	19 455	
TRUSTEE				$\vdash$	-				337,731			15,455	
TRUSTEE			х				1		0		0	ο.	
TRUSTEE	74) GENE BECKER	1.00											
TRUSTEE 0. X 0 0 0 0 0 0 TRUSTEE 0. X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TRUSTEE	0.	Х						0		0	0	
TRUSTEE 0. X 0 0. 0. 0. TRUSTEE 1.00 0. X 0 0. 0. 0. TRUSTEE 1.00 0. X 0 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0		1.00											
TRUSTEE 1.00 X 0 0.0.0  TRUSTEE 0.X 0 0 0.0.0  TRUSTEE 1.00 X 0 0 0.0  TRUSTEE 0.X 0 0 0.0  TRUSTEE 0.0 X 0 0 0.0  TRUSTE 0.0 X 0 0 0.0  TRUSTEE 0.0 X 0 0 0 0 0			Х						0	ļ	0	0	
TRUSTEE			ļ ,,								•		
TRUSTEE		<b>!</b>	X			-			0		0.	0.	
TRUSTEE			l v						0		0	0	
TRUSTEE  10. X  770,235  035,347  TRUSTEE  10. X  770,235  035,347  TRUSTEE  10. X  0 0 0. 0  35,347  TRUSTEE  10. X  0 0 0. 0  1b Sub-total  1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  1 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  (B)  Description of services  Compensation				<del> </del>		<del> </del> -		-			0.	,	
TRUSTEE  1.00 TRUSTEE  0. X  0 0 0 0  0  1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  1705  Total row person listed on line 1a, is the sum of reportable compensation and related organizations and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  Section B. Independent Contractors  (A) Name and business address  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (A) Name and business address  2 Total number of independent contractors (including but not limited to those listed above) who received		<b></b>	Х						0		0.	0	
TRUSTEE  1.00  TRUSTEE  0. x  0 0. 0  1b Sub-total  c Total from continuation sheets to Part VII, Section A. d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1705  Yes No  Trustee, key employee, or highest compensated employee on line 1a? If Yes, "complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  (A)  Name and business address  (A)  Name and business address  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received	79) VENKATRAMAN SRINIVASAN, M D	40.00											
TRUSTEE	TRUSTEE	0.	Х						770,235		0	35,347	
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    1705  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual    4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual    5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual    5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual    5 Did Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  (B)  Compensation  (C)  Compensation											_	_	
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   1705  Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  (B)  Description of services  Compensation  Compensation		0.	Х		L	L	l	L	0		0.	0	
reportable compensation from the organization   1705  Telephone of independent contractors (including but not limited to those listed above) who received  Yes No  X X   Including State or highest compensated and the compensation from the organization from the organization from the organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	c Total from continuation sheets to Part VII, S				 	 	  	<b>&gt; &gt;</b>					
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual					d a	bov	e) wh	o re	eceived more than	\$100,000	of		
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	reportable compensation from the organization	<u> </u>	1705									1 1	
Individual	3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedi	er, directo ule J for suc	or, or ch ind	tru Iividi	uste ual	е,	key (	emp	oloyee, or highes	t compens	ated		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	organization and related organizations gre	eater than	\$15	0,0	007	i It	"Yes	s, "	complete Schedu	le J for	such		
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received	5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satı	on 1	fron	n any	un	related organization	on or indivi	idual		
compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received		<del></del>											
Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received	compensation from the organization Report of												
		lress								ervices	C		
								$\prod$					
								1					
								+					
					nite	d to	thos	se l	isted above) who	received		* *	

Form **990** (2016)

JSA 6E1055 2 000 1549KO 649R

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r box,	not c unle	Pos heck ss pe	C) sition mor erson	the soft employee	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fror related organizations (W-2/1099-MISC	(F) Estimated amount of other compensation
81) STEPHEN HEILMAN, M.D.	1 00		-	-			-			<del> </del>
TRUSTEE	0	Х			<u> </u>		<u>.</u>	0	0	. 0
82) VINCENT MCVITTIE	40 00									
DIRECTOR	0	Х		Х	L			405,126	0	. 24,204.
83) RONALD ANDRO	40 00			Γ_						
DIRECTOR & PRESIDENT	0	Х		Х	<u> </u>		<u></u>	406,124.	0	. 35,897.
84) JEFFREY COHEN, M.D DIRECTOR & PRESIDENT	40 00	Х		x				784,931.	0	. 39,110.
85) WILLIAM ENGLERT	40 00									
DIRECTOR & PRESIDENT	0.	X		Х	L			239,030	0	. 15,719
86) MICHAEL HARLOVIC	40 00		-	•	}	1	1			
DIRECTOR/PRESIDENT	0	X		X	_	<u> </u>		514,639.	0	373,330.
87) CYNTHIA HUNDORFEAN	40 00	[		1	-	1	}		[	
DIRECTOR & PRESIDENT	0	X		X	<u>L</u>			828,561.	0	. 51,943
88) SCOTT LONG, M D.	40 00	[	ĺ	1		[	1	1	[	
DIRECTOR & PRESIDENT	0	X		X	<u>L</u>		L	852,269	0	. 24,025
89) ALFRED MANSFIELD	40.00	1	ļ	1	}	1				
DIRECTOR & TREASURER	0	X		X	<u> </u>		L	357,252	0	57,234
90) JOHN PAUL DIRECTOR/PRESIDENT	40.00	Х		Х				2,373,125.	0	645,573.
91) MARK RUBINO, M D DIRECTOR & PRESIDENT	40.00	х		х				516,601.	0	34,204
1b Sub-total							<b>&gt;</b>			
c Total from continuation sheets to Part VII, S	-				-		▶			
d Total (add lines 1b and 1c)	<u> </u>	<u></u>	<u> </u>	• •	• •	<u> </u>	<u> </u>	<u> </u>	<u>L</u>	<u> </u>
2 Total number of individuals (including but not reportable compensation from the organization)		hose 1705		d a	bov	e) wh	o re	eceived more than	\$100,000 of	<del></del>
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										Yes No
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	0,0	003	· 11	"Yes	5, "	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5 X
Section B. Independent Contractors										
Complete this table for your five highest com- compensation from the organization. Report of year.										
(A) Name and business add	Iress							(B) Description of se	ervices	(C) Compensation
	<del></del>						+-			
							+			
							+			
<del></del>							1			

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

Part VII Section A. Officers, Directors, Tro	ustees, Ke	y En	ıplo	ye	es,	and I	lig	hest Compensat	ed Employees	(continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles er and	Pos neck s pe	erson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
92) JANE SARRA DIRECTOR/PRESIDENT	40 00	х		х				322,541	0	7,425
93) LOUISE URBAN DIRECTOR & PRESIDENT	40 00	х		х				404,914.	0	40,516
94) SCOTT WHALEN DIRECTOR & PRESIDENT	40 00	x		х				729,072	0	
95) JEFFREY CRUDELE DIRECTOR & TREASURER	40 00	х		х				657,021	0	
96) JASON ZAJAC TRUSTEE/PRESIDENT	40 00	х		х				325,329.	0	. 27,360.
97) CAITLIN CLARK BOARD CHAIR AND PRESIDENT	40.00	х		х				199,744	0	8,022
98) TONY FARAH, M D BOARD CHAIR AND PRESIDENT	40 00	Х		х	_			836,893.	0	. 67,213
99) JEFFREY SZUMIGALE VICE CHAIR & ASST TREASURER	1 00	х		х				0	0	0.
00) KEITH LEJEUNE DIRECTOR AND VICE PRESIDENT	40.00	х		х				279,837	0	24,110
01) MAGGIE BIEBEL DIRECTOR AND SECRETARY	40.00	_ x		х				309,609.	0	14,674
02) MARK LEONE DIRECTOR & TREASURER	40 00	Х		Х				247,146	0	22,888
1b Sub-total	ection A .	 	· ·	 	• •	· · ·	<b>&gt; &gt;</b>		\$100,000 of	
Total number of individuals (including but not reportable compensation from the organization)		1705		о а 	vod	e) who	o re	eceived more than	\$100,000 of	ly. ly.
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										Yes No
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	50,0	007	7 /1	"Yes	s, <i>"</i>	complete Schedu		4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										
Section B. Independent Contractors						4		Ab	- Ab #400 000	
1 Complete this table for your five highest com- compensation from the organization. Report of year										
(A)							T	(B)		(C)

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

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

Form 990 (2016) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (A) Name and title Reportable Reportable Estimated Position Average (do not check more than one amount of compensation compensation from hours per box, unless person is both an other week (list any from related officer and a director/trustee) compensation hours for the organizations Individual trustee or director from the Institutional trustee employee related organization (W-2/1099-MISC) organization organizations (W-2/1099-MISC) employee est compensated and related below dotted organizations line) JACQUELINE BAUER 40.00 DIRECTOR & SECRETARY Х Х 206,090 219,516. 29,285 0. DENZIL W RUPERT 40.00 DIRECTOR AND PRESIDENT 0 Х Х 428,456 0 32,602 JAMES ROHRBAUGH 40.00 ASSISTANT TREASURER Х 0 0 312,367 31,381 06) MAUREEN MELIA CHADWICK 40.00 ASSISTANT SECRETARY 0. Х 0 46,762. 252,070 SUSAN BARRETT 40 00 ASSISTANT SECRETARY Ω Х 102,445. Ω 26,827 JEFF VANDALL 40 00 EXECUTIVE DIRECTOR 0. Х 235,626 25,677 BRIAN HOLZER 00 40. SENIOR VICE PRESIDENT 0 Χ 220,268 163,084 31,101. THOMAS HIPKISS 40 00 VICE PRESIDENT n Х 191,543 0 30,182 JAMES KANUCH 40.00 VICE PRESIDENT n X n 217,916. 30,587 RICHARD THOMPSON 40.00 VICE PRESIDENT 0 Х 336,893 O 2,768 CHONG PARK, M D 40.00 CHIEF MEDICAL OFFICER 0 22,504 565,539 c Total from continuation sheets to Part VII, Section A . . . . . . . . . . Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > Did the organization list any former officer, director, or trustee, key employee, or highest compensated For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .........

	Yes	No
		<i>y</i> . 4
3	X	
4	Х	
5		Х

#### Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

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

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



Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	erson	e is cor/truemployee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1A) TAGOURT THE DATE OF	10.00		ro -		_	ated	_			
14) JACQUELINE DAILEY CIO	40 00			1	X		}	503,769.	0	294,563
15) PATRICK DEMEO, M.D	40 00		-	├—	<del>  ^</del>		-	303,703.	ļ — — — — — — — — — — — — — — — — — — —	294,303
DEPARTMENT CHAIR	1-30-00		}	)	x			1,253,975.	0	34,825
16) GEORGE J MAGOVERN, JR., M.D.	40.00		├─	-	<del>  ^`</del>	<del> </del>	-	1,233,373.	<u>-</u>	31,023
DEPARTMENT CHAIR	1	-		1	x		1	694,029	0	37,699
17) SUSAN MANZI, M D.	40.00	-		-	1	<del> </del>	-	031,023	<del> </del>	3,7033
DEPARTMENT CHAIR	t	ł			x	}	1	488,687.	0	20,657
18) ALLAN KLAPPER, M D.	40.00	<del> </del>	├-	-	<del>                                     </del>		┢	100,007.	<u>-</u>	20,00
DEPARTMENT CHAIR	1	}			x	]	1	640,820	0.	33,059
19) MARGARET DICUCCIO	40 00	<del> </del>	}—	-	<del>                                     </del>	├		0.07020		337333
COO AND CNO	1	1			X	1	1	302,041.	0	21,032
20) RICHARD FRIES	40 00		<u> </u>	-	<del>                                     </del>	<del> </del>	├-	302,012.	<del> </del>	227032
CFO	1	1	1	l	x	İ	ł	230,637	1 0	30,424
21) DONALD JAFFE	40 00	├	$\vdash$	-	<del>                                     </del>		┝	230,031	† <u>-</u> -	307121
CFO		1	ŀ	}	x	ł	}	334,978.	0	26,829
22) DANIEL ALTMAN, M D.	40.00			<del> </del>	<del>                                     </del>	<del>                                     </del>	-	001/3101	<u>-</u>	
PHYSICIAN	1	j	ļ	}		X	•	1,530,037.	0	21,167
23) GREGORY ALTMAN, M D.	40 00		<del>  -</del>	├─	1	<del> </del>	-		<del>                                     </del>	
PHYSICIAN	1	1	1			x	-	1,468,190	0.	33,716
24) NICHOLAS SOTEREANOS, M D.	40 00		├-	<u> </u>	╁╌	<del>                                     </del>	┝╴	1,100,120	ļ <u>-</u> -	30,120
PHYSICIAN	<del>-</del>	1	}		ł	x		1,285,925.	0	36,366
41.01.4.1	<u> </u>	Ь	<u> </u>		Ш.	<del></del>		,,	†	
			• •		• •	• • •		ļ		
c Total from continuation sheets to Part VII, S	_		• •	• •	• •			<u> </u>	<del>                                     </del>	
d Total (add lines 1b and 1c)							2 7	l	\$100,000 of	Ĺ
reportable compensation from the organization		1705 1705		:u a	DUV	e) wii	0 16	eceived more man	\$100,000 01	
Teportable compensation from the organizatio		1/0						<del></del>		
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										Yes No
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	50,0	1007	2 11	f "Yes	s, "	complete Schedu	ile J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satı	on	fror	n any	un un	related organizati	on or individual	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest com	pensated i	ndepe	ende	ent	con	tracto	ors	that received more	e than \$100,000 d	of

0	cotton b. independent contractors
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of
	compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax
	vegr

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

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

Part VII Section A. Officers, Directors, Tr	usiees, ne	y Em	ipio	yees	<u>, and</u>	пıg	nest Compensat	ea Employees (c	ontinuea)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unless er and	s pers	ore than on is bot ector/tru:	h an stee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
25) DONALD WHITING, M D	40 00			$\top$	$\top$	1			
DEPARTMENT CHAIR	0.				Х		1,727,197	0	40,272.
26) EDWARD WESTRICK PHYSICIAN	40 00				x_		1,427,204	0.	12,210.
27) JOHN DEMPSTER FORMER PRESIDENT	0.					x	10,676.	0	396,616
PATRICIA LIEBMAN FORMER COO	0.					х	719,993.	0	10,269
9) REESE JACKSON FORMER DIRECTOR	0.					x	157,616.	0	0
30) ELIZABETH ALLEN FORMER DIRECTOR & TREASURER	0	_				х	453,989	0	0
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)						<b>&gt; &gt; &gt;</b>			
Total number of individuals (including but not reportable compensation from the organization)	limited to t		listed					\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete School									Yes No

	employee on line 1a? If "Yes," complete Schedule J for such individual	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	

	Yes	No
		/ B
3_	Х	
4	Х	
	· - , ;)	
5		Х

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(B) Description of services	(C) Compensation	

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

Part VIII Statement or Revenue

	Check if Schedule O co	ntains a respon	se or note to ar	y line in this Part \	/III <u>.</u>		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
발 1a	Federated campaigns	1a					
Б	Membership dues						
A c	Fundraising events	1 . 1	638,234				
and Other Similar Amounts	Related organizations	ابما	514,982				;
E E e	Government grants (contribu	itions) 1e					
₫ f	All other contributions, gifts,	grants,					
8	and similar amounts not included	above . 1f	14,867,194				
E 9	Noncash contributions included i	in lines 1a-1f \$	299,720				
<u> </u>	Total. Add lines 1a-1f	<u> </u>		16,020,410			
Program Service Revenue			Business Code				<del></del>
چ   2a	PATIENT SERVICE REVENUE		621000	2,569,581,892	2,562,674,267	6,907,625	
8 b	AFFILIATE EXPENSE REIMBUR	SEMENT	900099	361,730,039	361,730,039		
2 C	SCIENTIFIC RESEARCH	·	541712	24,595,208	24,595,208		
e d	MEDICAL EDUCATION		611710	3,455,530	3,455,530		
e   g	All -Al-			-			
o f	All other program service rev Total. Add lines 2a-2f		<b>_</b>	2,959,362,669			
3		cluding dividen		2,939,362,669	24 X 11 (1000) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	*. \chi	
3	and other similar amounts).	-		37,211,597		-306	37,211,90
4	Income from investment of		_	638,252			638,25
5	Royalties	· · · · · · · · · · · · · · · · · · ·		0			
		(i) Real	(II) Personal	<b>2</b> 42.00000000000000000000000000000000000			100
6a	Gross rents	8,996,968					
Ь	Less: rental expenses						
C	Rental income or (loss)	8,996,968			440		74.5
d	Net rental income or (loss).		▶	8,996,968		79,431	8,917,53
7a	Gross amount from sales of	(i) Securities	(II) Other				
	assets other than inventory	326,021,673	-256,864				7,000
ь	Less: cost or other basis						
	and sales expenses	326,852,959					
С	Gain or (loss)	-831,286	-256,864	3.3			
d	Net gain or (loss)		<u> ▶</u>	-1,088,150	Tripographia wa 2005 2017 A	Constitution of the second	-1,088,15
<u>e</u> 8a	Gross income from fundra	-					
ē	events (not including \$	638,234					
Revenue	of contributions reported on	•					
Other	See Part IV, line 18		230,585				
g P	Less direct expenses			112 227			112 22
°	Net income or (loss) from fu	_	<del>-</del>	-112,327			-112,32
9a	Gross income from gaming See Part IV, line 19		0		7 / 10 / 10 / 10 / 10 / 10 / 10 / 10 / 1		-0.5% 1 SA
١.		_					
l p	Less: direct expenses Net income or (loss) from g			0	1.		
100	, ,	-		Park :	4.3.4. <i>J</i> r.		7: 20, 10
10a	Gross sales of invent returns and allowances	•	0			<b>食物证</b>	
ь	Less cost of goods sold	-		L		<u></u>	, <u></u>
_ c				0			
	Miscellaneous Revenu	-	Business Code	2			
11a	CAFETERIA SALES		621110	9,716,611			9,716,61
Ь	PARKING		900099	8,015,274		78,780	7,936,49
C	PHARMACY REVENUE		900099	7,104,995			7,104,99
d	All other revenue		900099	72,165,107		327,444	71,837,66
е	Total Add lines 11a-11d .			97,001,987			\ <del></del>
12	Total revenue. See instruction	ons	. <u> </u>	3,118,031,406	2,952,455,044	7,392,974	142,162,97

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Part IX Statement of Auctional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A).

_		onise of note to only in	ic in this rait is		!
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,212,409	4,212,409		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	24,895	24,895.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			i
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	28,758,455	26,553,536	1,879,590	325,329
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	523,157	474,203.	48,954.	
	Other salanes and wages	1,222,201,955	1,123,914,213.	98,082,337	205,405
8	Pension plan accruals and contributions (include	10 470 030	9,589,834.	887,497.	2,608
_	section 4 O1(k) and 403(b) employer contributions)	10,479,939 118,563,679.	107,833,754.	10,696,149.	33,776
9	Other employee benefits	74,846,106	68,548,737	6,263,681.	33,688.
10 11	Payroll taxes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3,233,002.	
	Management	0			
	Legal	2,119,749	369,397	1,750,352	
	: Accounting	650,143	29,171.	620,972.	
	Lobbying	394,133	394,133.		
	Professional fundraising services See Part IV, line 17.	27,000	11 2 N X		27,000.
1	Investment management fees	594,436		594,436	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	185,750,071	145,371,335.	40,293,721	85,015
12	Advertising and promotion	11,074,124	9,995,278.	1,078,846.	17.006
13	Office expenses	30,269,666	25,736,655	4,515,915	17,096 575
14	Information technology	65,101,360	59,242,107.	5,858,678	373
15	Royalties	172,134,725	159,273,065.	12,861,660	
16	Occupancy	3,528,723	3,122,427	388,795.	17,501
17 18	Travel	3,320,123	3/122/12/	30071301	11,7001
10	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	3,152,126	2,711,369.	439,869	888
20	Interest	39,702,377	36,099,445	3,602,932	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	112,056,727	99,049,364	13,007,363	
23	Insurance	33,184,858	31,130,193	2,054,665.	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule (A)	201 204 225	217 274 225	02.050.001	
_	REIMBURSEMENTS TO AFFILIATES	301,834,117	217, 974, 833	83,859,284	
	SUPPLIES  DRESCRIPTION DRUGS	289,234,484	285,192,426	4,042,058	
_	PRESCRIPTION DRUGS	241,024,752	241,024,752		
	PATIENT BAD DEBT	64,485,203 83,599,724	79,964,168	3,635,556	
	All other expenses Add lase 1 though 24	3,099,529,093	2,802,316,902	296, 463, 310	748,881
_	Total functional expenses. Add lines 1 through 24e  Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here   If following SOP 98-2 (ASC 958-720)	0	2,002,010,002	250, 900, 510	, 10, 001

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## Part X Balance Sheet

_							
		Check if Schedule O contains a response of	r note	e to any line in this P	Part X		<u> </u>
	<u> </u>				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			86,260,828.	<u> 1</u>	626,980
	2	Savings and temporary cash investments.			56,371,668	2	191,287,152
	3	Pledges and grants receivable, net			3,773,162	3	3,501,189
	4	Accounts receivable, net			312,174,520	4	288,353,381.
	5	Loans and other receivables from current and	forme	r officers, directors,		Ì	
		trustees, key employees, and highest co					
		Complete Part II of Schedule L  Loans and other receivables from other disqualified pers			0.	5	0
	6	Loans and other receivables from other disqualified pers	ons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu	, and d Intary (	contributing employers employees			
s		organizations (see instructions) Complete Part II of Sche	dule L		0.		0
Assets	7	Notes and loans receivable, net			4,913,903.	7	3,185,000
As	8	Inventories for sale or use			39,056,677.	8	40,434,090.
	9	Prepaid expenses and deferred charges			20,323,224.	9	22,906,063
	10a	Land, buildings, and equipment, cost or			***		
		other basis Complete Part VI of Schedule D	10a		<u> </u>		<u> </u>
	b	Less accumulated depreciation	10b	365,736,160.	867,177,519	10c	886,533,705
	11	Investments - publicly traded securities			529,874,584	11	445,880,889.
	12	Investments - other securities. See Part IV, line 11			89,631,006.	12	151,526.
	13	Investments - program-related. See Part IV, line 11			0.	13	0
	14	Intangible assets	101,419,283	14	110,663,222		
	15	Other assets See Part IV, line 11			388,477,398	15	482,919,284.
	16	Total assets. Add lines 1 through 15 (must equal			2,499,453,772	16	2,476,442,481
	17	Accounts payable and accrued expenses			468,744,433	17	315,317,720.
	18	Grants payable		0	18	0	
	19	Deferred revenue			49,025,562.	19	60,879,180
	20	Tax-exempt bond liabilities			186,762,610.	20	180,667,875
	21	Escrow or custodial account liability. Complete Pa	art IV c	of Schedule D	0	21	0.
es	22	Loans and other payables to current and for	rmer	officers, directors,	The second	ř.,	. Char
Liabilities		trustees, key employees, highest compen			an Parker	,	
ap		disqualified persons Complete Part II of Schedule	L		0	22	0
_	23	Secured mortgages and notes payable to unrelate	ed third	d parties	765,543,992.	23	717,436,346
	24	Unsecured notes and loans payable to unrelated to	hird pa	arties	0	24	0
	25	Other liabilities (including federal income tax,	payabl	les to related third			
	i	parties, and other liabilities not included on lines		· · · · · · · · · · · · · · · · · · ·			
		of Schedule D			809,900,887	25	943,265,836
	26	Total liabilities. Add lines 17 through 25	<u></u>		2,279,977,484.	26	2,217,566,957
ses		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check 34.	here ► X and	`		
anc	27	Unrestricted net assets			-56,158,699	27	84,678,533
Bal	28	Temporarily restricted net assets			23,369,039	28	27,364,312
5	29	Permanently restricted net assets			252,265,948	29	146,832,679
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.					
ts	30	Capital stock or trust principal, or current funds				30	_
sse	31	Paid-in or capital surplus, or land, building, or equ	ipmen	t fund		31	
Ä	32	Retained earnings, endowment, accumulated inco	me. c	or other funds		32	
Nei	33	Total net assets or fund balances	., -	• • • • • •	219,476,288	33	258,875,524
	34	Total liabilities and net assets/fund balances	 		2,499,453,772		2,476,442,481
	· · · · · ·		<u></u>	· · · · · · · · · · · · · · · · · · ·	_, _, _, _, _, _	J-7	E 000 (004)

orm 99	00 (2016)				Pag	ge 12
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1_1	3,1	18,0	31,4	06.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,0	99,5	29,0	93
3	Revenue less expenses. Subtract line 2 from line 1	3		18,5	02,3	13.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	19,4	76,2	88
5	Net unrealized gains (losses) on investments	5		5,9	98,0	49
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		14,8	98,8	74
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	2	58,8	75,5	24
art						_
	Check if Schedule O contains a response or note to any line in this Part XII	·		<u></u>		
					Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	ווי	Ş	, .	ļ
	Schedule O				· · · · · · · · · · · · · · · · · · ·	<u> </u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			΄,
	reviewed on a separate basis, consolidated basis, or both			`	1 3	g.,
	Separate basis Consolidated basis Both consolidated and separate basis					كك
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			63
	separate basis, consolidated basis, or both:			5 4 5	34	8.041
	Separate basis X Consolidated basis Both consolidated and separate basis		İ	<u> Xide</u>	·	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibility for committee that assumes responsibilities are committee that assumes responsibilities are committee that assumes responsibilities are committee that assumes responsibilities are committee that are committee that are committee that are committee that are committee that are committee that are committee that are committee that are committee that are committee that are committee that are committee that are committee that are committee that are committee that are committee that are committeed to the committee that are committeed to the committ		-			İ
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	Х	<del></del>
	If the organization changed either its oversight process or selection process during the tax year, e	xplaır	ı ın		e <sub>n.</sub>	
	Schedule O.			- ' 1		سفحة
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set					.,
	the Single Audit Act and OMB Circular A-133?			3a		X

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3b

## SCHEDULE A

(Form 990 or 990-EZ)



## **Public Charity Status and Public Support**

OMB No 1545-0047 Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

HIGHMARK HEALTH GROUP 82-1406555 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ſχ 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization 14 Provide the following information about the supported organization(s) (i) Name of supported organization (II) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 other support (see listed in your governing support (see above (see instructions)) instructions) instructions) document? ATTACHMENT 1 Yes No (A)

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

Schedule A (Form 990 or 990-EZ) 2016

2,471,667,730

(B)

(C)

(D)

(E)

Total



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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	360,676	228,628	293,158	54,148	74,823	1,011,433
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					:	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	360,676	228,628	293,158	54,148	74,823	1,011,433
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)	2 2 2 2 2 2 2 2	77 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Galladyka, altigation		*	0_
	Public support. Subtract line 5 from line 4	ļ	<u> </u>	' 5,	<u> </u>		1,011,433
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·					
_	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 8	Amounts from line 4	360,676 762,649	228, 628 338, 449	293,158 1,126,722	54,148 657,011	74,823 601,050	1,011,433 3,485,881
9	Net income from unrelated business activities, whether or not the business is regularly carried on	702,049	330,443	1,120,722	337,011	301,030	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) .ATCH.2	720			1,114		1,834
11	Total support. Add lines 7 through 10		V-180 X10	SACTOR CANADA	1.200		4,499,148
12	Gross receipts from related activities, etc. (	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
<u>Sec</u>	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2016 (li						22 48 %
15	Public support percentage from 2015						29 74 <b>%</b>
16a	331/3% support test - 2016. If the c	organization did	not check the	box on line 13	, and line 14 is	331/3 % or mo	re, check
	this box and stop here. The organizati			_			
b	331/3% support test - 2015. If the						
	check this box and stop here. The org						
17a	10%-facts-and-circumstances test -:	-	-				
	10% or more, and if the organization					-	•
	Part VI how the organization meets to organization	ATTACHM	ENT 3				<b>▶</b> X
b	10%-facts-and-circumstances test -:	<b>2015</b> . If the org	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	
	15 is 10% or more, and if the org						-
	Explain in Part VI how the organizate supported organization						▶ □
18	Private foundation. If the organization instructions						

Schedule A (Form 990 or 990-EZ) 2016

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support					,	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
_		(0, 2012	(0, 20.0	(0) 20 1 1	(0) 2010	(0) 2010	(1) 1014
1	Gifts, grants, contributions, and membership fees	272 225				_	
2	received (Do not include any "unusual grants")  Gross receipts from admissions, merchandise	978, 295	467,117	1,058,246		0	2,503,658
•	sold or services performed, or facilities						
	,						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose	53,467,953	23,141,760	44,860,244	51,180,600	52,834,545	225,485,102
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						0
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						ó
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge	-					0
6	Total. Add lines 1 through 5	54,446,248	23,608,877	45,918,490	51,180,600	52,834,545	227,988,760
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						0
•	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
	Add lines 7a and 7b	Min Vi trans	ş				0
8	Public support. (Subtract line 7c from			5. A 19.			
	tion D. Total Support		4 , , , , , , , , , , , , , , , , , , ,	4 30.00 mile 10.00	1.	0.7.439437.1	227,988,760
	tion B. Total Support	(a) 2012	(b) 2012	(n) 2014	(4) 2015	(2) 2016	(f) Total
_	ndar year (or fiscal year beginning in)	, ,	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	54,446,248	23,608,877	45,918,490	51,180,600	52,834,545	227,988,760
IVa	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	125,780	79,185	244,082	100,626	86,253	635,926
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						00
	Add lines 10a and 10b	125,780	79,185	244,082	100,626	86,253	635,926
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						0
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI ) ATCH 4	2,426,728	1,065,976	4,623,564	4,591,976	8,311,500	21,019,744
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	<del></del>	24,754,038	50,786,136	55,873,202	61,232,298	249,644,430
14	First five years. If the Form 990 is t						
	organization, check this box and stop here						▶ [
	tion C. Computation of Public Sup					· · · · · · · · · · · · · · · · · · ·	01 22
15	Public support percentage for 2016 (line 8					15	91 33 %
16	Public support percentage from 2015 Scho					16	93 26%
	tion D. Computation of Investmen					1	25.00
17	Investment income percentage for 2016 (li	•	•			17	25 %
18	Investment income percentage from 2015					18	28 %
19 a	331/3% support tests - 2016 If the or						
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2015 If the orga	anization did not	check a box on I	ine 14 or line 19	a, and line 16 is	more than 331/3	t% and
	• •						
	line 18 is not more than 331/3%, check Private foundation If the organization	this box and st	t <b>op here</b> The org	ganization qualifie	es as a publicly	supported organi	zation 🕨 🗌

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## Part IV

#### Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answe (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes, answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and Ell numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support of benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributo (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benef from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings)

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$\overline{}$	ule A (Form 990 or 990-EZ) 2016			Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		1	ł
ā	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b	<u> </u>	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	Ĺ	<u> </u>
Secti	ion B. Type I Supporting Organizations		\\\-	
		Γ—	res	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		5	}-;·
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	× '.		ji.
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	热点		
	controlled the organization's activities If the organization had more than one supported organization,	1/2 - F	多角	뢣付
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	ئے۔ <b>1</b>	<u> </u>	<u>表"方</u>
2	Did the organization operate for the benefit of any supported organization other than the supported		a payer	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	2 4	54	
	supervised, or controlled the supporting organization.	2		<u> </u>
Secti	ion C. Type II Supporting Organizations		,	,
		<u> </u>	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Se ve	47.5	34:
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		6.74	變例
	or management of the supporting organization was vested in the same persons that controlled or managed	ند شد		Pail
	the supported organization(s)	1_	Ĺ	<u> </u>
Secti	on D. All Type III Supporting Organizations		r	T
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	<u> </u>	Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	1		
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously		مد يكثف	2 1
	provided?	1	à «;;	- 37
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	, 5° ;	1	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	- "		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	-	<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a	***	<i>#</i>	* . * :
	significant voice in the organization's investment policies and in directing the use of the organization's	* s	); "	<b>*</b>
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	š		<u> </u>
	<del></del>	3	L	L
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
a L	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
b		motern	otion ol	,
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	แรยน		No
2	Activities Test Answer (a) and (b) below.		162	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	]		]
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	]		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	-	[	{
	that these activities constituted substantially all of its activities.	2a_	ļ	<b>├</b>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	[		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1	1	[
	reasons for the organization's position that its supported organization(s) would have engaged in these		ĺ	
	activities but for the organization's involvement	2b	ļ	ļ
3	Parent of Supported Organizations Answer (a) and (b) below.	1	1	}
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1	1	ł
	trustees of each of the supported organizations? Provide details in Part VI.	3a	ļ	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	ł	1	1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	<u></u>	<u> </u>
	Schedule A (Form	000	OOO E	71 2046

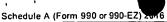
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizatio	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	1	""。 <b>"我</b> 我们的正是我们,我	
instructions for short tax year or assets held for part of year).	4	edition and	40 × 10 × 10 × 10
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		1
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	1 1/2	的人类的"产品"的"产品"的"产品"的"产品"的"产品"的"产品"的"产品"的"产品"	No. West of Land
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	(	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	* 1 % % * 2 , 1 ;	
2 Enter 85% of line 1	2	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	(3. )	
4 Enter greater of line 2 or line 3.	4	* ,	
5 Income tax imposed in prior year	5	8' '	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			,
emergency temporary reduction (see instructions)	_ 6		
7 Check here if the current year is the organization's first as a non-functional	ly inte	grated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions)

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions	<del></del>		Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets		<del></del>	
5	Qualified set-aside amounts (prior IRS approval required)		·	
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			•
9	Distributable amount for 2016 from Section C, line 6	<del></del>		
10	Line 8 amount divided by Line 9 amount			
		, m	(ii)	(iii)
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016	* * * * * * *		
2	(reasonable cause required-explain in Part VI) See			,
2	instructions.			
3	Excess distributions carryover, if any, to 2016:	, ,,,	, 3 , 2 ,	
	Excess distributions carryover, if any, to 2010.		* ',' · · ·	
<u>a</u> 				· · · · · · · · · · · · · · · · · · ·
C	From 2013			, 5K 4 1
d	From 2014			
e	From 2015	* * * * *		· · · · · · · · · · · · · · · · · · ·
f	Total of lines 3a through e	* - * · * · · · · · · * * · · · * * ·		
	Applied to underdistributions of prior years		(m) A M M M	
g h	Applied to 2016 distributable amount	47 1 40 40 10		· · · · · · · · · · · · · · · · · · ·
<u></u>	Carryover from 2011 not applied (see instructions)			
<del>-</del>	Remainder Subtract lines 3g, 3h, and 3i from 3f	<u> 25 , 12                                </u>		
<del></del>	Distributions for 2016 from	*		
7	Section D, line 7: \$			
a	Applied to underdistributions of prior years		^ , 8	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
<u>_</u> _	Applied to 2016 distributable amount		r 4 3 2 2	
	Remainder Subtract lines 4a and 4b from 4	* ×	* ', % *	<u></u>
5	Remaining underdistributions for years prior to 2016, if	* * * * * * * * * * * * * * * * * * * *	<del></del>	<u> </u>
J	any. Subtract lines 3g and 4a from line 2 For result	*		
	greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h	,		
v	and 4b from line 1 For result greater than zero, explain in	·		
	Part VI See instructions.	ļ		}
7	Excess distributions carryover to 2017 Add lines 3	<u></u>		
•	and 4c			
8	Breakdown of line 7	<del> </del>		
<u>о</u>	DICERCOWIT OF BITC 1		<del> </del>	
	Excess from 2013	<del> </del>	<del></del>	
	Excess from 2014	<del> </del>		
<del>C</del> _				
<u>u</u> _				<u> </u>
_				i

Schedule A (Form 990 or 990-EZ) 2016



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

MEMBERS OF HIGHMARK HEALTH GROUP (18)

PUBLIC CHARITY STATUS

ALLEGHENY HEALTH NETWORK. STATUS 12, TYPE 1

ALLEGHENY SINGER RESEARCH INSTITUTE STATUS 4

ALLEGHENY CLINIC: STATUS 3

ALLE-KISKI MEDICAL CENTER. STATUS 3

ALLE-KISKI MEDICAL CENTER TRUST: STATUS 12, TYPE 1

CANONSBURG GENERAL HOSPITAL: STATUS 3

CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE: STATUS 9

FORBES HEALTH FOUNDATION STATUS 7

THE WESTERN PENNSYLVANIA HOSPITAL FOUNDATION. STATUS 12, TYPE 1

WEST PENN ALLEGHENY HEALTH SYSTEM, INC STATUS 3

ALLEGHENY CLINIC MEDICAL ONCOLOGY STATUS 12, TYPE 1

JEFFERSON REGIONAL MEDICAL CENTER. STATUS 3

SAINT VINCENT FOUNDATION FOR HEALTH & HUMAN SERVICES STATUS 12, TYPE 1

SAINT VINCENT HEALTH CENTER STATUS 3

SAINT VINCENT HEALTH SYSTEM STATUS 12, TYPE 1

SAINT VINCENT MEDICAL ED & RESEARCH INSTITUTE STATUS 9

ALLEGHENY MEDICAL PRACTICE NETWORK STATUS 3

SAINT VINCENT AFFILIATED PHYSICIANS STATUS 9

Part VI

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

SCHEDULE A, PART I

REASON FOR PUBLIC CHARITY STATUS

NOTE THAT THE MAJORITY OF THE 18 ENTITIES WITHIN HIGHMARK HEALTH GROUP

ARE REGISTERED AS HOSPITAL ENTITIES. HOWEVER, SOME ENTITIES ARE ALSO

EXEMPT AS ORGANIZATIONS THAT RECEIVE A SUBSTANTIAL PART OF SUPPORT FROM A

GOVERNMENTAL UNIT OR GENERAL PUBLIC, SECTION 509 (A) (2) ORGANIZATIONS

SUPPORTED BY CONTRIBUTIONS, DUES, AND CONDUCT OF EXEMPT FUNCTION

ACTIVITIES; SECTION 509 (A) (3) SUPPORTING ORGANIZATIONS, AND MEDICAL

RESEARCH ORGANIZATIONS OPERATED IN CONJUNCTION WITH A HOSPITAL. ALL

REQUIRED PARTS OF SCHEDULE A ARE COMPLETED FOR THE RESPECTIVE ENTITIES

INVOLVED.

SCHEDULE A, PART IV - SUPPORTING ORGANIZATIONS

AS PER THEIR RESPECTIVE GOVERNING DOCUMENTS, ST VINCENT HEALTH SYSTEM, ST. VINCENT FOUNDATION FOR HEALTH AND HUMAN SERVICES, ALLEGHENY CLINIC MEDICAL ONCOLOGY, ALLEGHENY HEALTH NETWORK, THE WESTERN PENNSYLVANIA HOSPITAL FOUNDATION, AND ALLE-KISKI MEDICAL CENTER TRUST SUPPORT THE FOLLOWING 501(C)(3) HOSPITAL AFFILIATES

- ALLE-KISKI MEDICAL CENTER
- CANNONSBURG GENERAL HOSPITAL
- ALLEGHENY GENERAL HOSPITAL
- THE WESTERN PENNSYLVANIA HOSPITAL
- FORBES REGIONAL HOSPITAL
- JEFFERSON REGIONAL MEDICAL CENTER
- SAINT VINCENT HEALTH CENTER



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

HIGHMARK HEALTH GROUP'S GOVERNING DOCUMENTS PROVIDE THAT SUPPORTED

ORGANIZATIONS INCLUDE ALL SECTION 509(A)(1) AND 509(A)(2) HOSPITAL

AFFILIATES OF HIGHMARK HEALTH GROUP

				ATTACHMENT	1
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED OF				
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
SAINT VINCENT HEALTH CENTER	25-0965547	3	x	325,276,429	0
SAINT VINCENT HEALTH SYSTEM	25-1406710	3	x	0	0
WEST PENN ALLEGHENY HEALTH SYSTEM, INC	25-0969492	3	x	1,220,009,808	0
ALLE-KISKI MEDICAL CENTER	25-1875178	3	x	100,142,532	0
ALLEGHENY SINGER RESEARCH INSTITUTE	25-1320493	4	x	27,031,250	0
CANONSBURG GENERAL HOSPITAL	25-1737079	3	x	47,918,132	0
ALLEGHENY MEDICAL PRACTICE NETWORK	25-1838457	3	x	2,848,459	0
ALLEGHENY SPECIALTY PRACTICE NETWORK	25-1838458	3	x	513,326,992	0
WESTERN PENNSYLVANIA HOSPITAL FOUNDATION	25-1470766	3	x	970,954	0
SUBURBAN HEALTH FOUNDATION	25-1470766	3	x	0	0
FORBES HEALTH FOUNDATION	25-1798379	10	x	355,790	0
CANONSBURG GENERAL HOSPITAL	25-1260215	3	х	1,172,113	0
JEFFERSON REGIONAL MEDICAL CENTER	25-1260215	3	x	223,421,570	0
ALLEGHENY HEALTH NETWORK	45-3674924	3	×	9,193,701	0
TOTAL AMOUNT OF SUPPORT				2,471,667,730.	

Schedule A (Form 990 or 990-EZ)

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

					ATTACHMENT :	2
SCHEDULE A, PART II -	OTHER INCOME					
DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
OTHER INCOME	2,426,728	1,065,976	4,623,564	359,600		8,475,868
QUALITY INCENTIVE PROGRAMS				2,823,073		2,823,073
SERVICE REVENUE				784,046		784,046
MD VIP CONCIERGE PAYMENTS				304,381		304,381
MEANINGFUL USE				179,692		179,692
SUBSCRIPTION REVENUE				68,980		68,980
INSURANCE INCENTIVES				57,204		57,204
MEDIVAN				15,000		15,000
CONTRACT PROFESSIONAL FEES					4,120,565	4,120,565
OTHER MISC					4,066,866	4,066,866
PARKING					124,069	124,069
TOTALS	2,426,728	1,065,976	4,623,564	4,591,976	8,311,500	21,019,744

	_	 	 	
ATTACHMENT	3			
		 	 	_

SCHEDULE A, PART II - FACTS AND CIRCUMSTANCES TEST

FORBES HEALTH FOUNDATION CHANGED ITS PUBLIC CHARITY STATUS IN 2017 THE ORGANIZATION DOES NOT PASS THE PUBLIC SUPPORT TEST FOR 2016 DUE TO THE FACT THAT IT WAS CHANGING ITS OPERATIONS AND STATUS TO MORE APPROPRIATELY FUNCTION AS A SUPPORTING ORGANIZATION THE IRS REVIEWED Schedule A (Form 990 or 990-EZ)

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

ATTACHMENT 3 (CONT'D)

THE FORBES HEALTH FOUNDATION APPLICATION AND DETERMINED THAT IT QUALIFIES AS A PUBLIC CHARITY DESCRIBED IN SECTION 509(A)(3). FORBES HEALTH FOUNDATION STARTING ON THE 2017 FORM 990 WILL FILE AS A SUPPORTING ORGANIZATION PROSPECTIVELY.

				<u> </u>	ATTACHMENT 4						
SCHEDULE A, PART III - OTHER INCOME											
DESCRIPTION	2012	2013	2014	2015	2016	TOTAL					
OTHER INCOME	2,426,728	1,065,976	4,623,564	359,600		8,475,868					
QUALITY INCENTIVE PROGRAMS				2,823,073		2,823,073					
SERVICE REVENUE				784,046		784,046					
MD VIP CONCIERGE PAYMENTS				304,381		304,381					
MEANINGFUL USE				179,692		179,692					
SUBSCRIPTION REVENUE				68,980		68,980					
INSURANCE INCENTIVES				57,204		57,204					
MEDIVAN				15,000		15,000					
CONTRACT PROFESSIONAL FEES					4,120,565	4,120,565					
OTHER MISC					4,066,866	4,066,866					
PARKING					124,069	124,069					
TOTALS =	2,426,728	1,065,976	4,623,564	4,591,976	8,311,500	21,019,744					

## SCHEDULE C (Form 990 or 990-EZ)

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

	(see separate instructions), then Section 501(c)(4), (5), or (6) orga				
	e of organization	anizations. Complete Fait in	<del></del>	Employer ide	ntification number
	HMARK HEALTH GROUP			82-1406	
		organization is exempt under	section 501(c) or i		
1		organization's direct and indirect p			
•	of "political campaign activity	•	omiosi sampaign as		
2	· · · · · · · · ·	xpenditures (see instructions)		▶ \$	
3		campaign activities (see instruction			
_	t B Complete if the o	organization is exempt under s	section 501(c)(3).	<del></del>	
1		cise tax incurred by the organizatio		5 <b>&gt;</b> \$	
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
_					
	If "Yes," describe in Part IV.				
	t I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	).
1		expended by the filing organization			<del></del>
•					
2		ng organization's funds contributed			
_		es			
3		enditures. Add lines 1 and 2. En			
•					
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	Enter the names, addresses	and employer identification numb	er (EIN) of all section	on 527 political organiza	ations to which the filing
		s. For each organization listed, en			
		tributions received that were prom			
	as a separate segregated fur	nd or a political action committee (I	T		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			]	filing organization's funds If none, enter -0-	contributions received and promptly and directly
				i fullos fi fiorie, enter -o-	delivered to a separate
			}		political organization If
		<del> </del>	}		none, enter -0-
(1)					,
•					1
(2)					
	1				
(3)					
(4)					
, ,		,	1		
(5)					
` '			ĺ		
(6)					
. ,			1		

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

Schedule C (Form 990 or 990-EZ) 2016

,						' Page <b>2</b> '	
_	art II-A Complete if the organ	nization is exem	npt under section	501(c)(3) and 1	filed Form 5768 (elec		
	section 501(h)).						
Ą	Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).						
B Check ▶ if the filing organization checked box A and "limited control" provisions apply.							
	Limits on		(a) Filing organization's totals	(b) Affiliated group totals			
_	(The term "expenditures" means amounts paid or incurred.)				Organization's totals	group totals	
	Total lobbying expenditures to influence public opinion (grass roots lobbying)  Total lobbying expenditures to influence a legislative body (direct lobbying)						
	Total lobbying expenditures (add lines 1a and 1b)						
	Other exempt purpose expenditures						
	Total exempt purpose expenditures (add lines 1c and 1d)						
7	Lobbying nontaxable amount Enter the amount from the following table in both columns						
	If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:						
	Not over \$500,000	20% of the a	mount on line 1e.				
	Over \$500,000 but not over \$1,000,00	<del></del>	us 15% of the excess			ĺ	
	Over \$1,000,000 but not over \$1,500,	,000 \$175,000 pl	us 10% of the excess	over \$1,000,000			
	Over \$1,500,000 but not over \$17,000	0,000 \$225,000 pl	us 5% of the excess o	/er \$1,500,000		-	
	Over \$17,000,000	\$1,000,000					
ç	g Grassroots nontaxable amount (enter 25% of line 1f)						
ł	h Subtract line 1g from line 1a. If zero or less, enter -0						
i	Subtract line 1f from line 1c. If zero or less, enter -0						
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720						
reporting section 4911 tax for this year? Yes							
			aging Period Under				
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.							
See the separate instructions for lines 2a through 2f.)							
Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total	
2	a Lobbying nontaxable amount						
	<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))						
	c Total lobbying expenditures			·			
	d Grassroots nontaxable amount						
_	e Grassroots ceiling amount (150% of line 2d, column (e))						

Schedule C (Form 990 or 990-EZ) 2016

f Grassroots lobbying expenditures



Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(:	a)		(b)	
	cription of the lobbying activity	Yes	No		Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or		}	ĺ		ì
	referendum, through the use of:	-	x			
a	Volunteers?	X	<del></del>	İ		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	<u> </u>	X			
c d	Media advertisements?	<u> </u>	Х			
e	Publications, or published or broadcast statements?		Х			
f	Grants to other organizations for lobbying purposes?	J	Х			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	1			39	4,133
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	L	Х			
i	Other activities?	<u> </u>	Х	<u> </u>		
j	Total Add lines 1c through 1i			<del> </del>		4,133
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	1	Х	نمگد		<u> </u>
b	If "Yes," enter the amount of any tax incurred under section 4912		*	<del> </del>		<del></del>
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		<u>`</u> -	h		1
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<u> </u>		* * * 3	\$ 68 6
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(0)(5	, or s	ection		
	301(c)(0).				Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by members?			Γ	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3	
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 501					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"				line 3, i	s
	answered "Yes."			,		
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amo	unts	of	\ , \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	political expenses for which the section 527(f) tax was paid).			* * a		
а	Current year			2a		
b	Carryover from last year			2b		
C	Total			2c		
<b>′3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible	obbyi	ng	4		
5	and political expenditure next year?	• • •	• • •	5		<del></del>
	rt IV Supplemental Information	<del></del>	• • •			
Pro	ande the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliate see instructions), and Part II-B, line 1. Also, complete this part for any additional information	ed gro	up list	i), Part II	-A, lines	1 and
SE	E PAGE 4					

### Part IV Supplemental Information (continued)

LOBBYING ACTIVITY

SCHEDULE C, PART II-B, LINE 1G

HIGHMARK HEALTH GROUP MANAGEMENT, AS NEEDED, WILL MAKE CONTACT WITH ELECTED AND APPOINTED OFFICIALS AT THE FEDERAL, STATE AND LOCAL LEVELS. THIS CONTACT IS NECESSARY TO PROMOTE LEGISLATIVE ACTIONS WITH RESPECT TO HEALTHCARE RELATED ISSUES THAT COULD IMPACT THE ORGANIZATION AND HAVE ADVERSE CONSEQUENCES FOR THE COMMUNITIES WE SERVE

### **SCHEDULE D** (Form 990)



OMB No 1545-0047

Open to Public Inspection

# Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

Department of the Treasury Internal Revenue Service Name of the organization

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

1101111	s of the organization		Linployer ruentaneation number		
HIG	SHMARK HEALTH GROUP		82-1406555		
Pa	Organizations Maintaining Donor Ad	vised Funds or Other Similar Funds or	Accounts.		
	Complete if the organization answered	d "Yes" on Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor	or advisors in writing that the assets held i	n donor advised		
,	funds are the organization's property, subject to the	_	1 1 1		
6	Did the organization inform all grantees, donors,	-			
Ū	only for charitable purposes and not for the ben				
D-	conferring impermissible private benefit? art II Conservation Easements.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
L e	Complete if the organization answere	d "Ves" on Form 990 Part IV line 7			
1	Purpose(s) of conservation easements held by the				
•	Preservation of land for public use (e.g., re	- []	of a historically important land area		
	Protection of natural habitat	. [-1	of a certified historic structure		
	[ <del>-</del> ]		n a certified historic structure		
2	Preservation of open space Complete lines 2a through 2d if the organization	hold a gualified concentration contribution in	the form of a generalization		
2			Held at the End of the Tax Year		
	easement on the last day of the tax year	<u> </u>	**************************************		
a ,	Total number of conservation easements	ţ	2a		
b	Total acreage restricted by conservation easemen		26		
C	Number of conservation easements on a certified		_2c		
đ	Number of conservation easements included in				
	historic structure listed in the National Register.		2d		
3	Number of conservation easements modified, tra	ansferred, released, extinguished, or termina	ated by the organization during the		
	tax year				
4	Number of states where property subject to cons				
5	Does the organization have a written policy re				
	violations, and enforcement of the conservation e				
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing cons	servation easements during the year		
	<b>&gt;</b>				
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violations, and enforcing co	inservation easements during the year		
	<b>&gt;</b> \$				
8	Does each conservation easement reported on line	• •			
	and section 170(h)(4)(B)(II)?		Yes No		
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the				
	• •		al statements that describes the		
	organization's accounting for conservation easem	<del> </del>			
Pa	organizations Maintaining Collection		Similar Assets.		
	Complete if the organization answere				
1a	If the organization elected, as permitted under sworks of art, historical treasures, or other sim	SFAS 116 (ASC 958), not to report in its r	evenue statement and balance sheet		
	public service, provide, in Part XIII, the text of the	footnote to its financial statements that desc	cribes these items		
ь	If the organization elected, as permitted under				
_	works of art, historical treasures, or other sim	ilar assets held for public exhibition, educ	cation, or research in furtherance of		
	public service, provide the following amounts rela	ating to these items			
	(i) Revenue included in Form 990, Part VIII, line				
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$		
2	If the organization received or held works of				
	following amounts required to be reported under	SFAS 116 (ASC 958) relating to these items	•		
а	Revenue included in Form 990, Part VIII, line 1.		▶ \$		
<u>b</u>	Assets included in Form 990, Part X	<u> </u>	<b>▶</b> \$		

Schedule	0	Form	9901	2016	

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Page Z
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Par	t III Organizations Maintaini	ng Collections of	Art, Historical T	reasures,	or Other S	Similar Asse	ts (continued)
3	Using the organization's acquisition						
	collection items (check all that apply)						
а	Public exhibition d Loan or exchange programs						
b	Scholarly research e Other						
c	Preservation for future gene	rations	٠ ـــــا ٥٠٠٠٠٠٠				
4	Provide a description of the organ		and explain how	hev further	the organiz	ation's exemn	t nurnose in Part
	XIII.		and explain non	inoy ronnion	the organiz	anomo exemp	r parpood iii i air
5	During the year, did the organization	on solicit or receive d	lonations of art hist	orical treasu	res or other	similar	
•	assets to be sold to raise funds rath					_	Yes No
Par	t IV Escrow and Custodial Ar		anied as part of the	organization	3 conection:	<del> </del>	163 1 100
L GI	Complete if the organizate 990, Part X, line 21.	~	s" on Form 990, P	art IV, line 9	9, or reporte	ed an amoun	t on Form
1a	Is the organization an agent, truste	e, custodian or othe	er intermediary for o	ontributions	or other asse	ets not	
	included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement i	n Part XIII and comp	lete the following tal	ole:			
	, ,		Ŭ			Amount	
С	Beginning balance			10			
ď	Additions during the year						· - · · · · · · ·
e	Distributions during the year				<del></del>	<del></del>	
f	Ending balance						
2a	Did the organization include an am				stodial acco	unt liability?	Yes No
	If "Yes," explain the arrangement i						
Par						<u> </u>	• • • • • • • • • • • • • • • • • • • •
	Complete if the organizat	ion answered "Yes	" on Form 990. Pa	art IV. line 1	10.		
		(a) Current year	(b) Prior year	(c) Two year		Three years back	(e) Four years back
4.	Decimen of veer helenes	308,814,600.	323,361,457.	326,684,		,575,761.	322,807,838
1a	Beginning of year balance	2,837,500.	11,096,627.	9,767		,886,147.	7,315,679
þ	Contributions			,,,,,,,,,		, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
¢	Net investment earnings, gains,	14,793,538.	-9,567,841.	18,431,	806 -8	,533,746	27,353,441
	and losses	11,73,030.	3,331,3121	- 10, 101,		70337 - 10	27,000,111
	Grants or scholarships			<del> </del>			<del> </del> -
е	Other expenditures for facilities		16,129,681.	30,720,	168   15	,795,656	16,266,551
	and programs	-810,831	718,696	<del></del>	, 360	447,790	634,646
	Administrative expenses	327, 256, 469.	308,041,866.	323, 361,		,684,716.	340,575,761
g	End of year balance	——————————————————————————————————————	L	L		1,004,710.	340,373,761
	Provide the estimated percentage Board designated or quasi-endown	nent ▶ <u> </u>	end balance (line 1g, _%	column (a))	held as		
	Permanent endowment ▶ 7 (						
С	Temporarily restricted endowment	· ———					
	The percentages on lines 2a, 2b, a	•					
3 a	Are there endowment funds not in	the possession of the	ne organization that	are held an	d administere	ed for the	
	organization by						Yes No
	(i) unrelated organizations						3a(i) X
	(ii) related organizations						3a(ii) X
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as required on Sch	edule R?			3b
4_	Describe in Part XIII the intended in	uses of the organiza	tion's endowment fu	nds			
Par	t VI Land, Buildings, and Equ	ipment.	" 5 000 5		44 0 5	000 5	
	Complete if the organiza				(c) Accumula		t X, line 10. d) Book value
	Description of property	(a) Cost or (inves		or other basis other)	depreciation		a) Book value
1a	Land		37,2	276,087			37,276,087
	Buildings		519,1	61,981.	107,296,9	93	411,864,987
С	Leasehold improvements		25,	782,571	7,550,6	526	18,231,945
d	Equipment				235,615,0		286,467,227
	Other			966,936	15,273,4		132,693,459
	I. Add lines 1a through 1e (Column		<del> </del>				886,533,705



Part VII	Investments	Other	Securities
r art vii	mive2fillelif2	- Omer	Securities.

Complete if the	organization anguare	d "Voc" on Form	000 Part IV line	11h Son Form C	On Bort V line 12
Complete ii the	organization answere	a res on Form	ı 990. Part IV. Ilne	TID. See Form 9	190. Part X. line 12

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

### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

ATTACHMENT 1 (a) Description	(b) Book value
(1) BENEFICIAL INTERESTS	187,670,698.
(2) INTERCOMPANY RECEIVABLES	135,431,969
(3) EQUITY INVESTMENTS	24,563,433
(4) MALPRACTICE RECEIVABLE	94,761,948
(5) OTHER ASSETS	33,464,571
(6) SELF INSURANCE CAPITALIZATION	2,954,145
(7) TOBACCO SETTLEMENT	2,547,060
(8) ROSS DEVELOPMENT	853,648.
(9) FEDERAL PRINCIPAL	436,812.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	▶ 482,919,284

### Part X Other Liabilities.

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

1 (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PENSION FUNDING	438,879,429
(3) L/T DEBT HIGHMARK	318,400,000
(4) MEDICAL MALPRACTICE LIABILITY	141,254,698
(5) 457B PLAN LIABILITY	23,325,821
(6) SWAP LIABILITY	12,264,917
(7) ASBESTOS RETIREMENT OBLIGATION	9,140,971
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	943,265,836

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

JSA 6E1270 1 000 1549KO 649R

Schedule D (Form 990) 2016



Part )	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1.
1	Total revenue, gains, and other support per audited financial statements	1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
	Net unrealized gains (losses) on investments	
	Donated services and use of facilities	
	Donated Services and use of lacinities	
C 	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	2e
	Add lines 2a through 2d	3
	Subtract line 2e from line 1	<del> </del>
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b	
	other (become in all Air)	-
	Add lines 4a and 4b	4c
5 Part	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	<del></del>
r ait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	* 5.
	Donated services and use of facilities	, '
	Prior year adjustments	*
	Other losses	,
	Other (Describe in Part XIII )	*, a.u. *, a.u. *, u.u.
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII )	
_	Add lines 4a and 4b	4c
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
Part	XIII Supplemental Information.	
2, Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional inforr PAGE 5	nation.
		<del> </del>

JSA

SCHEDULE D, PART V

INTENDED USE OF ENDOWMENT FUNDS

THE INTENDED USES OF THE PERMANENT AND TERM ENDOWMENTS ARE FOR BUT NOT EXCLUSIVE TO. CAPITAL IMPROVEMENTS, RESEARCH, EDUCATION, NURSING ACTIVITIES, DEPARTMENTAL NEEDS, OPERATING EFFICIENCIES, AND OVERALL PATIENT CARE. THE EARNINGS OFF OF THE PERMANENT ENDOWMENT ARE EXPENDABLE, BASED ON THE SPECIFIC USE OF THE FUND.

HIGHMARK HEALTH GROUP HAS UPDATED THE ENDOWMENT FUNDS SCHEDULE REPORTED ON PART V TO PROPERLY INCLUDE ALL UNRESTRICTED, TEMPORARILY RESTRICTED, AND PERMANENTLY RESTRICTED ENDOWMENT FUNDS. THE AMOUNTS REPORTED ON THE 2016 RETURN HAVE RECALCULATED THE PRIOR YEARS (2012-2015) TO REFLECT THIS CHANGE

INCLUSION IN CONSOLIDATED AFS

HIGHMARK HEALTH GROUP DOES NOT ISSUE INDEPENDENT AUDITED FINANCIAL STATEMENTS. HIGHMARK HEALTH GROUP IS A COMPONENT OF A CONSOLIDATED AUDITED FINANCIAL STATEMENT

SCHEDULE D, PART X, LINE 2

ASC 740 FOOTNOTE

HIGHMARK HEALTH RECORDS UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH FASE

ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES ASC 740

CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES BY DEFINING

CRITERIA THAT A TAX POSITON ON AN INDIVIDUAL MATTER MUST MEET BEFORE THAT

POSITION IS RECOGNIZED ASC 740 ALSO PROVIDES GUIDANCE ON MEASUREMENT,

CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE AND ACCOUNTING IN

### Part XIII Supplements information (continued)

INTERIM PERIODS BASED ON AN ANALYSIS PREPARED BY HIGHMARK HEALTH, IT WAS DETERMINED THAT THE APPLICATION OF FASB ASC 740 HAD NO MATERIAL EFFECT ON THE RECORDED ASSETS AND LIABILITIES OF HH ON A STANDALONE BASIS. AN EXTERNAL AUDIT IS COMPLETED AT A CONSOLIDATED HIGHMARK SYSTEM LEVEL ONLY, INCLUDING HIGHMARK HEALTH AND ALL TAXABLE AND TAX-EXEMPT SUBSIDIARIES.

ATTACHMENT 1

SCHEDULE D, PART IX - OTHER ASSETS

DESCRIPTION

BOOK VALUE

LETTER OF CREDIT

235,000

TOTALS

482,919,284.

### **SCHEDULE G** (Form 990 or 990-EZ)

## applemental Information Regarding Fundraising or Gaming Activ



Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV Form 990-EZ filers are not required to complete this part.  1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations	
Form 990-EZ filers are not required to complete this part.  1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a Mail solicitations  b Internet and email solicitations  c Phone solicitations  g Solicitation of government grants  Special fundraising events	/, line 17.
Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a Mail solicitations b Internet and email solicitations c Phone solicitations g Special fundraising events	
a Mail solicitations b Internet and email solicitations c Phone solicitations g Solicitation of non-government grants Solicitation of government grants Special fundraising events	
b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events	
c Phone solicitations g Special fundraising events	
d in-person solicitations	
20 Did the exampleation have a written are evaluate ement with any individual (including efficiency directors true)	tono
<ul> <li>Did the organization have a written or oral agreement with any individual (including officers, directors, trust or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services</li> <li>If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which compensated at least \$5,000 by the organization.</li> </ul>	? X Yes No
(i) Name and address of individual or entity (fundraiser)  (ii) Activity  (iii) Did fundraiser have custody or control of contributions?  (iv) Gross receipts from activity fundraiser list col (i)	by) (or retained by)
Yes No	
1	
ATTACHMENT 1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
Total	000 309,075
3 List all states in which the organization is registered or licensed to solicit contributions or has been no	
registration or licensing	·
<del></del>	
· · · · · · · · · · · · · · · · · · ·	

Schedule G (Form 990 or 990-EZ) 2016

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

			(a) Event #1 GOLF CLASSIC	(b) Event #2 ALLEGH CHAPMAN	(c) Other events	(d) Total events (add col. (a) through
4.			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	336,075.	251,532	281,212.	868,819.
α̈́		Less Contributions	234,139	204,477	199,618	638,234
	3	Gross income (line 1 minus line 2)	101,936	47,055.	81,594.	230,585.
	4	Cash prizes		5,600.	1,500	7,100
	5	Noncash prizes	4,923	27,150.	16,371.	48,444.
sesue	6	Rent/facility costs	43,259	17,273	43,913.	104,445
Direct Expenses	7	Food and beverages	37,426	18,898.	18,142	74,466.
Dire	8	Entertainment ,	1,000.		0	1,000
	9	Other direct expenses	36,110.	9,492	61,855.	107,457.
		Direct expense summary. Add lines 4 Net income summary. Subtract line 1				342,912
Pa	rt li	Gaming, Complete if the orga	anization answered "Y			orted more
		than \$15,000 on Form 990-E	Z, line 6a.	<del>[</del>	<u></u>	<u> </u>
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
_	5	Other direct expenses				
		Volunteer labor	Yes%	Yes%	Yes %	
	7	Direct expense summary Add lines 2	2 through 5 in column (d)	)		
	8	Net gaming income summary Subtra	act line 7 from line 1, col	umn (d)	<u></u>	
9 a	ls	nter the state(s) in which the organizate the organization licensed to conduct of "No," explain.		of these states?		. Yes No
	_					
		ere any of the organization's gaming l	licenses revoked, suspe			. Yes No
						C /Form 000 or 000 E7) 2046

•		•
Sched	Page 3	
11	Does the organization conduct gaming activities with nonmembers?	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	
13	Indicate the percentage of gaming activity conducted in	
а	The organization's facility	
b	An outside facility	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	-
	records.	
	Name ▶	-
	Address ►	-
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
h	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	
D	amount of gaming revenue retained by the third party ► \$	
_	If "Yes," enter name and address of the third party:	
С	n res, enter name and address of the time party.	
	Name ▶	-
	Address ►	-
16	Gaming manager information:	
	Name ▶	-
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	-
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
'' a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
а		
L	retain the state gaming license?	
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$	
		-
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	
	(see instructions).	
	<u></u>	-
SCH	DULE G, PART II, LINE 11	
THE	HIGHMARK HEALTH GROUP REPORTS A NET LOSS OF \$112,327 ON ITS SPECIAL	
EVE	TS. THE NET LOSS IS STRICTLY A FUNCTION OF HOW THE ORGANIZATION IS	
REQ	IRED TO REPORT THE EVENTS IN FORM 990 AND SCHEDULE G THE EVENTS	
REP	RTED COMBINED TO GENERATE \$638,234 OF CONTRIBUTION REVENUE THIS	
REV	NUE IS NOT FACTORED INTO THE LOSS OF \$112,237 IF WE WERE TO FACTOR	
	WE COMMEND THE THE THE THE THE THE THE THE THE THE	
TN,	HE CONTRIBUTION REVENUE, THE TRUE NET AMOUNT RAISED FROM THESE EVENTS	

Schede	edule G (Form 990 or 990-EZ) 2016	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	· (
	formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in	
а	· / / / / / / / / / / / / / / / / / / /	<u>%</u>
ь		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ▶	
	Address ►	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	]v [] u.
b	, , , , , , , , , , , , , , , , , , , ,	j res No
С	amount of gaming revenue retained by the third party ▶ \$  If "Yes," enter name and address of the third party:	
	Name ▶	
	Address ▶	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
b	retain the state gaming license?	Yes No
~	or spent in the organization's own exempt activities during the tax year ▶ \$	
Par	<b>Supplemental Information.</b> Provide the explanation required by Part I, line 2b, columns (iii) and (v) Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informa (see instructions).	and tion
WOU	JLD BE \$525,907.	
	Schedule G (Form 9	90 or 990-EZ) 2016

### **SCHEDULE H** (Form 990)

### **Hospitals**

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990. ▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Financial Assistance and Certain Other Community Benefits at Cost

Inspection

Yes No

HIGHMARK HEALTH GROUP

**Employer Identification number** 82-1406555

	Did the organization ha			•		estion 6a	1a X							
ь 2		multiple h policy to its to all hospi	iospital fac s various ho tal facilities	ilities, indicate which o espital facilities during th Applie	f the following best de	, ,	1b X							
3	Answer the following the organization's paties				riteria that applied to t	he largest number of								
а	Did the organization u free care? If "Yes," indi	cate which		Guidelines (FPG) as a factorial following was the FPG factorial following was the FPG factorial following factorial following factorial following factorial factorial following factorial			3a X							
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:														
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.														
Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?														
<ul> <li>5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?</li> <li>b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?</li></ul>														
				· · · · · · · · · · · · · · · · · · ·			5b X							
	•				_									
			_		<del>-</del>	•	5c X							
6a	<ul> <li>c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?</li> <li>6a Did the organization prepare a community benefit report during the tax year?</li> <li>b If "Yes," did the organization make it available to the public?</li> </ul>													
							6b X							
	Complete the following	g table us	ng the wo											
				. 5. 5. 10.1										
				<del>`</del>	(d) Direct offsetting	(a) Not community	(f) Percent							
	rinancial Assistance and leans-Tested Government Programs	activities or programs (optional)	served (optional)	benefit expense	revenue	benefit expense	of total expense							
а	Financial Assistance at cost			120 550 491	100 400 006	10 050 575	63							
	(from Worksheet 1)	}		120, 339, 401	109,499,900.	19,039,373								
b	Medicaid (from Worksheet 3, column a)			215,582,271	132,210,685	83,371,586.	2 75							
	Costs of other means-tested government programs (from Worksheet 3, column b)	Programs   Programs   Optional												
	Means-Tested Government Programs			361,599,665	252,789,630.	108,810,035	3 59							
	Other Benefits													
е	Community health improvement services and community benefit operations (from Worksheet 4)			3,785,293	9,848	3,775,445	12							
f	Health professions education													
-	(from Worksheet 5)			75,913,849	27,448,342.	48,465,507	1 60							
a	Subsidized health services (from													
9	Worksheet 6)		1	403,264,113	365,496,264	37,767,849	1 24							

8,835,415

3,030,873

392,954,454

645,744,084

494,829,543

856,429,208

8,835,415

3,030,873

101,875,089

Research (from Worksheet 7) Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . . . .

j Total Other Benefits . . .

29

10

3 35

Schedule H (Form 990) 2016

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			63,820.		63,820.	
4 Environmental improvements						
5 Leadership development and						-
training for community members			1,590.		1,590	
6 Coalition building			202,264.		202,264.	
7 Community health improvement						
advocacy		1	12,983		12,983	
8 Workforce development			10,151.		10,151	
9 Other			43,938.		43,938.	
0 Total			334,746.		334,746	-

Pa	art III Bad Debt, Medicare, & Collection Practices			
Sec	ction A. Bad Debt Expense		Yes	No
1	The time organization report and door expenses in accordance with recurrence interior interio		x	
	Statement No 15?			
4	the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit			
Sec	ction B. Medicare		, \$	
5 6 7	04.006.500			
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.  X Cost accounting system  Cost to charge ratio  Other			
Sec	etion C. Collection Practices	323	.3	
	Did the organization have a written debt collection policy during the tax year?	9a	x	
	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the			
	collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Х	

(a) Name of entity ATTACHMENT 1	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
15148 LIB AVE ASSOC	PROPERTY RENTAL	50 00000		
2ALLEG IMAG OF MCCAND	IMAGING SERVICES	45 00000		
3 OPTIMA IMAGING INC	MEDICAL IMAGING	20 00000		
4FORBES REG UROLOGIC	EQUIPMENT RENTAL	20.00000		
5NORTH SHORE ENDOSCOP	ENDOSCOPY SERVICES	50.00000		45 00000
6MCCANDLESS ENDOSCOPY	ENDOSCOPY SERVICES	50 00000		50 00000
7JV HOLD CO	HOLDING COMPANY	59.61000		
8CELTIC HOSP & PALL	HOSPICE CARE	79 90000		20 10000
9SV PROF BLDG LEASE	RENTAL	17 34000		76 51000
10 WSC REALTY PARTNERS	MEDICAL OFFICE BUILDING	23.49000		73 79000
11 WATERFRONT SURGERY	OUTPATIENT SURGERY	26 21000		
12 JEFFERSON MEDICAL	MEDICAL SERVICES	43 79000		
13 UPMC VNA	HOME HEALTH SERVICES	33 42000		
SA SE 1285 1 000 1 5 4 9 KO 6 4 9 R			Schedule	H (Form 990) 201 PAGE

Schedule H (Form 990) 2016						_				Page 3
Part V Facility Information										
Section A. Hospital Facilities	[	ရှ	5	<sub>ਜ਼</sub>	δ	₽ Pe	뫄	ъ		
(list in order of size, from largest to smallest - see instructions)	License	General medical &	Children's hospital	Teaching hospita	Critical access hospital	Research facility	ER-24 hours	ER-other		
How many hospital facilities did the organization operate during	, E	3	3.	l Bu	acc	3	5	"		
the tax year?7	hospital	ed ic	lsof	g	ess	acılı	3			
Name, address, primary website address, and state license	<u> </u>	<u>a</u>	ital	<u> </u>	Sou	₹				
number (and if a group return, the name and EIN of the		Sun			pital					Facility
subordinate hospital organization that operates the hospital		surgical		l	-	1				reporting
facility)	<u> </u>								Other (describe)	group
1 ALLEGHENY VALLEY HOSPITAL	] 79	01	þ1							
1301 CARLISLE STREET			1							
NATRONA HEIGHTS PA 15065		1		l	ł	İ				
SEE SECTION C FOR WEBSITE										
ALLE-KISKI MEDICAL CENTER 25-1875178		Х					Х			A
_2 CANONSBURG GENERAL HOSPITAL	2 9	<b>9</b> 53	<b>þ</b> 1	ĺ						
100 MEDICAL BOULEVARD				1	ĺ					
CANONSBURG PA 15317										
SEE SECTION C FOR WEBSITE										
CANONSBURG GENERAL HOSPITAL 25-1737079	Х	Х	į			l	Х			Α
3 JEFFERSON REGIONAL MEDICAL CENTER	7:	18	01							
565 COAL VALLEY ROAD, P.O BOX 18119										
PITTSBURGH PA 15236				1						
SEE SECTION C FOR WEBSITE	]									
JEFFERSON REGIONAL MED CTR 25-1260215	X	Х					X		_	
4 SAINT VINCENT HEALTH CENTER	19	60	<b>þ</b> 1							
232 WEST 25TH STREET	]									
ERIE PA 16544	]			j		ļ				
SEE SECTION C FOR WEBSITE			İ							
SAINT VINCENT HEALTH CENTER 25-0965547	X	X		Х	l		Х			
5 ALLEGHENY GENERAL HOSPITAL	5.	301	01							
320 EAST NORTH AVENUE	7	1								i
PITTSBURGH PA 15224										
SEE SECTION C FOR WEBSITE										
WEST PENN ALLEGHENY HEALTH 25-0969492	X	X		Х	Х	Х	Х			Α
6 THE WESTERN PENNSYLVANIA HOSPITAL	2:	344	þ1			ĺ				
4800 FRIENDSHIP AVENUE			}							
PITTSBURGH PA 15224										
SEE SECTION C FOR WEBSITE			1			İ	ł			<u> </u>
WEST PENN ALLEGHENY HEALTH 25-0969492	Х	X		X	X	Х	Х			A
7 FORBES REGIONAL HOSPITAL	3:	111	01							
2570 HAYMAKER ROAD	7									
MONROEVILLE PA 15146										
SEE SECTION C FOR WEBSITE	1	Ì	ĺ	ĺ	ĺ	ĺ				
WEST PENN ALLEGHENY HEALTH 25-0969492	$\mathbf{x}$	Х		Х			Х			Α
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•			, ,	
Schedu	ale H (Form 990) 2016		ı	Page 4
Pari	V Facility Information (continued)			
Section	on B. Facility Policies and Practices			
(Comp	lete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)			
Name	of hospital facility or letter of facility reporting group_A			
	number of hospital facility, or line numbers of hospital ies in a facility reporting group (from Part V, Section A):		Yes	No
Comn	nunity Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the	1		x
2	current tax year or the immediately preceding tax year?	<u> </u>	<del>                                     </del>	<del>                                     </del>
2	the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	1	x
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a	<u> </u>	<del>                                     </del>	
_	community health needs assessment (CHNA)? If "No," skip to line 12	3	x	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
а	X A definition of the community served by the hospital facility			
b	X Demographics of the community			
С	X Existing health care facilities and resources within the community that are available to respond to the			
	health needs of the community			
d	X   How data was obtained			
е	X The significant health needs of the community			
f	X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons,			
	and minority groups		i,x	3
g	X The process for identifying and prioritizing community health needs and services to meet the		**	
_	community health needs  X The process for consulting with persons representing the community's interests			
h	X The impact of any actions taken to address the significant health needs identified in the hospital			
•	facility's prior CHNA(s)			
i	Other (describe in Section C)		14	
, 4	Indicate the tax year the hospital facility last conducted a CHNA· 20 _15_			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent			
_	the broad interests of the community served by the hospital facility, including those with special knowledge of or			1
	expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from			

	persons who represent the community, and identify the persons the hospital facility consulted	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other	
	hospital facilities in Section C	L
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes,"	
	list the other organizations in Section C	
7	Did the hospital facility make its CHNA report widely available to the public?	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)	
а	X Hospital facility's website (list url) SEE SECTION C	

b	Other website (list url).	
c	X   Made a paper copy available for public inspection without charge at the hospital facility	
ď	Other (describe in Section C)	
8	nd the hospital facility adopt an implementation strategy to meet the significant community health nee	eds
	lentified through its most recently conducted CHNA? If "No," skip to line 11	
9	dicate the tax year the hospital facility last adopted an implementation strategy. 20 $rac{15}{2}$	
10	the hospital facility's most recently adopted implementation strategy posted on a website?	

7	indicate the tax year the hospital facility last adopted an implementation strategy. 2020
0	Is the hospital facility's most recently adopted implementation strategy posted on a website?
а	If "Yes," (list url)
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?
1	Describe in Section C how the hospital facility is addressing the significant needs identified in its most
	recently conducted CHNA and any such needs that are not being addressed together with the reasons why

	such needs are not being addressed
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a
	CHNA as required by section 501(r)(3)?
	Mark Burner of the Control of the Co

b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . . . . . .

c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ JSA 6E1287 1 000 1549KO 649R

Section B. Facility Policies and Practices

(Comp	lete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)			
Name	of hospital facility or letter of facility reporting group JEFFERSON REGIONAL MEDICAL CENTER			
	number of hospital facility, or line numbers of hospital lies in a facility reporting group (from Part V, Section A):			
Comn	nunity Health Needs Assessment		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the			
-	current tax year or the immediately preceding tax year?	1	ļ	Х
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or	2		х
3	the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a	-		+
	community health needs assessment (CHNA)? If "No," skip to line 12	3	x	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
а	X A definition of the community served by the hospital facility			
b	X Demographics of the community			
c	X Existing health care facilities and resources within the community that are available to respond to the	- 1		
	health needs of the community		11	3
d	X How data was obtained			
е	X The significant health needs of the community		¥ (3)	
f	X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons,			100
	and minority groups			
g	X The process for identifying and prioritizing community health needs and services to meet the		4	1
	community health needs		14	. 4
h	The process for consulting with persons representing the community's interests		7	
i	X The impact of any actions taken to address the significant health needs identified in the hospital		. \	
	facility's prior CHNA(s)		<b>5</b>	
j	Other (describe in Section C)			1
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15		200	
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or	ł	1	1
	expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from			}
	persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other	<u> </u>		<del>                                     </del>
	hospital facilities in Section C	6a	X	İ
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes,"		]	1
	list the other organizations in Section C	6b		X
7	Did the hospital facility make its CHNA report widely available to the public?	7	Х	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply).			4
а	X Hospital facility's website (list url) SEE SECTION C	. 4	4	1
b	Other website (list url).		10	32
С	X   Made a paper copy available for public inspection without charge at the hospital facility		7	1
d	Other (describe in Section C)		100	
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs		,	1
_	identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2015	10		X
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		
a h	If "Yes," (list url)	10b	X	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most	, 00		
• •	recently conducted CHNA and any such needs that are not being addressed together with the reasons why			
	such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a			
u	CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		T
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form			
	4720 for all of its hospital facilities? \$			



Section B. Facility Policies and Practices

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

Name	of hospital facility or letter of facility reporting group SAINT VINCENT HEALTH CENTER			
	number of hospital facility, or line numbers of hospital			
faciliti	ies in a facility reporting group (from Part V, Section A):		Yes	No
Comn	nunity Health Needs Assessment	178.00		
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the			
•	current tax year or the immediately preceding tax year?	1		х
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or			
_	the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	1	Х
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a			
	community health needs assessment (CHNA)? If "No," skip to line 12	3	Х	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
а	X A definition of the community served by the hospital facility			
b	X   Demographics of the community			
C	X Existing health care facilities and resources within the community that are available to respond to the	Ť		
	health needs of the community			×
d	X How data was obtained	4		3
e	The significant health needs of the community	*S		
f	X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons,			
	and minority groups			
g	X The process for identifying and prioritizing community health needs and services to meet the	17		
	community health needs			1
h	The process for consulting with persons representing the community's interests			*
i	X The impact of any actions taken to address the significant health needs identified in the hospital			4
	facility's prior CHNA(s)	ě.	7	14
j	Other (describe in Section C)	. 4		to:
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent			
	the broad interests of the community served by the hospital facility, including those with special knowledge of or			
	expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from	5	x	
6-	persons who represent the community, and identify the persons the hospital facility consulted	- <del>3</del> -	<u> </u>	<del> </del>
оа	hospital facilities in Section C	6a	Х	
ь	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes,"	08		<u> </u>
U	list the other organizations in Section C	6ь		x
7	Did the hospital facility make its CHNA report widely available to the public?	7	Х	<del>                                     </del>
•	If "Yes," indicate how the CHNA report was made widely available (check all that apply)	. 44	- 50	14
а	X Hospital facility's website (list url): SEE SECTION C	6		
b	Other website (list url)	1./*	100	1
c	X Made a paper copy available for public inspection without charge at the hospital facility	1		L.V
ď	Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs			
	identified through its most recently conducted CHNA? If "No," skip to line 11	8	Х	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2016	104	1	
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	l _	_x
а	If "Yes," (list url)			200
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10Ь	Х	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most	1.00	(A)	
	recently conducted CHNA and any such needs that are not being addressed together with the reasons why	7.00		
	such needs are not being addressed		NE.	
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a			l
	CHNA as required by section 501(r)(3)?	12a	ļ	X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	<u> </u>	1
С	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form	1	£ 18 11	1.4
	_4720 for all of its hospital facilities? \$	1. 28	l 🐒 .	1 8 2

Schedule H (Form 990) 2016

Financial Assistance Policy (FAP)

		pital facility or letter of facility reporting group A		Yes	No
	Did th	e hospital facility have in place during the tax year a written financial assistance policy that.			
13		ned eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Х	
		s," indicate the eligibility criteria explained in the FAP			
а	X	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0000 %			
		and FPG family income limit for eligibility for discounted care of%	:		
b		Income level other than FPG (describe in Section C)			
С	X	Asset level			
d	X	Medical indigency			ŧ
e	×	Insurance status			
f	X	Underinsurance status			
g	X	Residency			
h	X	Other (describe in Section C)			
14		ned the basis for calculating amounts charged to patients?	14	_X	Ļ
15		ned the method for applying for financial assistance?	15	Х	
		s," indicate how the hospital facility's FAP or FAP application form (including accompanying ctions) explained the method for applying for financial assistance (check all that apply).			7 3.
	X		3.5	\$	
а		Described the information the hospital facility may require an individual to provide as part of his or her application	1.7°		:
b	X	Described the supporting documentation the hospital facility may require an individual to submit as part			
		of his or her application			
С	X	Provided the contact information of hospital facility staff who can provide an individual with information		4 3	
		about the FAP and FAP application process	311 j	٦.	#
d		Provided the contact information of nonprofit organizations or government agencies that may be		¥ <b>†</b>	
		sources of assistance with FAP applications	4	* *	1
е		Other (describe in Section C)	2.27	1	<b>.</b>
16		videly publicized within the community served by the hospital facility?	16	X	40.00
	X	s," indicate how the hospital facility publicized the policy (check all that apply):		ž.	L.
a	X	The FAP was widely available on a website (list url): SEE SECTION C			
b	X	The FAP application form was widely available on a website (list url): SEE SECTION C	*		<b>e</b>
c d	X	A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C  The FAP was available upon request and without charge (in public locations in the hospital facility and			4
a	لث	by mail)	<b>.</b>		1
•	X	The FAP application form was available upon request and without charge (in public locations in the		Sec	. 4
е	لنت	hospital facility and by mail)			•
f	X	A plain language summary of the FAP was available upon request and without charge (in public		- 1	d
	_	locations in the hospital facility and by mail)			Á
g	X	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of			. 7
		the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via		Z.	
		conspicuous public displays or other measures reasonably calculated to attract patients' attention			10
			1	٦,	1/0
h		Notified members of the community who are most likely to require financial assistance about availability			
		of the FAP			
i		The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		3	

Schedule H (Form 990) 2016

Other (describe in Section C)

Financial Assistance Policy (FAP)

### Name of hospital facility or letter of facility reporting group JEFFERSON REGIONAL MEDICAL CENTER

				Yes	No
	Did th	e hospital facility have in place during the tax year a written financial assistance policy that:			
13		ned eligibility criteria for financial assistance, and whether such assistance included free or discounted care? s," indicate the eligibility criteria explained in the FAP:	13	Х	
а	X	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of and FPG family income limit for eligibility for discounted care of and FPG family income limit for eligibility for discounted care of and an arrangement of the second secon			
b		Income level other than FPG (describe in Section C)	i .		
c	X	Asset level	į		
d	X	Medical indigency			ļ
е	X	Insurance status			
f	X	Underinsurance status			
g	X	Residency			
h	_x	Other (describe in Section C)			
14	Explai	ned the basis for calculating amounts charged to patients?	14	Х_	
15	Explai	ned the method for applying for financial assistance?	15	Х	
	If "Ye	s," indicate how the hospital facility's FAP or FAP application form (including accompanying ctions) explained the method for applying for financial assistance (check all that apply):	, , , , , , , , , , , , , , , , , , ,		
а	X	Described the information the hospital facility may require an individual to provide as part of his or her	3.5		ė.
		application		T a	
b	X	Described the supporting documentation the hospital facility may require an individual to submit as part			
		of his or her application		4.2	
С	X	Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		, h	h
d		Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications	7	1	
е		Other (describe in Section C)			512
16		videly publicized within the community served by the hospital facility?	16	X	
		s," indicate how the hospital facility publicized the policy (check all that apply)			
а	X	The FAP was widely available on a website (list url) SEE SECTION C	4	20.5	1.5
b	X	The FAP application form was widely available on a website (list url)  SEE SECTION C	14	**	* *
C	I A	A plain language summary of the FAP was widely available on a website (list url). SEE SECTION C			2
d	X	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)	i,	f L	¥ .
е	X	The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			f
f	[X]	A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		*	4
g	X	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of	1		
		the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via		12.2	
		conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h		Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i		The FAP, FAP application form, and plain language summary of the FAP were translated into the			100
		primary language(s) spoken by LEP populations	7 1 2		
j		Other (describe in Section C)		7 7	

Schedule H (Form 990) 2016

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group SAINT VINCENT HEALTH CENT	Name of hospital	facility or lette	r of facility r	reporting group	SAINT	VINCENT	HEALTH	CENTE
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					Yes	No
		Did the	e hospital facility have in place during the tax year a written financial assistance policy that:			
13			ned eligibility criteria for financial assistance, and whether such assistance included free or discounted care? s," indicate the eligibility criteria explained in the FAP.	13	X	
	а	X	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0000 %			
		_	and FPG family income limit for eligibility for discounted care of%			
	b	Ш	Income level other than FPG (describe in Section C)			
	С	X	Asset level		' [	
	d	X	Medical indigency			
	е	X	Insurance status			1
	f	X	Underinsurance status			
	g	X	Residency			!
	h		Other (describe in Section C)		Х	
14			ned the basis for calculating amounts charged to patients?	14 15	$\frac{\lambda}{X}$	
15			ned the method for applying for financial assistance?	15	À	
			s, indicate now the hospital facility's FAF of FAF application form (including accompanying ctions) explained the method for applying for financial assistance (check all that apply):			
	а	X	Described the information the hospital facility may require an individual to provide as part of his or her			
			application			
	b	X	Described the supporting documentation the hospital facility may require an individual to submit as part			
			of his or her application			
	С	X	Provided the contact information of hospital facility staff who can provide an individual with information			
		_	about the FAP and FAP application process	1.4		
	d		Provided the contact information of nonprofit organizations or government agencies that may be	7		1
		_	sources of assistance with FAP applications			13.0
	е	Ш	Other (describe in Section C)			
16			videly publicized within the community served by the hospital facility?	16	X	
			s," indicate how the hospital facility publicized the policy (check all that apply)		, <b>1</b>	
	а	X	The FAP was widely available on a website (list url): SEE SECTION C	1		
	b	X	The FAP application form was widely available on a website (list url): SEE SECTION C		•	
	c .	X	A plain language summary of the FAP was widely available on a website (list url):			W
	d	لثا	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	_	X	The FAP application form was available upon request and without charge (in public locations in the		43	4
	е	لننا	hospital facility and by mail)			
	f	X	A plain language summary of the FAP was available upon request and without charge (in public			
		٦	locations in the hospital facility and by mail)	X.		
	g	X	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of	8		
			the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention	1		0,
			Conspicació public displays di ottici incasares reasonably calculated to attract patients. Attention	**		. }
	h		Notified members of the community who are most likely to require financial assistance about availability			
	••		of the FAP			
	i		The FAP, FAP application form, and plain language summary of the FAP were translated into the			
			primary language(s) spoken by LEP populations			
	j		Other (describe in Section C)			
_						

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 	 	 	_

LECTIV		acinty mormation (community)			
		ollections			
Name	of ho	spital facility or letter of facility reporting group A			
17	Did th	e hospital facility have in place during the tax year a separate billing and collections policy, or a written		Yes	No
	financ	ial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party	1	ł	
	may ta	ake upon nonpayment?	17	X	
18	Check	all of the following actions against an individual that were permitted under the hospital facility's			
	policie	es during the tax year before making reasonable efforts to determine the individual's eligibility under the		ļ	
	facility	's FAP:	į,	ì	
а		Reporting to credit agency(ies)			
b		Selling an individual's debt to another party	Į.		
С		Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		ļ	
d		Actions that require a legal or judicial process	1		
e	H	Other similar actions (describe in Section C)			
f	X	None of these actions or other similar actions were permitted			
19		be hospital facility or other authorized party perform any of the following actions during the tax year			
		in the second of	19	- {	Х
		s," check all actions in which the hospital facility or a third party engaged:	13	1	
а		Reporting to credit agency(les)	Ŕ		1
b		Selling an individual's debt to another party			1.0
C	$\vdash$	Deferring, denying, or requiring a payment before providing medically necessary care due to	<b>W</b>	8	
C	لـــا	nonpayment of a previous bill for care covered under the hospital facility's FAP			Ž.
d		Actions that require a legal or judicial process			
e	-	Other similar actions (describe in Section C)		1.5	
_	اصطنعه	•	d /w.h	estho	- OF
20		te which efforts the hospital facility or other authorized party made before initiating any of the actions listed secked) in line 19 (check all that apply).	u (wi	ieuie	ror
а	X	Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language sur	mma	rv of	the
		FAP at least 30 days before initiating those ECAs		.,	
b	X	Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
С	X	Processed incomplete and complete FAP applications			
d	X	Made presumptive eligibility determinations			
e		Other (describe in Section C)			
f_		None of these efforts were made			_
Policy	Relati	ng to Emergency Medical Care			
21	Did th	e hospital facility have in place during the tax year a written policy relating to emergency medical care			
	that re	equired the hospital facility to provide, without discrimination, care for emergency medical conditions to	ľ	}	
	ındivid	uals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Х	
	If "No,	" indicate why.		#	
а		The hospital facility did not provide care for any emergency medical conditions		10	
ь		The hospital facility's policy was not in writing	4.3		
c		The hospital facility limited who was eligible to receive care for emergency medical conditions (describe	34.		
		in Section C\	1		

Schedule H (Form 990) 2016

Other (describe in Section C)

|--|

3011000				gc •
Part	V Facility Information (continued)			
Billing	g and Collections			
Name	e of hospital facility or letter of facility reporting group			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party	17	Yes X	No
18	may take upon nonpayment?			M
a b c	Reporting to credit agency(ies)  Selling an individual's debt to another party  Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  Actions that require a legal or judicial process			
e f 19	Other similar actions (describe in Section C)  None of these actions or other similar actions were permitted  Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
a b c d e	If "Yes," check all actions in which the hospital facility or a third party engaged:  Reporting to credit agency(ies)  Selling an individual's debt to another party  Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  Actions that require a legal or judicial process  Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listen not checked) in line 19 (check all that apply).	ed (wh	ethe	er o
a	Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language s FAP at least 30 days before initiating those ECAs	umma	ry of	the
b d	<ul> <li>Made a reasonable effort to orally notify individuals about the FAP and FAP application process</li> <li>Processed incomplete and complete FAP applications</li> <li>Made presumptive eligibility determinations</li> </ul>			
e f	Other (describe in Section C) None of these efforts were made			
	Relating to Emergency Medical Care	<del></del>		
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	х	<u> </u>
	If "No," indicate why:	1.7		S ( )

The hospital facility did not provide care for any emergency medical conditions

The hospital facility limited who was eligible to receive care for emergency medical conditions (describe

The hospital facility's policy was not in writing

in Section C)

Other (describe in Section C)

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d

Schedule	H (	Form	990	20	16
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Page 6

Part	7	Facility Information (continued)			
		Collections			
Name	of h	ospital facility or letter of facility reporting group SAINT VINCENT HEALTH CENTER			
17	Did	the hospital facility have in place during the tax year a separate billing and collections policy, or a written		Yes	No
		ncial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party			
	may	take upon nonpayment?	17	Х	
18	polic	ck all of the following actions against an individual that were permitted under the hospital facility's cles during the tax year before making reasonable efforts to determine the individual's eligibility under the ity's FAP			
а		Reporting to credit agency(ies)			
b	ļ	Selling an individual's debt to another party			
С		Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d		Actions that require a legal or judicial process			
е	<u> </u>	Other similar actions (describe in Section C)	ĺ		
f	X	None of these actions or other similar actions were permitted			
19		the hospital facility or other authorized party perform any of the following actions during the tax year	- 1		Į
		taran da arang da arang da arang da arang da arang da arang da arang da arang da arang da arang da arang da ar	19		X
	If "Y	es," check all actions in which the hospital facility or a third party engaged.			A.
a	-	Reporting to credit agency(ies)		1	1
ь	-	Selling an individual's debt to another party			
С		Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d		Actions that require a legal or judicial process			
е	L.	Other similar actions (describe in Section C)	11.1	18	
20		cate which efforts the hospital facility or other authorized party made before initiating any of the actions listed checked) in line 19 (check all that apply)	(wh	ethe	er oi
а		Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language sun FAP at least 30 days before initiating those ECAs	nmar	y of	f the
b		Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
С	X	Processed incomplete and complete FAP applications			
ď	X	Made presumptive eligibility determinations			
е	<u> </u>	Other (describe in Section C)			
f_		None of these efforts were made			
Policy		ting to Emergency Medical Care			
21		the hospital facility have in place during the tax year a written policy relating to emergency medical care			ļ
		required the hospital facility to provide, without discrimination, care for emergency medical conditions to		,	
		the state of the s	21	X	***
_		lo," indicate why:			
a	$\vdash$	The hospital facility did not provide care for any emergency medical conditions			
b	$\Box$	The hospital facility's policy was not in writing	707	24	

The hospital facility limited who was eligible to receive care for emergency medical conditions (describe

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in Section C)

Other (describe in Section C)

Schedule	н	(Form	9901	201

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If "Yes," explain in Section C.

	20 1 F			2
Part	V Facility Information (continued)			
Charg	ges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
Name	e of hospital facility or letter of facility reporting group A			
			Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
а	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
С	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d	X The hospital facility used a prospective Medicare or Medicaid method			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		x
	If "Yes," explain in Section C.			

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Dard \	/ [	a cility	Information	(continued)
Part \	'A	acmity	<u>Information</u>	(continued)

If "Yes," explain in Section C.

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group				
			Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
С	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d	The hospital facility used a prospective Medicare or Medicaid method			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?  If "Yes," explain in Section C.	23		х
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		x

Schedule H (Form 990) 2016



 			•	 	
					4

Part	Facility information (continued)				
Charg	ges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
Nam	e of hospital facility or letter of facility reporting group SAINT VINCENT HEALTH CENTER				
			Yes	No	
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		विष		
а	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period				
b	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period				
С					
d	X The hospital facility used a prospective Medicare or Medicaid method				
23		23		х	
	If "Yes," explain in Section C.				
24	to the state of the state of the state of the state of the state of the state of the state of the state of the	24		Х	
	If "Yes," explain in Section C.				

Schedule H (Form 990) 2016

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

PART V, SECTION A - HOSPITAL FACILITIES

ALL OF OUR HOSPITALS ARE PART OF THE ALLEGHENY HEALTH NETWORK (AHN) AND

CAN BE FOUND AT THE FOLLOWING WEBSITES

AHN MAIN WEBSITE: HTTPS //WWW AHN ORG/LOCATIONS

ALLEGHENY VALLEY HOSPITAL (AKMC).

HTTPS.//WWW.AHN.ORG/LOCATIONS/ALLEGHENY-VALLEY-HOSPITAL

CANONSBURG GENERAL HOSPITAL

HTTPS://WWW.AHN.ORG/LOCATIONS/CANONSBURG-HOSPITAL

JEFFERSON REGIONAL MEDICAL CENTER:

HTTPS //WWW.AHN.ORG/LOCATIONS/JEFFERSON-HOSPITAL

SAINT VINCENT HOSPITAL

HTTPS://WWW.AHN.ORG/LOCATIONS/SAINT-VINCENT-HOSPITAL

ALLEGHENY GENERAL HOSPITAL

HTTPS //WWW.AHN.ORG/LOCATIONS/ALLEGHENY-GENERAL-HOSPITAL

WEST PENN HOSPITAL HTTPS //WWW AHN.ORG/LOCATIONS/WEST-PENN-HOSPITAL

FORBES REGIONAL HOSPITAL. HTTPS.//WWW AHN ORG/LOCATIONS/FORBES~HOSPITAL

PART V, SECTION B, LINE 5

THE COMMUNITY HEALTH NEEDS ASSESSMENT, WHICH WAS CONDUCTED AND

IMPLEMENTED IN 2015, WAS OVERSEEN BY A STEERING COMMITTEE OF KEY HEALTH

SYSTEM REPRESENTATIVES AND AN ADVISORY COMMITTEE MADE UP OF INDIVIDUAL

HOSPITAL LEADERS AND COMMUNITY STAKEHOLDERS WHO REPRESENT INDIVIDUALS WHO

ARE MEDICALLY UNDERSERVED, LOW INCOME, MINORITIES OR OTHER SPECIAL

POPULATIONS WITHIN THE ALLEGHENY HEALTH NETWORK SERVICE AREA TAKEN

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### Part V Facility Information (continued)

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

TOGETHER, THE STEERING AND ADVISORY COMMITTEES DROVE THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

IN ADDITION TO THE INTERNAL EMPLOYED PERSONNEL ENGAGED IN THE COMMUNITY
HEALTH NEEDS ASSESSMENT PROCESS, THE FOLLOWING INDIVIDUALS PARTICIPATED
IN THE COMMUNITY HEALTH NEEDS ASSESSMENT PLANNING AND OVERSIGHT PROCESS
AS PART OF THE ALLEGHENY HEALTH NETWORK COMMUNITY HEALTH NEEDS ASSESSMENT
STEERING AND ADVISORY COMMITTEES

HONORABLE ROBERT BROOKS, MAYOR, MUNICIPALITY OF MONROEVILLE,

AGGIE BROSE, DEPUTY EXECUTIVE DIRECTOR, BLOOMFIELD GARFIELD CORPORATION,

LESLIE GRENFELL, EXECUTIVE DIRECTOR, SWPA AREA AGENCY ON AGING,

KAREN HACKER, MD, DIRECTOR, ALLEGHENY COUNTY HEALTH DEPARTMENT,

AJ HARPER, PRESIDENT, HOSPITAL COUNSEL OF WESTERN PA;

JACK KRAH, PRESIDENT, ALLEGHENY COUNTY MEDICAL SOCIETY,

SHARON WOLF, EXECUTIVE DIRECTOR, NORTH HILLS COMMUNITY OUTREACH

DORIS CARSON WILLIAMS, PRESIDENT AND CEO, AFRICAN AMERICAN CHAMBER OF

COMMERCE AND BOARD MEMBER,

DAVID BLANDINO, MD, BOARD MEMBER;

BASIL COX, BOARD MEMBER,

JOSEPH MACERELLI, ESQ, BOARD MEMBER

QUALITATIVE RESEARCH WAS CONDUCTED WITH KEY COMMUNITY STAKEHOLDERS AND OTHERS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING EXPERTS IN PUBLIC HEALTH, MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME,

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

AND MINORITY POPULATIONS, AND OTHER REPRESENTATIVES OF SPECIAL

POPULATIONS WITHIN THE COMMUNITIES QUALITATIVE RESEARCH METHODOLOGY

USED TO SOLICIT FEEDBACK FROM COMMUNITY STAKEHOLDERS INCLUDED:

KEY INFORMANT SURVEY OF 107 COMMUNITY REPRESENTATIVES TO SOLICIT FEEDBACK
ON COMMUNITY HEALTH PRIORITIES, UNDERSERVED POPULATIONS AND PARTNERSHIP,

SIX FOCUS GROUPS WERE CONDUCTED WITH TARGET POPULATIONS INCLUDING

PREGNANT AND POSTPARTUM MOTHERS, SENIORS, BEHAVIORAL HEALTH CONSUMERS,

EMS PROVIDERS, AND CARE COORDINATORS TO INFORM IMPLEMENTATION

STRATEGIES.

IN ADDITION TO THE CHNA ABOVE, HOSPITAL MANAGEMENT AND STAFF UTILIZE

MULTIPLE STRATEGIES TO CONTINUALLY MONITOR AND ASSESS THE HEALTH CARE

NEEDS OF THE COMMUNITIES IT SERVES THIS INCLUDES OUTREACH TO COMMUNITY

MEMBERS IN AN EFFORT TO RECEIVE INPUT RELATED TO CURRENT HEALTH NEEDS AND

TRENDS. THE HOSPITAL ACTS ON SPECIFIC REQUESTS RECEIVED FOR HEALTH

RELATED MATTERS SUCH AS SCREENINGS, PROGRAMS AND RELATED EVENTS

HOSPITAL PARTICIPATES IN AREA GROUPS AND PARTNERSHIPS IN AN EFFORT TO

UNDERSTAND THE COMMUNITY AND OBTAIN A SENSE OF SPECIFIC ISSUES THE

HOSPITAL ALSO ACTS ON SURVEY RESULTS RECEIVED FROM PATIENTS AND THE

PATIENT FAMILIES AS WELL AS BEING CONNECTED TO WORLD-WIDE, NATIONAL AND

LOCAL HEALTH TRENDS AND NEEDS AND ACTING ACCORDINGLY TO ENSURE OUR

PATIENTS HAVE THE BEST CARE AVAILABLE TO THEM

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### Part V Facility Information (continued)

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

PART V, SECTION B, LINE 6A

THE FOLLOWING HOSPITAL FACILITIES CONDUCTED A JOINT COMMUNITY HEALTH

NEEDS ASSESSMENT:

- -ALLEGHENY GENERAL HOSPITAL
- -ALLE-KISKI MEDICAL CENTER
- -CANONSBURG GENERAL HOSPITAL
- -FORBES REGIONAL HOSPITAL
- -HIGHLANDS HOSPITAL
- -JEFFERSON REGIONAL MEDICAL CENTER
- -SAINT VINCENT HEALTH CENTER
- -WESTFIELD MEMORIAL HOSPITAL
- -WESTERN PENNSYLVANIA HOSPITAL

PART V, SECTION B, LINE 7A

OUR JOINT COMMUNITY HEALTH NEEDS ASSESSMENT CAN BE FOUND HERE

HTTPS //WWW AHN ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

PART V, SECTION B, LINE 11

THE ALLEGHENY HEALTH NETWORK DEVELOPED A COMMUNITY HEALTH IMPROVEMENT

PLAN (CHIP) TO GUIDE COMMUNITY BENEFIT AND POPULATION HEALTH IMPROVEMENT

ACTIVITIES ACROSS THE ALLEGHENY HEALTH NETWORK SERVICE AREA IN ACCORDANCE

WITH NEEDS IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT

PROCESS THE CHIP ALIGNS WITH THE ALLEGHENY COUNTY HEALTH DEPARTMENT'S

PLAN FOR A HEALTHY ALLEGHENY AND ERIE COUNTY HEALTH DEPARTMENT'S

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### Part V Facility Information (continued)

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

COMMUNITY HEALTH IMPROVEMENT PLAN TO ENSURE ONGOING COLLABORATION WITH PUBLIC HEALTH AND OTHER COMMUNITY PARTNERS TO ADDRESS THE REGION'S MOST PRESSING COMMUNITY HEALTH NEEDS THE FOLLOWING DETAILS THE HEALTH PRIORITY, GOAL, OBJECTIVES AND THE TARGET POPULATION ASSOCIATED WITH THE ALLEGHENY HEALTH NETWORK CHIP.

HEALTH PRIORITY: BEHAVIORAL HEALTH

GOAL REDUCE MORTALITY AND MORBIDITY RELATED TO MENTAL AND SUBSTANCE USE DISORDERS

#### **OBJECTIVES**

- 1 INCREASE UTILIZATION OF OUTPATIENT BEHAVIORAL HEALTH SERVICES,

  PARTICULARLY FOR THE MOST VULNERABLE POPULATIONS

  WE HAVE PARTNERED WITH THE BARBER NATIONAL INSTITUTE TO PROVIDE

  OUTPATIENT MENTAL HEALTH SERVICES DURING CALENDAR YEAR 2016, A TOTAL OF

  551 PERSONS RECEIVED SERVICES
- 2 INCREASE KNOWLEDGE AND SKILLS OF FIRST RESPONDERS AND COMMUNITY

  MEMBERS AROUND BEHAVIORAL HEALTH IMPLEMENTATION OF THIS PLAN HAS BEEN

  DELAYED BECAUSE OF CHANGES IN THE LEADERSHIP OF THE EMS WHICH WAS TO

  ASSIST IN PROVIDING A SPECIALIZED TRAINING
- 3. INCREASE THE NUMBER OF HEALTH CARE PROVIDERS INTEGRATING BEHAVIORAL
  HEALTH AND PHYSICAL HEALTH A GERIATRIC LIAISON HAS CONDUCTED A TOTAL OF
  87 ASSESSMENTS IN 2016

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

TARGET POPULATIONS. MINORITY GROUPS, LOW INCOME AND SENIOR POPULATIONS.

HEALTH PRIORITY CANCER

GOAL: REDUCE THE NUMBER OF CANCER CASES, AS WELL AS THE ILLNESS, DISABILITY, AND DEATH CAUSED BY CANCER

#### OBJECTIVES

- 1. INCREASE THE PERCENTAGE OF ADULTS WHO RECEIVE TIMELY AGE-APPROPRIATE
  CANCER SCREENINGS BASED ON THE MOST RECENT GUIDELINES. WE HAVE PERFORMED
  AGE APPROPRIATE SCREENINGS THROUGH OUR PRIMARY CARE OFFICES IN 2016. IN
  ADDITION, WE HAVE DEVELOPED A PROCESS FOR TRANSMITTING INCIDENTAL LUNG
  FINDINGS TO THE ADVANCED LUNG CLINIC. WE CONTINUE TO WORK ON A NAVIGATION
  PROCESS TO IMPLEMENT THE PLAN
- 2 REDUCE THE INCIDENCE RATE OF THE TOP FOUR MOST COMMONLY DIAGNOSED
  CANCERS PROSTATE (MALE), LUNG AND BRONCHUS, COLON AND RECTUM, AND BREAST
  (FEMALE) AND THE OVERALL CANCER MORTALITY RATE BY PROMOTING HEALTHY
  LIFESTYLE BEHAVIORS RELATED TO TOBACCO USE AND DIET AND EXERCISE. WE HAVE
  TRAINED ON SITE RADIOLOGISTS IN LUNG RAD TECHNOLOGY AND HAVE PERFORMED
  TOMOSYNTHESIS (3D) MAMMOGRAM STUDIES A PROCESS HAS BEEN DEVELOPED FOR
  TRANSMITTING INCIDENTAL LUNG FINDINGS TO THE ADVANCED LUNG CLINIC. WE
  CONTINUE TO WORK ON A NAVIGATION PROCESS TO IMPLEMENT THE PLAN
- 3 INCREASE ACCESS TO HEALTH SCREENINGS AND EDUCATION TO HIGH-RISK
  POPULATIONS CT SCREENINGS HAVE BEEN PERFORMED FOR INDIVIDUALS WHO ARE
  CURRENT OR FORMER HEAVY SMOKERS IN ADDITION, WE HAVE PARTNERED WITH THE

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#### Part V Facility Information (continued)

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

SUSAN B KOMMEN FOUNDATION TO PROVIDE VOUCHERS FOR FREE MAMMOGRAMS TO QUALIFYING WOMEN

TARGET POPULATIONS: MINORITY GROUPS, LOW INCOME AND SENIOR POPULATIONS.
HEALTH PRIORITY: CHRONIC DISEASE

GOAL DECREASE PREVENTABLE CHRONIC DISEASE BY ENSURING ACCESS TO
RESOURCES, KNOWLEDGE, AND OPPORTUNITIES FOR RESIDENTS TO ADOPT HEALTHY
BEHAVIORS

#### **OBJECTIVES**

- 1. INCREASE PRIMARY CARE PROVIDERS' RECOMMENDATIONS FOR PREVENTATIVE

  SCREENINGS PER RISK AND AGE GUIDELINES WE HAVE PERFORMED AGE APPROPRIATE

  SCREENINGS THROUGH OUR PRIMARY CARE OFFICES.
- 2 PROVIDE HEALTH SCREENINGS AND EDUCATION TO HIGH RISK POPULATIONS
  EDUCATION HAS BEEN PROVIDED RELATED TO OBESITY, CAUSES, AND TREATMENT TO
  INDIVIDUALS SOME OF THESE INDIVIDUALS ARE PARTICIPATING IN THE BARIATRIC
  PROGRAM SEMINARS TO ENCOURAGE POSSIBLE BARIATRIC SURGERY WHERE WARRANTED.
  SCREENINGS AND EDUCATION IS CONDUCTED FOR INDIVIDUALS AT LOCAL SENIOR
  LIVING CENTERS AND COMMUNITY CENTERS
- 3. PARTNER WITH COMMUNITY ORGANIZATIONS TO PROMOTE HEALTHY LIFESTYLES WE HAVE PARTNERED WITH LOCAL EMPLOYERS TO PROVIDE BIOMETRIC SCREENINGS FOR THEIR EMPLOYEES AND APPROPRIATE NECESSARY REFERRALS FOR ANY POSITIVE FINDINGS EDUCATION AND COUNSELING WERE PROVIDED TO ANY CHILDREN GIVEN PHYSICALS WITH POSITIVE FINDINGS AND THE SCHOOL NURSE SENT INFORMATION

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### Part V Facility Information (continued)

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

AND RECOMMENDATIONS TO PARENTS OF ANY CHILDREN WITH POSITIVE FINDINGS A MOBILE MEDICAL UNIT HAS PROVIDED HOMELESS INDIVIDUALS WITH SCREENINGS AND TREATMENT FOR MINOR ACUTE SYMPTOMS AS WELL AS PROVIDING COUNSELING AND REFERRALS WHEN APPROPRIATE.

GOAL IMPROVE MANAGEMENT AND OUTCOMES FOR PATIENTS DIAGNOSED WITH A CHRONIC DISEASE

#### OBJECTIVES ·

- 1 REDUCE HOSPITAL 30 DAY READMISSION RATES FOR CHRONIC DISEASE WE HAVE PILOTED A TRANSITION OF CARE CLINIC TO ASSIST PATIENTS DISCHARGED FROM THE HOSPITAL WITH MEDICATION MONITORING AND FOLLOW UP CARE
- 2 MANAGE HIGH RISK POPULATIONS THROUGH CARE COORDINATION AND PARTNERSHIP
  WITH SOCIAL SERVICE PARTNERS WE HAVE PARTNERED WITH LOCAL EMPLOYERS TO
  PROVIDE BIOMETRIC SCREENINGS FOR THEIR EMPLOYEES AND APPROPRIATE
  NECESSARY REFERRALS FOR ANY POSITIVE FINDINGS
- A MOBILE MEDICAL UNIT HAS PROVIDED HOMELESS INDIVIDUALS WITH SCREENINGS

  AND TREATMENT FOR MINOR ACUTE SYMPTOMS AS WELL AS PROVIDING COUNSELING

  AND REFERRALS WHEN APPROPRIATE
- 3 PARTNER WITH COMMUNITY ORGANIZATIONS TO PROMOTE HEALTHY LIFESTYLES A
  MOBILE UNIT HAS PROVIDED SCREENINGS AND EDUCATION TO PERSONS THROUGH
  LOCAL COMMUNITY CENTERS AND SENIOR LIVING RESIDENCES THIS MOBILE MEDICAL
  UNIT HAS PARTNERED WITH THE LOCAL CHURCHES WHO OFFER SHELTER TO PROVIDE
  HOMELESS INDIVIDUALS WITH SCREENINGS AND TREATMENT FOR MINOR ACUTE
  SYMPTOMS AS WELL AS PROVIDING COUNSELING AND REFERRALS WHEN APPROPRIATE

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

TARGET POPULATIONS: ETHNIC MINORITY GROUPS, INDIVIDUALS WITH BEHAVIOR HEALTH OR SUBSTANCE ABUSE COMORBIDITY, LOW INCOME INDIVIDUALS AND FAMILIES AND SENIOR POPULATIONS.

HEALTH PRIORITY: MATERNAL AND CHILD HEALTH

GOAL: REDUCE MORBIDITY AND MORTALITY BY IMPROVING THE HEALTH AND QUALITY

OF LIFE OF WOMAN, INFANTS, CHILDREN, CARETAKERS AND THEIR FAMILIES,

ESPECIALLY IN VULNERABLE COMMUNITIES

OUR MARKETING DEPARTMENT IS WORKING TO DEVELOP A NEW EDUCATIONAL BROCHURE
FOR WOMEN IN A FIRST PREGNANCY; ALSO WORKING TO DEVELOP OTHER EDUCATIONAL
MATERIALS FOR WOMEN TO BE DEPLOYED AT LOCAL COMMUNITY CLINICS

WE HAVE WORKED WITH OUR OBSTETRICIANS' OFFICES TO PROVIDE PRE-NATAL CLASSES TO THEIR PATIENTS AND TO PROVIDE ADDICTION INFORMATION

A PROGRAM HAS BEEN IMPLEMENTED TO SUPPORT OPIATE ADDICTED PREGNANT WOMEN AND HAD PARTICIPANTS IN THE PAST YEAR WE ARE ALSO COLLABORATING WITH GAUDENZIA TO SUPPORT ADDICTED WOMEN WITH CHILDREN FOLLOWING THEIR DELIVERY FINALLY, WE OFFER THESE WOMEN CLASSES IN SIGNS OF ADDICTION FOR THEIR BABIES, WITHDRAWAL IMPACT, SMOKING IMPACT, APPROPRIATE PAIN RELIEF DURING LABOR AND POST PARTUM, SHAKEN BABY SYNDROME, AND NEWBORN MILESTONES

## Part V Facility Information (continued)

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

WE USE DISCHARGE INSTRUCTIONS TO PROVIDE NEW MOMS WITH INFORMATION ON SIDS, CAR SEAT SAFETY, CHILDPROOFING HOME, DOMESTIC VIOLENCE, AND POSTPARTUM DEPRESSION

WE PARTNER WITH SEVERAL COMMUNITY ORGANIZATIONS TO ENCOURAGE ATTENDANCE
AT PRENATAL CLASSES AND ENSURING ACCESS WOMEN, LOW INCOME FAMILIES,
SINGLE MOTHERS AND WOMEN WITH BEHAVIORAL HEALTH OR SUBSTANCE ABUSE
CONDITIONS

PART V, SECTION B, LINE 13H- ELIGIBILITY CRITERIA-FOR FINANCIAL ASSISTANCE ALL THE HOSPITALS LISTED IN PART V, SECTION A OF THIS SCHEDULE H ARE PART OF THE INTEGRATED DELIVERY SYSTEM NAMED ALLEGHENY HEALTH NETWORK. ALL HOSPITALS HAVE ADOPTED THE ALLEGHENY HEALTH NETWORK FINANCIAL ASSISTANCE POLICY DURING 2015 ALLEGHENY HEALTH NETWORK ENHANCED ITS FINANCIAL ASSISTANCE POLICY WITH A PRESUMPTIVE ELIGIBILITY PROGRAM THAT ENABLES AHN TO MAKE AN INFORMED DECISION ON THE FINANCIAL NEED OF PATIENTS UTILIZING THE BEST ESTIMATES AVAILABLE IN THE ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT. THE HEALTH SYSTEM UTILIZES A HEALTHCARE INDUSTRY-RECOGNIZED MODEL THAT IS BASED ON PUBLIC RECORD DATABASES THIS PREDICTIVE MODEL INCORPORATES PUBLIC RECORD DATA TO CALCULATE A SOCIO-ECONOMIC AND FINANCIAL CAPACITY SCORE THAT INCLUDES ESTIMATES FOR INCOME, ASSETS AND LIQUIDITY THE ELECTRONIC TECHNOLOGY IS DESIGNED TO ASSESS EACH PATIENT TO THE SAME STANDARDS AND IS CALIBRATED AGAINST HISTORICAL APPROVALS FOR AHN FINANCIAL ASSISTANCE UNDER THE TRADITIONAL

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## Part V Facility Information (continued)

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

APPLICATION PROCESS. THE ELECTRONIC TECHNOLOGY IS DEPLOYED PRIOR TO BAD

DEBT ASSIGNMENT AFTER ALL OTHER ELIGIBILITY AND PAYMENT SOURCES HAVE BEEN

EXHAUSTED. THIS ALLOWS AHN TO SCREEN ALL PATIENTS FOR FINANCIAL

ASSISTANCE PRIOR TO PURSUING ANY EXTRAORDINARY COLLECTION ACTIONS. THE

DATA RETURNED FROM THIS ELECTRONIC ELIGIBILITY REVIEW WILL CONSTITUTE

ADEQUATE DOCUMENTATION OF FINANCIAL NEED UNDER OUR POLICY. WHEN

ELECTRONIC ENROLLMENT IS USED AS THE BASIS FOR PRESUMPTIVE ELIGIBILITY,

THE HIGHEST DISCOUNT OF FULL FREE CARE IS GRANTED FOR ELIGIBLE SERVICES

FOR RETROSPECTIVE DATES OF SERVICE ONLY.

PART V, SECTION B, LINE 16A, B, AND C

OUR FINANCIAL ASSISTANCE POLICY, APPLICATION FORM AND PLAIN LANGUAGE

SUMMARY CAN BE FOUND ON THE FOLLOWING WEBSITE

HTTPS //WWW AHN.ORG/CARE-FOR-UNINSURED

PART V, SECTION B, LINE 161

PLAIN LANGUAGE SUMMARY AVAILABLE IN FOREIGN LANGUAGES

THE HOSPITALS INCLUDED IN HIGHMARK HEALTH GROUP CURRENTLY DO NOT HAVE THE FINANCIAL ASSISTANCE POLICIES AND SUMMARIES AVAILABLE IN FOREIGN LANGUAGES HOWEVER, THESE ENTITIES HAVE AN ACTION PLAN IN PLACE WITH THE TARGET DATE OF 12/31/16 PRESENTLY, THEY HAVE FOREIGN LANGUAGE INTERPRETERS AVAILABLE ON-SITE TO ASSIST PATIENTS ON A REAL-TIME BASIS

## Part V Facility Information (continued)

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

PART V, SECTION B, LINE 22D

ALL THE HOSPITALS LISTED IN PART V, SECTION A, GROUP A OF THIS SCHEDULE H

MAXIMUM AMOUNTS CHARGED TO FAP-ELIGIBLE INDIVIDUALS

OFFER UNINSURED PATIENTS A SEVENTY TO EIGHTY THREE PERCENT (70% - 83%)

DISCOUNT ON TOTAL GROSS CHARGES TO ALL HOSPITAL CHARGES. THE INTENT OF

THE DISCOUNT IS TO STANDARDIZE CHARGING PRACTICES FOR COVERED AND

NON-COVERED PATIENTS.

THE DISCOUNT IS OFFERED DURING PATIENT CONTACT FOR ELECTIVE/ URGENT

(NON-COSMETIC) PROCEDURES DURING THE FINANCIAL COUNSELING PROCESS, AS

WELL AS DURING THE PATIENT STATEMENT CYCLE PROCESS FOR SERVICES PROVIDED

(INCLUDING EMERGENCY SERVICES.)

PATIENT STATEMENTS ARE CLEARLY MARKED WITH THE UNINSURED DISCOUNT,

REDUCING THE "AMOUNT OWED" OF THE GROSS CHARGES AN UNINSURED DISCOUNT

BETWEEN 70% - 83% IS APPLIED TO THE PATIENT ACCOUNT EITHER AT THE TIME OF

PAYMENT OR PRIOR TO TRANSFERRING THE ACCOUNT TO BAD DEBT UPON CONCLUSION

OF THE ROUTINE FOUR STATEMENT CYCLE, FOR ANY UNPAID BALANCES

SAINT VINCENT MEDICAL CENTER PROVIDED A 100% DISCOUNT TO ALL PATIENTS WHO QUALIFY UNDER ITS FINANCIAL ASSISTANCE POLICY



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	I acility	IIII Or III au Ori	160110110601

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

How many non-hospital health care facilities did the o	rganization operate during the tax year? <del>56</del>	_
·		
Name and address	Type of Facility (describe)	

Name and address	Type of Facility (describe)	
1 SAINT VINCENT OUTPATIENT CARE CENTER AT	ANCILLARY OUTPATIENT SERVICES	
130 MAIN STREET		
UNION CITY PA 16438		
2 HEALTH & WELLNESS PAVILION WEST	RADIOLOGY	
4247 WEST RIDGE ROAD		
ERIE PA 16506		
3 SAINT VINCENT SURGERY CENTER	OUTPATIENT SURGERY CENTER	
312 WEST 25TH STREET		
ERIE PA 16502		
4 SAINT VINCENT WOMEN'S DIAGNOSTIC CENTER	RADIOLOGY / MEDICINE	
311 W 24TH STREET		
ERIE PA 16502		
5 SAINT VINCENT ENDOSCOPY CENTER	ENDOSCOPY SERVICES	
2501 WEST 12TH ST SUITE 8		
ERIE PA 16502		
6 HARDNER BUILDING	CARDIAC SVCS	
2315 MYRTLE STREET		
ERIE PA 16502		
7 BETHEL PARK HEALTH & WELLNESS PAVILION	THERAPY DIAGNOSTIC & LAB SVCS	
1000 HIGBEE DR STE 110		
BETHEL PARK PA 15102		
8 BRENTWOOD PROFESSIONAL PLAZA	THERAPY DIAGNOSTIC & LAB SVCS	
3720 BROWNSVILLE RD 3RD FL		
BRENTWOOD PA 15227		
g JEFFERSON OUTPATIENT SERVICES BUILDING	THERAPY TREATMENT	
140 CURRY HOLLOW RD		
PITTSBURGH PA 15236		
10 BELLE VERNON MEDICAL ASSOCIATES BUILDING	DIAGNOSTIC & LAB SERVICES	
1533 BROAD AVE STE 200		
BELLE VERNON PA 15012	<del></del>	

## Part V Facility Information (continued)

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

How many non-hospital health care facilities did the organization operate during the tax year?	<del>_</del> _
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Name and address		Type of Facility (describe)
1 WATERFRONT MEDICAL BUILDI	NG	DIAGNOSTIC & LAB SERVICES
495 WATERFRONT DR		
HOMESTEAD	PA 15120	
2 YADAGANI PLAZA		DIAGNOSTIC & LAB SERVICES
97 DELAWARE AVE STE 103		
UNIONTOWN	PA 15401	
3 K-MART PLAZA		DIAGNOSTIC & LAB SERVICES
714 CLAIRTON BLVD		
PITTSBURGH	PA 15236	
4 JEFFERSON THERAPY SERVICE	S	BEHAVIORAL THERAPY
4584 BROWNS HILL RD		
PITTSBURGH	PA 15127	
5 HANDELSMAN FAMILY PRACTICE		GENERAL MEDICAL
3212 MAIN ST		
MUNHALL	PA 15120	
6 JRMC COUNCELING & WELLNESS CENTER		GENERAL MEDICAL
5301 GROVE RD		
WHITEHALL	PA 15227	
7 JRMC INTERNAL MEDICINE		INTERNAL MEDICINE
1310 HOFFMAN BLVD		
WEST MIFFLIN	PA 15122	<u> </u>
8 JRMC PHYSICAL & AUQUATIC	THERAPY CENTER	BEHAVIORAL THERAPY
550 COAL VALLEY RD		
JEFFERSON HILLS	PA 15025	
9 MCMURRAY TOWN CENTER		GENERAL MEDICAL
455 VALLEY BROOK RD		
MCMURRAY	PA 15317	
10 PRIME MEDICAL GROUP		GENERAL MEDICAL
1645 ROSTRAVER RD		
BELLE VERNON	PA 15012	

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Part V Facility Information (continued)

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

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

Name and address	Type of Facility (describe)
1 SOUTH HILLS MEDICAL BUILDING	GENERAL MEDICAL
575 COAL VALLEY RD	
JEFFERSON HILLS PA 15025	
2 VANDERGRIFT OUTPATIENT CARE CENTER	OUTPATIENT CARE CENTER
244 LONGFELLOW STEET	
VANDERGRIFT PA 15690	
3 CITIZENS AMBULATORY CARE CENTER	AMBULATORY CARE CENTER
651 FOURTH AVENUE	
NEW KENSINGTON PA 15065	
4 AVH OUTPATIENT PHYSICAL THERAPY	PHYSICAL THERAPY
1620 PACIFIC AVENUE	
NATRONA HEIGHTS PA 15065	
5 ALLEGHENY VALLEY HOSPITAL PROLAB	LABORATORY SERVICES
1620 PACIFIC AVENUE	
NATRONA HEIGHTS PA 15065	
6 AKMC RADIOLOGICAL IMAGING	RADIOLOGICAL IMAGING
2801 FREEPORT ROAD	
NATRONA HEIGHTS PA 15065	
7 NURSING SCHOOL	NURSING SCHOOL
651 FOURTH AVENUE	
NEW KENSINGTON PA 15068	
8 PETERS TOWNSHIP OUTPATIENT CARE CENTER	OUTPATIENT CARE CENTER
160 GALLERY DRIVE	
MCMURRAY PA 15317	
g CGH - PHYSICIAN OFFICES	PHYSICIAN OFFICES
SOUTHPOINT PLAZA 1, SUITE 235	
CANONSBURG PA 15317	
10 JEFFERSON BEHAVIORAL HEALTH	BEHAVIORAL HEALTH
5301 GROVE ROAD, SUITE M123	
PITTSBURGH PA 15236	

## Part V Facility Information (continued)

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

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

Name and address	Type of Facility (describe)
1 SAINT VINCENT IMAGING CENTER	RADIOLOGY
2501 WEST 12TH STREET	
ERIE PA 16	502
2 DIABETES RESOURCE CENTER & MEDICAL	NUTRI DIABETES SERVICES
145 WEST 23RD SUITE 302	
ERIE PA 16	502
3 AGH - MEDICAL PRACTICES	MEDICAL PRACTICES
420 EAST NORTH AVENUE	
PITTSBURGH PA 15	212
4 AGH - SUBURBAN GENERAL CAMPUS	URGENT CARE - GENERAL MEDICAL
100 SOUTH JACKSON AVENUE	
PITTSBURGH PA 15	202
5 AGH - PHYSICIAN PRACTICES	GENERAL MEDICAL
490 EAST NORTH AVENUE	
PITTSBURGH PA 15	212
6 AGH - CHILD CARE	CHILD CARE
621 EAST NORTH AVENUE	
PITTSBURGH PA 15	212
7 AGH - EAR TREATMENT AND CARE	EAR TREATMENT
8500 BROOKTREE ROAD	
WEXFORD PA 15	090
8 AGH - PHYSICIAN PRACTICES	GENERAL MEDICAL
9335 MCKNIGHT ROAD	
PITTSBURGH PA 15	237
g WPH - PHYSICIAN PRACTICES	GENERAL MEDICAL
4815 LIBERTY AVENUE	
PITTSBURGH PA 15	224
10 AGH - MEDICAL PRACTICES	GENERAL MEDICAL
1307 FEDERAL STREET	
PITTSBURGH PA 15	212

## Part V Facility Information (continued)

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

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

ame and address		Type of Facility (describe)
1 AGH - MEDICAL PRACTICE		GENERAL MEDICAL
133 CHURCH HILL ROAD		
MCKEES ROCKS	PA 15136	
AGH - PHYSICIAN PRACTICES		GENERAL MEDICAL
2027 LEBANON CHURCH ROAD		
WEST MIFFLIN	PA 15122	
FRH - PHYSICIAN PRACTICES		GENERAL MEDICAL
2566 HAYMAKER ROAD		
MONROEVILLE	PA 15146	<del></del>
FRH - PHYSICIAN PRACTICE		GENERAL MEDICAL
314 SOUTH KIMBERLY AVENUE		
SOMERSET BOROUGH	PA 15501	
AGH - NEUROSURGERY	NEUROSURGERY	
420 WOOD STREET		
CLARION	PA 16214	<del></del>
6 AGH - HUMAN MOTION AND IMAGING		HUMAN MOTION AND IMAGING
500 BLAZIER DRIVE		
WEXFORD	PA 15090	
WPH - INSTITUTE FOR PAIN M	EDICINE	INSTITUTE FOR PAIN MEDICINE
5124 LIBERTY AVENUE		
PITTSBURGH	PA 15224	···
AGH-WPH VARIOUS MEDICAL SP	ECIALTIES	DIABETES, SLP DISRD & HMN MTN
5140 LIBERTY AVENUE		
PITTSBURGH	PA 15224	
g AGH - LAB 5318 RANALLI DRIVE		LAB
GIBSONIA	PA 15044	
AGH - RADIOLOGY AND SPORTS	MEDICINE	RADIOLOGY AND SPORTS MEDICINE
5375 WILLIAM FLYNN HIGHWAY	<del></del>	
GIBSONIA	PA 15044	

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

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Name and address	Type of Facility (describe)
1 AGH - PHYSICIAN PRACTICES	GENERAL MEDICAL
575 LINCOLN AVENUE	
PITTSBURGH PA 15202	
2 AGH - ORTHOPEDIC	ORTHOPEDIC
49 FORT COUCH ROAD	
BETHEL PARK PA 15241	
3 AGH - LAB	LAB
651 HOLIDAY DRIVE	
PITTSBURGH PA 15220	
4 AGH - LAB	LAB
20826 ROUTE 19	
CRANBERRY TOWNSHIP PA 16066	
5 JRMC - COUNSELING CENTER	COUNSELING CENTER
MEDICAL CTR 51, 810 CLAIRTON BLVD	
PLEASANT HILLS PA 15236	
6 JRMC LAB	DIAGNOSTIC & LAB SERVICES
1200 BROOKS LANE	
CLAIRTON PA 15025	
7	
8	
9	
10	

Provide the following information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9h
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C

CRITERIA FOR DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE PATIENTS
WHO MEET THE CRITERIA AS ESTABLISHED BY THIS POLICY WILL BE ELIGIBLE FOR
FINANCIAL ASSISTANCE INCLUDING FREE OR DISCOUNTED CARE.

- 1 A PATIENT MUST BE BOTH A CITIZEN OF THE UNITED STATES OF AMERICA AND A RESIDENT OF PENNSYLVANIA
- 2 AS OF THE DATE THE APPLICATION IS SUBMITTED

CHARITY CARE IS RESERVED FOR PENNSYLVANIA RESIDENTS BECAUSE PENNSYLVANIA RESIDENTS ARE PAYING THE PENNSYLVANIA STATE AND LOCAL TAXES THAT SUPPORT MANY HEALTH CARE SERVICES FOR THE STATE'S CITIZENS SIMILARLY, FOR UNITED STATES OF AMERICA CITIZENS PAYING FOR FEDERAL TAXES, AHN WOULD EXPECT THAT OUT-OF-STATE PATIENTS WHO WOULD QUALIFY FOR AHN CHARITY CARE BASED ON THEIR FINANCIAL CIRCUMSTANCES SHOULD RECEIVE MEDICAL CARE AND CHARITY CARE PRIVILEGES IN THEIR STATE OF RESIDENCY INTERNATIONAL PATIENTS OR ILLEGAL IMMIGRANTS MAY QUALIFY FOR CHARITY CARE IF THEY ARE ELIGIBLE FOR MEDICAID. THERE ARE SPECIAL CIRCUMSTANCES FOR OUT-OF-STATE AND

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## Part VI Supplemental Information

#### Provide the following information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

INTERNATIONAL PATIENTS (E.G., AUTO ACCIDENT, EMERGENT ILLNESS) UNDER WHICH THEY WOULD OUALIFY FOR CHARITY CARE.

3. THE PATIENT/GUARANTOR MUST BE ABLE TO DEMONSTRATE A GOOD FAITH EFFORT
TO HAVING APPLIED FOR AND COMPLIED WITH AVAILABLE AFFORDABLE HEALTHCARE
BENEFIT ALTERNATIVES (E.G. MEDICAID ELIGIBILITY AND OTHER ACA SUBSIDIZED
HEALTHCARE BENEFIT PROGRAMS), OR PROVIDE EVIDENCE THAT COVERAGE FOR
MEDICAID OR OTHER PROGRAMS WOULD NOT BE GRANTED BEFORE BECOMING ELIGIBLE
FOR CHARITY CARE PATIENT MUST SUBMIT A COMPLETE APPLICATION FOR CHARITY
CARE WITHIN THE APPLICATION PERIOD AHN WILL MAKE REASONABLE EFFORTS TO
DETERMINE WHETHER AN INDIVIDUAL IS ELIGIBLE FOR OUTSIDE ASSISTANCE BEFORE
ENGAGING IN EXTRAORDINARY COLLECTION ACTIONS (ECAS) AGAINST THE
INDIVIDUAL REASONABLE EFFORTS FOR PURPOSES OF MEETING THESE
REQUIREMENTS, THERE IS BOTH A "NOTIFICATION PERIOD" AND AN "APPLICATION
PERIOD " THE NOTIFICATION PERIOD IS THE PERIOD DURING WHICH AHN MUST
NOTIFY AN INDIVIDUAL ABOUT THIS POLICY. THIS PERIOD BEGINS ON THE DATE
CARE IS PROVIDED TO THE INDIVIDUAL AND ENDS ON THE 120TH DAY AFTER AHN
PROVIDES THE INDIVIDUAL WITH THE FIRST BILLING STATEMENT FOR THE CARE IF

Provide the following information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
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- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE INDIVIDUAL HAS FAILED TO SUBMIT AN APPLICATION BY THE END OF THE NOTIFICATION PERIOD, AHN MAY ENGAGE IN EXTRAORDINARY COLLECTION ACTIONS (ECAS) AGAINST THE INDIVIDUAL. HOWEVER, AHN WILL ACCEPT AND PROCESS APPLICATIONS SUBMITTED BY AN INDIVIDUAL DURING THE LONGER "APPLICATION PERIOD" THAT ENDS ON THE 240TH DAY AFTER AHN PROVIDES THE INDIVIDUAL WITH THE FIRST BILLING STATEMENT FOR THE CARE PATIENTS WHO FAIL TO SUBMIT A COMPLETE APPLICATION OR FAIL TO RETURN THE APPLICATION INCLUDING SUPPORTING DOCUMENTATION AFTER 240 DAYS MAY BE DENIED DUE TO FAILURE TO COMPLY

- 4. COVERAGE BY CHARITY CARE IS LIMITED TO BASIC MEDICAL CARE.
- 5 CHARITY CARE WILL ONLY APPLY TO EMERGENCY AND OTHER MEDICALLY
  NECESSARY SERVICES CHARITY CARE WILL NOT BE AVAILABLE TO A PATIENT THAT
  REFUSES DISCHARGE AND INCURS ADDITIONAL CHARGES THAT ARE CONSIDERED
  MEDICALLY UNNECESSARY CHARITY CARE DISCOUNTS ONLY APPLY TO DRUGS
  ADMINISTERED DURING AN INPATIENT STAY OR OUTPATIENT SERVICE THESE
  DISCOUNTS DO NOT APPLY TO ANY OTHER DRUGS OR MAIL ORDER PRESCRIPTIONS

Provide the following information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b
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- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community** health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report

CHARITY CARE WILL NOT APPLY TO SERVICES THAT ARE COVERED BY AN INSURANCE CARRIER THAT HAS DENIED SERVICES DUE TO LITIGATION, LACK OF COOPERATION FROM THE PATIENT OR ERRONEOUS INFORMATION FROM THE PATIENT CHARITY CARE WILL ALSO NOT APPLY TO PATIENTS/GUARANTORS WHO REFUSE TO USE INSURANCE OPTIONS AVAILABLE TO THEM CHARITY CARE WILL ALSO NOT APPLY TO PATIENTS/GUARANTORS WHO HAVE NOT EXHAUSTED ALL AVENUES OF INSURANCE PAYMENT (EX: MEDICARE LIFETIME RESERVE DAYS) PENSION ACCOUNTS ARE EXCLUDED

- 6 AN APPROVED APPLICATION WILL COVER APPLICABLE SERVICES PROVIDED TO THE PATIENT FROM 180 DAYS PRECEDING TO 180 DAYS FOLLOWING THE DATE ON WHICH THE APPLICATION IS APPROVED PATIENTS/GUARANTORS MUST REAPPLY FOR ONGOING CHARITY CARE EVERY 180 DAYS THIS REAPPLICATION PROCESS MAY CONSIST OF A VERIFICATION OF THE PRESUMPTIVE CHARITY CARE DATA OR MAY REQUIRE THE SUBMISSION OF AN UPDATED AND COMPLETE CHARITY CARE APPLICATION.
- 7 CHARITY CARE DISCOUNTS APPLY TO PATIENT LIABILITY AMOUNTS ONLY; E G
  NO INSURANCE AMOUNTS WILL BE CONSIDERED APPROVED AMOUNTS MAY BE A RESULT

## Schedule H (Form 990) 2016

# Part VI Supplemental Information

#### Provide the following information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
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- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

OF

- PATIENT DOES NOT HAVE MEDICAL ASSISTANCE OR ADEQUATE INSURANCE COVERAGE
- PATIENT HAS EXHAUSTED HIS/HER INSURANCE BENEFITS (E.G., EXCEEDED
  MAXIMUM COVERED DAYS/AMOUNTS, EXCEEDED MEDICARE'S LIFETIME RESERVE
  DAYS)
- PATIENT HAS A PRIMARY INSURANCE CARRIER WHO HAS RENDERED PAYMENT
  BUT A SECONDARY LIABILITY EXISTS FOR WHICH HE/SHE DOES NOT HAVE COVERAGE
- PATIENT IS CONSIDERED INDIGENT DUE TO THE AMOUNT OF MEDICAL DEBT INCURRED IN COMPARISON TO THE PATIENT'S FINANCIAL CIRCUMSTANCES
- DECEASED PATIENT'S ESTATE WILL EXHAUST PRIOR TO PAYMENT OF THE FULL PATIENT BALANCE
- PATIENT HAS PROVIDED FORMAL BANKRUPTCY JUDGMENT THAT IMPACTS THE

  DATE ON WHICH SERVICES WERE PROVIDED WITH CONSIDERATION OF THE JUDGMENT

  AND UPDATED INCOME/ASSET INFORMATION, THE PATIENT WOULD QUALIFY FOR

  CHARITY CARE
- PATIENT IS 'HOMELESS' OR HAS PROVED RESIDENCE AS A HOMELESS SHELTER
- PATIENT HAS PROVIDED FORMAL AFFIDAVIT DOCUMENTATION REGARDING

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## Part VI Supplemental Information

#### Provide the following information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9h
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
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- 6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

INCOME/ASSET INFORMATION AND/OR HOMELESS STATUS THAT QUALIFIES THE PATIENT FOR CHARITY CARE

- PATIENT HAS MEDICAID PART PAY BALANCES AND QUALIFIES FOR CHARITY

CARE (CHARITY CARE DISCOUNTS DO NOT APPLY TO MEDICAL ASSISTANCE CO-PAY

BALANCES)

THE USE OF CHARITY CARE APPLICATIONS IS NOT REQUIRED WHEN SUFFICIENT

INFORMATION CANNOT BE OBTAINED TO QUALIFY A PATIENT/GUARANTOR FOR

PRESUMPTIVE CHARITY CARE AHN WILL CAREFULLY COMPLETE ONLY THOSE SECTIONS

OF THE APPLICATION TO DETERMINE CHARITY CARE IF THE PATIENT AND/OR

GUARANTOR'S INCOME FALLS BETWEEN 100-200% OF THE FEDERAL POVERTY

GUIDELINES, ALL PATIENT LIABILITY BALANCES WILL BE FORGIVEN AT 100%

PATIENTS DOCUMENTED AS HOMELESS ALSO ARE CONSIDERED AT THE 100% RATE.

PATIENT'S GROSS HOUSEHOLD INCOME FOR THE CURRENT AND PREVIOUS YEAR MAY

NOT EXCEED TWO (2) TIMES THE POVERTY INCOME GUIDELINES PUBLISHED ANNUALLY

IN THE FEDERAL REGISTER BY THE U S DEPARTMENT OF HEALTH AND HUMAN

SERVICES (MOST CURRENT YEAR'S DATA WILL BE MAINLY CONSIDERED)

Provide the following information.

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
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- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ADDITIONALLY, FOR FREE CARE, WE ALSO CHECK LIQUID ASSETS (CASH, CHECKING, SAVINGS AND MONEY MARKET ACCOUNTS, MATURED CERTIFICATES OF DEPOSIT, MUTUAL FUNDS AND BONDS THAT MAY BE CASHED WITHOUT PENALTY AND OTHER EASILY CONVERTIBLE INVESTMENTS) HELD BY THE PATIENT OR GUARANTOR IN EXCESS OF \$10,000 MUST BE APPLIED TO THE INDEBTEDNESS OWED TO ALLEGHENY HEALTH NETWORK PRIOR TO CONSIDERATION FOR FINANCIAL ASSISTANCE ADJUSTMENTS RETIREMENT FUNDS WILL NOT BE INCLUDED THE PRIMARY RESIDENCE AND PRIMARY VEHICLE WILL NOT BE INCLUDED AS PART OF THE ASSET TEST ANY SECONDARY RESIDENCE OR VEHICLE WILL BE CONSIDERED AND EVALUATED ON A CASE BY CASE BASIS

HARDSHIP DOCUMENTATION MAY BE REQUIRED (I E CASES WITH EXCESSIVE MEDICATIONS, TERMINAL ILLNESS OR MULTIPLE HOSPITALIZATIONS) FOR PATIENTS THAT EXCEED 200% OF THE FEDERAL POVERTY GUIDELINES AND IN WHICH THEIR ACCOUNTS BALANCE EXCEEDS 25% OF THE ANNUAL HOUSEHOLD INCOME, AHN MAY CLAIM THE EXCESS BALANCE AS HARDSHIP PROVIDED THE PATIENT PROVIDES DOCUMENTATION OF INCOME OR INCOME CAN BE DERIVED FROM OUTSIDE DATABASE SOURCES

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## Part VI Supplemental Information

#### Provide the following information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9h
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

EFFECTIVE JANUARY 1, 2016, ALLEGHENY HEALTH NETWORK INCLUSIVE OF ALL ITS HOSPITALS HAVE REVISED THE FINANCIAL ASSISTANCE AND COLLECTIONS POLICIES TO ENSURE THEIR COMPLIANCE WITH THE FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT AS WELL AS THE INTERNAL REVENUE CODE SECTION 501(R) REQUIREMENTS

PART I, LINE 7 - FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT BY ENTITY

THIS RETURN REPORTS THE GROUP COMBINED RESPONSE FOR THE TABLE IN PART I,

LINE 7 THE HOSPITAL ORGANIZATIONS REPORTED THE FOLLOWING SEPARATE NET

COMMUNITY BENEFIT EXPENSE

ALLE-KISKI MEDICAL CENTER	\$12,916,853
CANONSBURG GENERAL HOSPITAL	\$5,638,277
JEFFERSON REGIONAL MEDICAL CENTER.	\$12,516,329
SAINT VINCENT HEALTH CENTER	\$20,820,929
WEST PENN ALLEGHENY HEALTH SYSTEM, INC	\$158,786,390

Provide the following information.

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9h
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report

TOTAL NET COMMUNITY BENEFIT EXPENSE:

\$210,678,778

PART I, LINE 7, COLUMN F - BAD DEBT EXPENSE REMOVED

BAD DEBT IN THE AMOUNT OF \$64,485,203 WAS REMOVED FROM TOTAL FUNCTIONAL

EXPENSES AS REPORTED IN PART IX OF FORM 990 IN ORDER TO COMPUTE THE

PERCENTAGES FOR COLUMN F OF LINE 7

PART III, SECTION A, LINE 2 AND 3 - BAD DEBT

THE AUDITED FINANCIAL STATEMENTS ARE ISSUED ON A CONSOLIDATED BASIS AND INCLUDE ENTITIES OTHER THAN THOSE INCLUDED IN THIS FILING THEREFORE, THE FOOTNOTE REGARDING BAD DEBT IS NOT RELEVANT TO THIS RETURN THE FIGURE REFLECTED ON LINE 2 IS THE SUMMATION OF ALL BAD DEBT EXPENSE FOR THE HOSPITALS INCLUDED IN SCHEDULE H BAD DEBT EXPENSE IS ACCOUNTED FOR ON A CHARGE BASIS IN OUR INTERNAL FINANCIAL STATEMENTS

PART III, SECTION B, LINE 8 - SHORTFALL TREATMENT AS COMMUNITY BENEFIT

WE RECEIVE OVERALL REIMBURSEMENT FROM MEDICARE LESS THAN THE COST OF THE

SERVICES PROVIDED AS SUCH, WE CONSIDER THE SHORTFALL A COMMUNITY

Provide the following information.

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

BENEFIT THE SOURCE USED TO DETERMINE THE AMOUNT REPORTED ON LINE 6 IS
THE COST ACCOUNTING SYSTEM.

PART III, SECTION C, LINE 9B: WRITTEN DEBT COLLECTION POLICY

PATIENTS THAT QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE ARE

PROVIDED WITH AN APPROVAL LETTER WITH THE EFFECTIVE DATES FOR THE

ASSISTANCE AT ANY TIME THE INDIVIDUAL PRESENTS FOR SERVICES WITHIN A 90

DAY SPAN OF APPROVAL, THEY SHOW THE LETTER AND WILL BE REGISTERED AS A

CHARITY CARE CASE CHARITY CARE CASES ARE DESIGNATED IN THE INTERNAL

COMPUTERIZED SYSTEMS WITH UNIQUE PLAN CODES THAT PREVENT BILLING TO THE

PATIENT REPORTS ARE RUN TO CAPTURE THE PATIENT ACCOUNTS REGISTERED WITH

THE CHARITY CARE PLAN CODES SO THEY CAN BE WRITTEN OFF TO CHARITY CARE

PART VI, LINE 2 - NEEDS ASSESSMENT

IN ADDITION TO THE FORMAL CHNA, HOSPITAL MANAGEMENT AND STAFF UTILIZE

MULTIPLE STRATEGIES TO CONTINUALLY MONITOR AND ASSESS THE HEALTH CARE

NEEDS OF THE COMMUNITIES IT SERVES THIS INCLUDES OUTREACH TO COMMUNITY

MEMBERS IN AN EFFORT TO RECEIVE INPUT RELATED TO CURRENT HEALTH NEEDS AND

Provide the following information

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- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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TRENDS THE HOSPITAL ACTS ON SPECIFIC REQUESTS RECEIVED FOR HEALTH
RELATED MATTERS SUCH AS SCREENINGS, PROGRAMS AND RELATED EVENTS
HOSPITAL PARTICIPATES IN AREA GROUPS AND PARTNERSHIPS IN AN EFFORT TO
UNDERSTAND THE COMMUNITY AND OBTAIN A SENSE OF SPECIFIC ISSUES THE
HOSPITAL ALSO ACTS ON SURVEY RESULTS RECEIVED FROM PATIENTS AND THE
PATIENT FAMILIES AS WELL AS BEING CONNECTED TO WORLD-WIDE, NATIONAL AND
LOCAL HEALTH TRENDS AND NEEDS AND ACTING ACCORDINGLY TO ENSURE OUR
PATIENTS HAVE THE BEST CARE AVAILABLE TO THEM

PART VI, LINE 3 - PATIENT EDUCATION FOR ELIGIBILITY FOR ASSISTANCE
WEST PENN ALLEGHENY HEALTH SYSTEM, INC HOSPITALS DISPLAY SIGNAGE IN
VARIOUS PATIENT ADMISSION, REGISTRATION AND EMERGENCY DEPARTMENT AREAS
THAT ALERT PATIENTS TO ACCOUNT ASSISTANCE PROGRAM AVAILABILITY AND
CONTACT INFORMATION. DURING THE PRE-SERVICE PROCESS, PATIENTS ARE
EVALUATED TO DETERMINE FINANCIAL ASSISTANCE OPTIONS HOSPITALS OFFER THE
"ACCOUNT ASSISTANCE PROGRAM" WHICH CONSISTS OF APPLICATION ASSISTANCE FOR
GOVERNMENTAL ELIGIBILITY, CHARITY CARE APPLICATION COMPLETION AND
SUBMISSION SUPPORT, AS WELL AS UNINSURED PROVISIONS ACCOUNT ASSISTANCE

Provide the following information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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SUMMARIES ARE AVAILABLE AT THE HOSPITAL. THESE HOSPITALS ALSO PROVIDE ON-SITE SUPPORT THROUGH FINANCIAL COUNSELOR STAFF WHO ARE AVAILABLE TO WORK WITH PATIENT WALK IN'S. FINANCIAL COUNSELORS WORK DIRECTLY WITH THE PATIENTS AS WELL AS DESIGNATED AGENCY SUPPORT REGARDING QUALIFYING PATIENTS FOR MEDICAL ASSISTANCE BOTH WEEK DAY AND WEEKEND COVERAGE IS AVAILABLE TO THE PATIENTS, AS WELL AS FIELD SUPPORT NEEDED FOR POST DISCHARGE FOLLOW UP NEEDED FOR APPLICATION SUBMISSION. THE ABOVE SUPPORT IS AVAILABLE AT NO CHARGE TO THE PATIENT JEFFERSON REGIONAL MEDICAL CENTER JEFFERSON REGIONAL MEDICAL CENTER INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER JEFFERSON REGIONAL MEDICAL CENTER'S CHARITY CARE POLICY WITH A VARIETY OF COMMUNICATIONS DURING REGISTRATION/ADMISSION AND ON THEIR BILLS JEFFERSON REGIONAL MEDICAL CENTER'S CHARITY CARE POLICY IS COMMUNICATED TO ELIGIBLE PATIENTS AT REGISTRATION THROUGH BROCHURES AVAILABLE IN THE REGISTRATION DEPARTMENT THAT EXPLAIN THE PROGRAM A BROCHURE TITLED PATIENT PAYMENT ALTERNATIVES IS PROVIDED TO PATIENTS AS PART OF THE REGISTRATION/ADMISSION PROCESS THIS BROCHURE DESCRIBES JEFFERSON

Provide the following information

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

REGIONAL MEDICAL CENTER'S CREDIT POLICY, PAYMENT OPTIONS, AND THE HEALTH CONCERN PROGRAM, WHICH PROVIDES FOR SERVICES AT A REDUCED RATE OR WITHOUT CHARGE. FINANCIAL ASSISTANCE CONTACT INFORMATION IS PROVIDED IN THE BROCHURE EVERY IN-PATIENT IS REFERRED TO A FINANCIAL COUNSELOR FOR VERIFICATION OF INSURANCE COVERAGE BENEFITS. IF THE PATIENT HAS NO INSURANCE OR MINIMUM INSURANCE, THEY ARE SCREENED FOR REFERRAL TO ONE OF TWO OUTSIDE AGENCIES THAT WE USE TO ASSIST THE PATIENT FOR APPLYING FOR MEDICAL ASSISTANCE THE FINANCIAL COUNSELOR ALSO HAS THE PATIENT COMPLETE THE UNCOMPENSATED CARE (FREE CARE) APPLICATION FOR JEFFERSON REGIONAL THIS PROCESS IS DESIGNED TO IDENTIFY PATIENTS WHO NEED MEDICAL ASSISTANCE (UNCOMPENSATED CARE AND MEDICAL ASSISTANCE CRITERIA IS NOT THE SAME, THE PROCESS SEARCHES FOR PATIENTS ELIGIBLE FOR BOTH) FRONT OF THE PATIENT BILLS CLEARLY STATE THREE PAYMENT OPTIONS. OPTION A IS PAYMENT IN FULL, WITH A 10 PERCENT DISCOUNT IF THE PAYMENT IS RECEIVED WITHIN 20 DAYS OF BILLING. THE DISCOUNT FOR EARLY PAYMENT WAS ELIMINATED AT THE END OF 2014 OPTION B IS THE OPPORTUNITY TO MAKE A PAYMENT ARRANGEMENT, AND PAY OFF THE BILL IN THREE EQUAL MONTHLY INSTALLMENTS OPTION C IS THE MEDICAL FINANCE PROGRAM FOR INDIVIDUALS NEEDING MORE THAN

Provide the following information

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THREE MONTHS TO PAY OFF THEIR ACCOUNT BALANCE THE BACK OF THE PATIENT BILL INCLUDES A SECTION TITLED FOR ASSISTANCE IN PAYING BILLS AND PROVIDES INCOME LIMITS TO QUALIFY FOR THE HEALTH CONCERN PROGRAM. FINANCIAL ASSISTANCE CONTACT INFORMATION IS PROVIDED BOTH ON THE FRONT AND THE BACK OF THE PATIENT BILLS. ADDITIONAL INFORMATION TRANSLATION SERVICES ARE AVAILABLE, IF NEEDED. OUR FINANCIAL COUNSELORS ARE TRAINED ON ELIGIBILITY OF BOTH MEDICAL ASSISTANCE (CONDUCTED BY OUR OUTSIDE VENDORS) AND UNCOMPENSATED CARE PROGRAM (CONDUCTED BY JEFFERSON REGIONAL MEDICAL CENTER MANAGEMENT) WE USE AN OUTSIDE FIRM TO ASSIST THE PATIENT IN ACTUALLY APPLYING FOR MEDICAL ASSISTANCE THIS COMPANY VISITS THE PATIENTS IN THEIR HOME FOR FOLLOW UP, OR TRANSPORTS THEM TO APPOINTMENTS, IF NECESSARY AND CONDUCTS FOLLOW UP AS NEEDED ROLES AND RESPONSIBILITIES OF FINANCIAL ASSISTANCE COUNSELOR INCLUDE REVIEWING PATIENT INSURANCE AND DETERMINING BENEFITS AVAILABLE FOR THAT PARTICULAR HOSPITAL STAY THERE ARE NO OR LIMITED BENEFITS, THEY LOOK TO MEDICAL ASSISTANCE WORKERS ALSO IDENTIFY FINANCIAL ASSISTANCE NEEDS PAYMENT CAN BE MADE BY CASH, CHECK OR CREDIT CARD, AS STATED UNDER THE FIRST OPTION ADDITION, APPLICATION FOR A HELP LOAN IS ALSO A CHOICE ALL OF THESE

Provide the following information

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OPTIONS WILL BE DISCUSSED WHENEVER THE PATIENT MEETS WITH THE FINANCIAL COUNSELOR SAINT VINCENT HEALTH CENTER: INFORMING THE PUBLIC THAT CHARITY CARE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR CHARITY CARE PROGRAM AND SAINT VINCENT HEALTH CENTER (SVHC) CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATIONS WITH PATIENTS ON THE AVAILABILITY OF CHARITY CARE INFORMATION ABOUT THE CHARITY CARE POLICY A SUMMARY DESCRIPTION OF THE CHARITY CARE POLICY IS AVAILABLE IN PATIENT REGISTRATION AREAS AND FROM FINANCIAL COUNSELORS WHO ARE PRESENT ON-SITE TO ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND CHARITY CARE

THE EIGHT HOSPITALS (ALLEGHENY GENERAL, ALLEGHENY VALLEY, CANONSBURG, FORBES, JEFFERSON, SAINT VINCENT, WESTFIELD MEMORIAL AND WEST PENN), FOUR HEALTH + WELLNESS PAVILIONS, AND MORE THAN 250 CLINICAL SITES THAT COMPRISE ALLEGHENY HEALTH NETWORK SERVE ALL OF WESTERN PENNSYLVANIA, AND PARTS OF WEST VIRGINIA, MARYLAND, OHIO AND NEW YORK ITS PRIMARY SERVICE AREAS INCLUDE THE PITTSBURGH METROPOLITAN STATISTICAL AREA (ALLEGHENY, ARMSTRONG, BEAVER, BUTLER, FAYETTE, WASHINGTON, AND WESTMORELAND

PART VI, LINE 4 - COMMUNITY INFORMATION

#### Provide the following information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
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COUNTIES) AND THE ERIE MSA (ERIE COUNTY) TOGETHER, THESE AREAS HAVE A POPULATION OF MORE THAN 2.6 MILLION. THE TWO MSAS ARE SIMILAR DEMOGRAPHICALLY, WITH A WHITE / CAUCASIAN POPULATION OF ABOUT 89 PERCENT, AND A BLACK / AFRICAN-AMERICAN POPULATION OF NEARLY 8 PERCENT ERIE COUNTY HAS A LARGER LATINO / HISPANIC POPULATION (MORE THAN 3 PERCENT) THAN DOES THE PITTSBURGH MSA (LESS THAN 1 PERCENT) ERIE, PA, HOME TO SAINT VINCENT HOSPITAL, ALSO HAS A SIGNIFICANT REFUGEE POPULATION, ACCORDING TO THE CITY'S MAYOR, REFUGEES MAKE UP ABOUT 18 PERCENT (OR ABOUT 18,000) OF THE CITY'S POPULATION OF ABOUT 100,000

BOTH THE PITTSBURGH AND ERIE MSA SKEW OLDER THAN THE NATIONAL AVERAGE,

MEANING HOSPITALS IN THOSE MSAS SEE A HIGHER-THAN-AVERAGE PROPORTION OF

MEDICARE PATIENTS THE PITTSBURGH MSA'S 65-AND-OVER POPULATION IS MORE

THAN 17 PERCENT, ERIE COUNTY'S PROPORTION OF SENIOR CITIZENS IS MORE THAN

16 PERCENT

NATIONALLY, ABOUT 14 PERCENT OF AMERICANS ARE AGED 65 OR OLDER

#### Provide the following information

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HOUSEHOLDS WITHIN THE PITTSBURGH AND ERIE MSAS HAVE A LOWER-THAN-AVERAGE MEDIAN INCOME. IN ERIE COUNTY, THE MEDIAN HOUSEHOLD INCOME IS ABOUT \$46,000 ANNUALLY. IN THE PITTSBURGH MSA, THE MEDIAN HOUSEHOLD INCOME IS ABOUT \$40,000 ANNUALLY. NATIONALLY, THE MEDIAN HOUSEHOLD INCOME IS ABOUT \$53,000

PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH

THE HOSPITALS OF ALLEGHENY HEALTH NETWORK (ALLEGHENY GENERAL, ALLEGHENY VALLEY, CANONSBURG, FORBES, JEFFERSON, SAINT VINCENT, WESTFIELD MEMORIAL AND WEST PENN) PROMOTE THE HEALTH AND WELL-BEING OF THEIR RESPECTIVE

COMMUNITIES IN A VARIETY OF WAYS FIRST AND FOREMOST, THEY DO SO THROUGH THE PROVISION OF EMERGENCY CARE AND TRAUMA CARE, OPERATING EMERGENCY DEPARTMENTS 24 HOURS A DAY, 7 DAYS A WEEK, WITH HIGHLY SKILLED AND TRAINED EMERGENCY MEDICINE PHYSICIANS AND NURSES THE EMERGENCY DEPARTMENTS ARE OPEN TO ALL INDIVIDUALS REGARDLESS OF THEIR ABILITY TO PAY, AND PROVIDE SPECIALIZED, LIFE-SAVING CARE TO ALL WHO SEEK IT, REGARDLESS OF A PATIENT'S RACE, CREED, GENDER, NATIONAL ORIGIN, PHYSICAL OR MENTAL DISABILITY, OR ABILITY TO PAY

Provide the following information

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ADDITIONALLY, THE HOSPITALS AND CLINICS OF AHN SUPPORT A BROAD ARRAY OF CHARITABLE SERVICES AND PROGRAMS IN THE COMMUNITY BY PROVIDING SUBSIDIZED HEALTH CARE, SPONSORING COMMUNITY EVENTS (HEALTH FAIRS, CANCER SCREENINGS, WALKS, EDUCATIONAL SEMINARS, BENEFITS 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 SOME OF THOSE SERVICES AND INITIATIVES INCLUDE: THE AHN POSITIVE HEALTH CLINIC, THE BRADDOCK URGENT CARE CLINIC, FREE CANCER SCREENINGS, A MEDICAL RESPITE PROGRAM, THE OPEN HEART SURGERY OBSERVATION PROGRAM, THE PERINATAL HOPE PROGRAM, AND MORE (FOR ADDITIONAL DETAIL, SEE SCHEDULE O.)

IN 2015, AS REQUIRED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT,
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

Provide the following information.

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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 (FOR ADDITIONAL DETAIL, SEE SCHEDULE O)

NOTABLY, AHN AND ITS MEMBER FACILITIES SUPPORT THE HEALTH OF THEIR
RESPECTIVE COMMUNITIES, COUNTIES AND THE STATE OF PENNSYLVANIA THROUGH
TAX CONTRIBUTIONS OF NEARLY \$28 MILLION IN 2016 COLLECTIVELY, AHN'S
HOSPITALS CREATE DIRECT AND INDIRECT ECONOMIC BENEFIT TO THE REGION'S
ECONOMIES (INCLUSIVE OF SPENDING AND SALARIES) TOTALING \$4.6 BILLION,
ACCORDING TO THE HOSPITAL & HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA
THROUGH DIRECT SPENDING, CAPITAL SPENDING, AND SALARIES (AHN EMPLOYS MORE
THAN 18,000 ACROSS ITS FOOTPRINT), AHN SERVES AS AN ECONOMIC CATALYST TO
THE REGION, AND ITS MEMBER HOSPITALS AND FACILITIES SUPPORT THEIR
RESPECTIVE COMMUNITIES BY CREATING HEALTH-CARE JOBS AND SUSTAINING
DOWNSTREAM JOBS AND BUSINESSES

Provide the following information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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OTHER INITIATIVES THAT IMPROVE THE HEALTH AND WELL-BEING OF THE MANY COMMUNITIES SERVED BY AHN INCLUDE:

-BURN CAMP: FOR MORE THAN 30 YEARS, WEST PENN HOSPITAL (PART OF AHN) HAS

SURVIVED BURN INJURIES. CHILDREN WITH BURN INJURIES OFTEN FACE A LONG,

PAINFUL RECOVERY AND A TOUGH ADJUSTMENT BACK TO THEIR REGULAR LIVES, THE

FIVE-DAY CAMP OFFERS CAMARADERIE, FUN AND PEER SUPPORT THAT FOSTER

EMOTIONAL HEALING AND GROWTH

CAMP IS FREE OF CHARGE TO ANY CHILD THAT HAS BEEN TREATED AT WEST PENN
BURN CENTER, ONE OF THE NATION'S PREMIER BURN TREATMENT AND RECOVERY
CENTERS ACTIVITIES ARE DESIGNED TO HELP CHILDREN REGAIN CONFIDENCE AND
SELF-ESTEEM AND TO BUILD FRIENDSHIPS WHILE LESSENING FEELINGS OF
COMMUNITY ISOLATION THAT CAN OCCUR AS A RESULT OF A BURN INJURY

-HEALTHCARE@HOME ALLEGHENY HEALTH NETWORK MAKES IT EASIER FOR PATIENTS
TO ACCESS A FULL RANGE OF CUSTOMIZED HEALTHCARE SERVICES IN THE PRIVACY

Provide the following information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report

AND COMFORT OF THEIR OWN HOMES THROUGH AHN'S HEALTHCARE@HOME PROGRAM,

AHN IS HELPING MANY PATIENTS MAINTAIN THEIR INDEPENDENCE AND CONTINUE THE

HEALING PROCESS AT HOME AS LONG AS POSSIBLE. THE SERVICE ARRANGES FOR

HOME HEALTH, HOSPICE, PALLIATIVE AND INFUSION THERAPY SERVICES, AS WELL

AS THE DELIVERY OF MEDICAL EQUIPMENT AND SUPPLIES, ALLOWING PATIENTS TO

REMAIN IN THEIR OWN HOMES, AND IN THEIR OWN COMMUNITIES, AND OUT OF THE

HOSPITAL OR A SKILLED NURSING FACILITY

-COMMUNITY-BASED DIABETES CARE AHN, WITH FINANCIAL SUPPORT FROM THE RICHARD KING MELLON FOUNDATION, IS ADVANCING A TRANSFORMATIONAL,

COMMUNITY-BASED DIABETES CARE MODEL IN THE REGION MORE THAN 29 MILLION PEOPLE IN THE UNITED STATES, OR NEARLY 10% OF THE POPULATION, ARE

AFFECTED BY DIABETES AT THE CURRENT PACE OF THE EPIDEMIC, THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) ESTIMATES THAT AS MANY AS ONE IN THREE PEOPLE COULD HAVE DIABETES BY THE YEAR 2050. THE YEARLY ECONOMIC IMPACT OF THE DISEASE AND ITS COMPLICATIONS EXCEEDS \$245 BILLION, TO BETTER ADDRESS THE GROWING INCIDENCE AND IMPACT OF DIABETES IN WESTERN PENNSYLVANIA, AHN HAS ESTABLISHED A PATIENT-CENTERED MODEL OF CARE TO

Provide the following information.

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MORE EFFECTIVELY MEET THE COMPREHENSIVE NEEDS OF THOSE LIVING WITH THE
DISEASE THE RICHARD KING MELLON FOUNDATION GRANT WILL PROVIDE PATIENTS
IN THE AHN PROGRAM WITH ACCESS TO A RANGE OF MEDICAL AND OTHER SUPPORT
SERVICES IN THE COMMUNITY. AT THE CORE OF THE NEW CARE MODEL ARE
PHYSICIAN-LED, HOLISTIC ASSESSMENTS TO UNDERSTAND A PATIENT'S INDIVIDUAL
NEEDS AND TO UNCOVER POTENTIAL BARRIERS TO SUCCESSFUL DISEASE MANAGEMENT.
CRUCIALLY, DIABETES CARE COORDINATORS ARE HELPING TO CONNECT PATIENTS
WITH A VARIETY OF SPECIALISTS TO HELP THEM MANAGE THEIR DISEASE MORE
EFFECTIVELY, INCLUDING NUTRITIONISTS, BEHAVIORAL HEALTH COUNSELORS AND
SOCIAL WORKERS IN ADDITION, PATIENTS ARE CONNECTED WITH SERVICES AND
ORGANIZATIONS WITHIN THEIR COMMUNITIES TO HELP FURTHER IMPROVE AND
ENHANCE THEIR OVERALL CARE, SUCH AS LOCAL FOOD BANKS OFFERING HEALTHY
DIETARY OPTIONS, THE AMERICAN DIABETES ASSOCIATION AND JDRF

-MAKE A DIFFERENCE DAY ANNUALLY, AHN AND PARENT COMPANY HIGHMARK HEALTH
CELEBRATE MAKE A DIFFERENCE DAY, THE LARGEST NATIONAL DAY OF COMMUNITY
SERVICE IN THE U S ON THIS DAY, MILLIONS OF VOLUNTEERS ACROSS THE NATION
UNITE WITH A COMMON MISSION - TO IMPROVE THE LIVES OF OTHERS EMPLOYEES

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FROM AHN AND HIGHMARK HEALTH DO SO BY VOLUNTEERING IN THEIR OWN

COMMUNITIES THROUGH VARIOUS ENVIRONMENTAL CLEAN-UP EFFORTS; VOLUNTEERING

WITH LOCAL SALVATION ARMY CHAPTERS TO PROVIDE WARM CLOTHES FOR CHILDREN

DURING THE WINTER MONTHS; AND VOLUNTEERING AT COMMUNITY FAIRS AND

COMMUNITY WALKS THAT RAISE MONEY FOR MEDICAL RESEARCH.

-CHILD SAFETY DAY: CANONSBURG HOSPITAL (PART OF AHN) SPONSORS A SPRING CHILD SAFETY DAY ON ITS HOSPITAL GROUNDS FOR A DAY OF FUN AND EDUCATION EACH FAMILY ATTENDING IS GIVEN A FREE FIRST-AID KIT, AND HOSPITAL STAFF DISTRIBUTES MORE THAN 300 FREE BICYCLE HELMETS WHILE CHILD DEATHS RELATED TO UNINTENTIONAL INJURY OR TRAUMA HAVE DROPPED DRAMATICALLY OVER THE LAST 30 YEARS, UNINTENTIONAL INJURIES (MOTOR VEHICLE/TRAFFIC ACCIDENTS, SUFFOCATION, DROWNING, POISONING, AND FIRE/BURNING) ARE STILL THE LEADING CAUSE OF DEATH FOR CHILDREN, AND MANY TRAUMA-RELATED INJURIES INCREASE IN THE SUMMER AFTER SCHOOL LETS OUT.

-SCHOOL PARTNERSHIPS AHN IS INVOLVED IN NUMEROUS CAREER AND EDUCATIONAL DEVELOPMENT PARTNERSHIPS, INCLUDING THE FUTURE IS MINE (STUDENTS TOUR

Provide the following information.

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VARIOUS AHN HOSPITAL DEPARTMENTS AND LEARN ABOUT CAREERS, EDUCATION, AND WORKING IN THE MEDICAL FIELD); DISABILITY MENTORING DAY (STUDENTS ARE ABLE TO TOUR PART HOSPITAL DEPARTMENTS AND LEARN ABOUT VARIOUS TASKS AND DUTIES ONE PERFORMS IN THEIR FIELD), WORKREADY (A SIX-WEEK MENTORING FOR WESTERN PENNSYLVANIA HIGH SCHOOL STUDENTS THAT GIVE STUDENTS REAL-WORK EXPERIENCE), CITY CONNECTIONS (A PROGRAM THAT HELPS HIGH SCHOOL STUDENTS WITH SEVERE DISABILITIES GAIN REAL WORK EXPERIENCE AND KNOWLEDGE FROM THEIR SELECTED DEPARTMENT MENTOR); PROJECT MOVE (AN EIGHT-WEEK MENTORING PROGRAM AT AGH), START ON SUCCESS (A COMMUNITY WORK PROGRAM THAT ASSIGNS STUDENTS TO WORK ALONGSIDE REGULAR STAFF AND COMPLETE ASSIGNED TASKS AND RESPONSIBILITIES, STUDENTS RECEIVE AN HOURLY WAGE AND ARE AT THE HOSPITAL M-F FOR TWO HOURS A DAY), STRANGER AWARENESS (AGH AND TWO HIGH SCHOOL STUDENTS CREATED THE STRANGER AWARENESS PROGRAM TO HELP YOUNGER STUDENTS PRACTICE WHAT TO DO WHEN A STRANGER APPROACHES THEM AND RECOGNIZE "SAFE" STRANGERS), IN SCHOOL YOUTH (A PROGRAM FOCUSED ON PITTSBURGH HIGH SCHOOL STUDENTS INTERESTED IN PURSUING A CAREER IN HEALTHCARE), OUT OF SCHOOL YOUTH (A PROGRAM FOR PITTSBURGH HIGH SCHOOL STUDENTS WHO HAVE NOT DECIDED A CAREER PATH), SCIENCE, TECHNOLOGY, ENGINEERING, MATH, MEDICINE (A

Provide the following information.

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ONE-DAY STEMM SEMINAR IS DESIGNED FOR HIGH SCHOOL JUNIORS AND SENIORS),

GATEWAY MEDICAL SOCIETY-JOURNEY INTO MEDICINE (AN EDUCATIONAL PROGRAM

OFFERED TO STUDENTS WHO ARE INTERESTED PURSUING A CAREER IN THE ALLIED

HEALTH FIELD FOR SIXTH- AND SEVENTH-GRADERS); AND SEVERAL OTHER

PARTNERSHIPS.

-DIVERSITY IN EMPLOYMENT AND CONTRACTING AHN IS COMMITTED TO DIVERSITY

AND THE CREATION OF AN INCLUSIVE WORK ENVIRONMENT FOR NOT ONLY ITS

EMPLOYEES, BUT ALSO VENDORS AND CONTRACTORS WHO SUPPORT THE NETWORK AS

AN EQUAL OPPORTUNITY EMPLOYER, AHN RECOGNIZES AND EMBRACES THE MANY

DIVERSE PERSPECTIVES AND LIFE EXPERIENCES THAT EACH INDIVIDUAL BRINGS TO

THE WORKPLACE, CREATING A DIVERSE WORKFORCE, AND PROVIDING OPPORTUNITIES

FOR WOMEN-OWNED AND MINORITY-OWNED VENDORS, IS PART OF AHN'S EMPLOYMENT

AND BUSINESS SUPPLY CHAIN STRATEGY

-LIFEFLIGHT LIFEFLIGHT, THE FIRST AIR MEDICAL TRANSPORT SERVICE IN THE NORTHEASTERN UNITED STATES, IS PART OF AHN AND HAS COMPLETED MORE THAN 70,000 MISSIONS IN NEARLY 40 YEARS OF FLYING HOSPITAL-BASED AIR-MEDICAL

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TRANSPORT PROGRAMS THAT FIRST TOOK FLIGHT IN THE LATE 1970S ARE CREDITED WITH SIGNIFICANTLY IMPROVING A CRITICALLY INJURED PATIENT'S CHANCE OF SURVIVAL. THEY PROVIDE TIMELY ACCESS TO SPECIALTY LIFE-SAVING INTERVENTIONS FOR PEOPLE SUFFERING FROM TRAUMA, HEART ATTACKS, STROKES, AND OTHER CRITICAL ILLNESSES. AHN'S LIFEFLIGHT HAS FIVE BASES THROUGHOUT THE REGION

-VETERANS AHN IS A PARTNER IN THE "WE HONOR VETERANS PROGRAM," A PROGRAM DEVELOPED BY THE NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION

(NHPCO) IN COLLABORATION WITH THE DEPARTMENT OF VETERANS AFFAIRS (VA) TO SPECIFICALLY RECOGNIZE THE UNIQUE NEEDS OF AMERICA'S VETERANS AND THEIR FAMILIES AHN'S HEALTHCARE@HOME UNIT RECOGNIZES THAT VETERANS AND THEIR FAMILIES MAY FACE UNIQUE AND SPECIAL NEEDS AND CHALLENGES BECAUSE OF THEIR ILLNESS, ISOLATION OR TRAUMATIC LIFE EXPERIENCES THE GOALS OF THE WE HONOR VETERANS PROGRAM FOCUS ON RESPECTFUL INQUIRY, COMPASSIONATE LISTENING AND GRATEFUL ACKNOWLEDGMENT ADDITIONALLY, AHN SUPPORTS THE HEALTH OF WESTERN PENNSYLVANIA'S SUBSTANTIAL VETERANS COMMUNITY THROUGH THE INTEGRATION OF THE AHN AND VA ELECTRONIC MEDICAL RECORDS (EMR)

Provide the following information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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PLATFORMS. THE TWO ORGANIZATIONS CAN NOW EXCHANGE VETERANS' HEALTH

RECORDS SECURELY AND SEAMLESSLY FOR A MORE CONNECTED PATIENT-PROVIDER

EXPERIENCE. IN 2016, THE FIRST RECORDS WERE SHARED ACROSS THE AHN AND VA

EMR PLATFORMS, AND TO DATE THOUSANDS OF MEDICAL DOCUMENTS HAVE BEEN

EXCHANGED BETWEEN AHN AND THE VA BY ALLOWING FOR A SEAMLESS RECORD

EXCHANGE, PATIENTS WHO VISIT PROVIDERS AT VARIOUS FACILITIES ARE MORE

EMPOWERED THE MOMENT THEY WALK IN THE DOOR. A PATIENT'S UP-TO-DATE

MEDICAL HISTORY IS IMMEDIATELY AVAILABLE FOR REVIEW, AND THE NEED FOR

TRAVELING WITH PAPER RECORDS IS ELIMINATED CONNECTING WITH VA'S EMR

PLATFORM, KNOWN AS VIRTUAL LIFETIME ELECTRONIC RECORD (VLER), AFFORDS AHN

PROVIDERS SECURE ELECTRONIC ACCESS TO VETERANS' HEALTH RECORDS STORED AT

ANY OF VA'S 1,233 HEALTHCARE FACILITIES NATIONWIDE, INCLUDING VAPHS

VETERANS' PARTICIPATION IS STRICTLY VOLUNTARY

-RESEARCH AT THE ALLEGHENY HEALTH NETWORK RESEARCH INSTITUTE, THE PATH
TO ADVANCING THE SCIENCE OF MEDICINE STARTS WITH DISCOVERY. OUR RESEARCH
SCIENTISTS AND PHYSICIAN INVESTIGATORS ARE FORGING NEW MEDICAL FRONTIERS
LOOKING FOR CLUES AND CURES TO SOME OF THE MOST COMPLEX CAUSES OF

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DISEASE AHN OFFERS COMMUNITY ACCESS TO NEW DRUG THERAPIES, HONES REVOLUTIONARY SURGICAL PROCEDURES, AND HAS ADVANCED EXPERTISE WITH INNOVATIVE DEVICES AND WEARABLE TECHNOLOGIES THAT HELP REDUCE THE IMPACT OF CHRONIC DISEASE. AHN PARTNERS WITH LOCAL INDUSTRY, GOVERNMENT, ACADEMIA, AND HEALTH SYSTEMS ACROSS THE REGION TO WORK TOWARD A COMMON DISCOVERING CURES AND DEVELOPING THE NEXT "BEST PRACTICES" IN BY REDEFINING THE WAY AHN TREATS DISEASE, THE NETWORK IS IMPROVING THE HEALTH OF ITS COMMUNITY, AND ITS PATIENTS, WHILE ADVANCING THE SCIENCE OF MEDICINE ADDITIONALLY, AHN PARTICIPATES IN HIGHMARK HEALTH'S "VITAL" (VERIFICATION OF INNOVATION BY TESTING, ANALYSIS AND LEARNING) PROGRAM, A CLINICAL INNOVATION PROGRAM THAT LEVERAGES HIGHMARK HEALTH'S SIZE AND MARKET POSITION, AND AHN'S PATIENTS AND CLINICIANS, TO ACCELERATE THE PACE AT WHICH NOVEL THERAPIES AND SERVICES ARE MADE AVAILABLE TO PATIENTS THE VITAL INNOVATION PROGRAM IS A TEST BED DESIGNED TO FACILITATE EARLY USE OF TECHNOLOGIES THAT HAVE RECEIVED REGULATORY APPROVAL, BUT ARE NOT YET COVERED BY MOST COMMERCIAL INSURERS, INCLUDING HIGHMARK INC VITAL AND AHN CLINICIANS TEST THOSE TECHNOLOGIES AND THERAPIES, SEE HOW WELL THEY WORK ON OUR PATIENTS THROUGH CLINICAL

6E1327 2 000

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TRIALS, AND DETERMINE WHETHER THEY ARE COST EFFECTIVE IN HOPES OF

SPEEDING THOSE TECHNOLOGIES TO THE FULL WESTERN PENNSYLVANIA AUDIENCE.

PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM

SEE SCHEDULE O

PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT

WE DO NOT FILE A COMMUNITY BENEFIT REPORT WITH ANY STATE

Page\_10

#### Part VI Supplemental Information

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PROF  (A) NAME OF ENTITY (B) DESCRIPTION OF PRIMARY (C) ORG. PROFIT (D) EMPLOYEES STOC		ATTACHMENT 1	<del></del>
	·	PROFIT . PROFIT (D) EMPLOYEES STOCK OR STOCK PROFIT % OR OWNER	SICIANS T % OR K RSHIP %
SOUTH HILLS SURGERY MEDICAL SERVICES 41.92000 58	COLUMN NILLS CUPC	OWNERSHIP %	08000

### **SCHEDULE I** (Form 990)

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

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

2016

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization Employer identification number HIGHMARK HEALTH GROUP 82-1406555 General Information on Grants and Assistance Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (e) Amount of non-(g) Description of (h) Purpose of grant (b) EIN (d) Amount of cash 1 (a) Name and address of organization or government (if applicable) grant cash assistance noncash assistance or assistance (1) SAINT VINCENT HEALTH CENTER 232 WEST 25TH STREET ERIE, PA 16544 25-0965547 PROGRAM SUPPORT 501C3 291,950 (2) JEWISH HEALTHCARE FOUNDATION 650 SMITHFIELD PITTSBURGH, PA 15222 25-1624347 210,000 (3) JDRF INTERNATIONAL 501 MARTINDALE ST PITTSBURGH, PA 15212 23-1907729 501C3 78,000 PROGRAM SUPPORT (4) AMERICAN HEART ASSOCIATION 444 LIBERTY AVENUE PITTSBURGH, PA 15222 13-5613797 501C3 56,000 PROGRAM SUPPORT (5) WESTFIELD MEMORIAL HOSPITAL 189 EAST MAIN STREET WESTFIELD, NY 14787 16-0743222 501C3 50,000 PROGRAM SUPPORT (6) PREVENTION POINT PITTSBURGH 907 WEST STREET PITTSBURGH, PA 15221 25-1852314 501C3 26,000 PROGRAM SUPPORT (7) THE OPEN DOOR INC P O BOX 99243 PITTSBURGH, PA 15233 30-0354607 PROGRAM SUPPORT 25,000 (8) AMERICAN CANCER SOCIETY 320 BILMAR DRIVE PITTSBURGH, PA 15205 13-1788491 501C3 17,500 PROGRAM SUPPORT (9) BLOOMFIELD DEVELOPMENT CORP 366 GROSS STREET PITTSBURGH, PA 15224 20-5817024 |501C3 15,100 PROGRAM SUPPORT AMERICAN DIABETES ASSOCIATION

15,000

15,000

5168 CAMPBELLS RUN RD PITTSBURGH, PA 15205 13-1846366 |501C3 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . . . . . . .

13-1623888

25-1293687 501C6

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

501C3

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

100 W STATION SQ DR PITTSBURGH, PA 15219

2790 MOSSIDE BLVD MONROEVILLE, PA 15146

(11) MONROEVILLE CHAMBER OF COMMERCE

(12) MARCH OF DIMES WEST PENN DIVISION

Schedule I (Form 990) (2016)

PROGRAM SUPPORT

PROGRAM SUPPORT

PROGRAM SUPPORT

### SCHEDULE I (Form 990)

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

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

20**16** 

ZU 10

Open to Public ► Attach to Form 990. Department of the Treasury Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization Employer identification number HIGHMARK HEALTH GROUP 82-1406555 General Information on Grants and Assistance Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and X Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant (if applicable) cash assistance noncash assistance or assistance or government grant (1) A GLIMMER OF HOPE INC PO BOX 908 WEXFORD, PA 15090 25-1627978 501C3 12,500 PROGRAM SUPPORT (2) PITTSBURGH NORTH REG CHAMBER OF COMMERCE 25-1374594 5000 BROOKTREE ROAD WEXFORD, PA 15090 12,500 PROGRAM SUPPORT (3) ALEXIS JOY DACHILLE FOUNDATION FOR POST 9970 PARKLAND DRIVE WEXFORD, PA 15090 46-4212454 11,000 PROGRAM SUPPORT (4) CARNEGIE MELLON UNIVERSITY 25-0969449 501C3 4800 FORES AVE PITTSBURGH, PA 15213 10,000 PROGRAM SUPPORT (5) AFRICAN AMERICAN CHAMBER OF COMMERCE 25-1729192 501C6 436 7TH AVENUE PITTSBURGH, PA 15219 10,000 PROGRAM SUPPORT (6) ALS ASSOC OF WESTERN PA W VA 416 LINCOLN AVENUE PITTSBURGH, PA 15209 23-7123851 501C3 10,000 PROGRAM SUPPORT (7) AMERICAN DIABETES ASSOCIATION OF WESTERN PA 112 WASHINGTON PLACE PITTSBURGH, PA 15219 54-1734511 | 501C3 10,000 PROGRAM SUPPORT (8) AMERICAN LUNG ASSOCIATION 810 RIVER AVE, STE 140 PITTSBURGH, PA 15212 13-1632524 501C3 10,000 PROGRAM SUPPORT

10,000

10,000

10,000

58-1341679 501C3

25-1753149 501C3

81-0665396 501C3

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

Schedule I (Form 990) (2016)

PROGRAM SUPPORT

PROGRAM SUPPORT

PROGRAM SUPPORT

PROGRAM SUPPORT

(9) ARTHRITIS FOUNDATION WPA CHAPTER

790 HOLIDAY DRIVE PITTSBURGH, PA 15220

1133 S BRADDOCK AVE PITTSBURGH, PA 15218

0) DR GERTRUDE A BARBER FOUNDATION INC 100 BARBER PLACE ERIE, PA 16507

(11) SUSAN G KOMEN FOR THE CURE PITTSBURG

(12) LEUKEMIA AND LYMPHOMA SOCIETY

# SCHEDULE I

Department of the Treasury

Internal Revenue Service

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization						Employer Identific	ation number
HIGHMARK HEALTH GROUP						82-140655	5
Part I General Information on Grants an	d Assistanc	е					
<ol> <li>Does the organization maintain records to set the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's process.</li> </ol>	ts or assistant	ce?					X Yes No
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recip							es" on Form
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PITTSBURGH PENGUINS FOUNDATION ONE CHATHAM CENTER PITTSBURGH, PA 15219	27-3431123	50103	8,500				PROGRAM SUPPORT
(2) ERIE COMMUNITY FOUNDATION 459 W 6TH STREET ERIE, PA 16507	25-6032032	501C3	8,000				PROGRAM SUPPORT
(3) ALLEGHENY COUNTY MED SOCIETY 713 RIDGE AVENUE PITTSBURGH, PA 15212	25-0939212	50106	8,000				PROGRAM SUPPORT
(4) CULTURES ARTS FESTIVALS AND EVENTS 628 STATE STREET, STE 500 ERIE, PA 16501	61-1428869	501C3	7,500				PROGRAM SUPPORT
(5) EXTRA MILE EDUCATION FOUNDATION  603 STANWIX ST PITTSBURGH, PA 15222	25-1621067	501C3	7,500				PROGRAM SUPPORT
(6) NATL OVARIAN CANCER COALITION 6507 WILKINS AVENUE PITTSBURGH, PA 15217	65-0628064	501C3	7,500	<u> </u>			PROGRAM SUPPORT
(7) APPALACHIAN BICYCLE RACING ASSOC 985 BETHEL CHURCH ROAD MAIDSVILLE, WV 26541	27-1486668	N/A	7,000				PROGRAM SUPPORT
(8) HIGHLANDS HOSPITAL  401 EAST MURPHY AVE CONNELLSVILLE, PA 15425	25-1494705	50103	6,000				PROGRAM SUPPORT
(9) ROTARY DISTRICT 7300 FOUNDATION PO BOX 368 MONROEVILLE, PA 15146	25-1550778	501C3	5,612				PROGRAM SUPPORT
0) PITTSBURGH AIDS TASK FORCE 5913 PENN AVENUE PITTSBURGH, PA 15206	25-1537128	501C3	14,250				PROGRAM SUPPORT
(11)			}				
(12)							
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole			29
3 Enter total number of other organizations lis							5

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

Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	6	14,000			
NURSING SCHOLARSHIPS	19	7,240			
3					
4					
5					
3					
7					

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

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE US

SCHEDULE I, PART I, LINE 2

ALLEGHENY HEALTH NETWORK UPPER MANAGEMENT ANALYZES REQUESTS FOR

CHARITABLE DISBURSEMENTS ON AN ONGOING BASIS. DISBURSEMENTS ARE REWARDED

TO ORGANIZATIONS THAT DEMONSTRATE A CHARITABLE PURPOSE, A COMMUNITY

BENEFIT AND WHO WILL PUT THE USE OF THE FUNDS TOWARDS THE CHARITABLE

MISSION ON WHICH ALLEGHENY HEALTH NETWORK WAS FOUNDED.

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<u> </u>					
2					
3					
•					
			]		

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

SCHEDULE I, PART II - NON-CHARITABLE GRANTS

THE HIGHMARK HEALTH GROUP PROVIDED ASSISTANCE TO ORGANIZATIONS THAT ARE

NOT 501(C)(3) ORGANIZATIONS THESE ORGANIZATIONS WERE PROVIDED ASSISTANCE

TO SUPPORT THEIR UNDERTAKING IN A CHARITABLE ENDEAVOR

### **SCHEDULE J** (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.
➤ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

82-1406555

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	,		ĺ
	First-class or charter travel    X   Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
_				
Ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	Х	l
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a		ē	
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract		,	
	X   Independent compensation consultant   X   Compensation survey or study	133		
	X Form 990 of other organizations X Approval by the board or compensation committee	7		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		À	Ţ.,
	organization or a related organization	5 E-W	3	20
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
			•	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	127		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of		7	1
а	The organization?	5a		X
b	Any related organization?	5b		X
_	If "Yes" on line 5a or 5b, describe in Part III.	44	1	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	1		
	compensation contingent on the net earnings of		13 k X	X
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			3 A
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	7	x	1
	payments not described on lines 5 and 6° If "Yes," describe in Part III			
8	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	•	8	×	
9	In Part III			
3	Regulations section 53 4958-6(c)?	9	Х	
		, ,		1

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

Schedule J (Form 990) 2016

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown o	f W-2 and/or 1099-MI	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	in column (B) reported as deferred on pnor Form 990
SCOTT HANKINSON	(i)	135,748.	0	1,968	1,703	18,472	157,891	0
1DIRECTOR	(ii)	35,519.	0.	585	0	1,506	37,610	0
JAMES AMSTERDAM	(i)	384,600.	0.	8,400.	14,334	12,884	420,218	0
2 <sup>DIRECTOR</sup>	(ii)	0.	0	0	0	0	0	0
AMBARAM CHAUHAN, M D	(i)	0.	0	0	0	0	0	0
3DIRECTOR	(ii)	360,656.	70,118	0	12,923	0	443,697	0
THOMAS VANKIRK	(i)	0	0	0	0	0	0	0
4DIRECTOR	(ii)	587,670	260,000	88,330	20,295	11,115	967,410	0
KAREN HANLON	(i)	0	0	0.	0	0	0.	0
5 <sup>DIRECTOR</sup>	(ii)	556,685	375,000.	22,823.	117,795	23,683	1,095,986	0
DANIEL ONORATO	(i)	0	0	0	0	0	0	0
6DIRECTOR	(ii)	440,089.	150,000.	160,958	17,645	34,725	803,417	0
CAROL BUCCI	(i)	110,336.	0	20,921	6,599.	4,352	142,208.	0
7DIRECTOR	(II)	98,159.	0	695.	6,171	5,080	110,105	0
DANIEL R CASPER, M.D.	(i)	344,729.	34,358	4,465	15,900.	18,879	418,331	0
8DIRECTOR	(ii)	0	0	0.	0	0	0	0
THOMAS CORKERY, D O.	(i)	265,417.	30,575	10,498	13,250	16,761	336,501	0
gDIRECTOR	(ii)	0.	0.	0	0	0	0	0
DAVID GOLDBERG	(i)	493,100.	0.	22,740.	7,850.	28,704	552,394	0
10 <sup>DIRECTOR</sup>	(ii)	0.	0.	0.	0.	0.	0	0
TIM LOCH	(i)	288,389	0.	40,298.	84,615	32,060	445,362	0
11DIRECTOR	(ii)	0.	0.	0	0	0	0	0
DMITRIY MNUSKIN, M D.	(i)	384,482.	0.	1,780.	13,250.	22,675	422,187	0
12DIRECTOR	(ii)	0	0	0	0	0	0.	0
DAVID PARDA, M D	(1)	865,302	200,000.	4,070	10,600	26,291	1,106,263	0
13DIRECTOR	(ii)	0.	0	0	0	0.	0	0
PAUL REILLY, M D	(i)	147,553.	9,523	823	9,752	14,567	182,218	0
14 <sup>DIRECTOR</sup>	(ii)	0.	0.	0	0	0	0.	0
JENNIFER LEWIS	(i)	267,845	31,111	386	8,613	19,965	327,920	0
15 <sup>DIRECTOR</sup>	_  (ii) [	0.	0	0	0	0	0	0
MICHAEL CULIG, M D	(i)	495,085	20,581	3,564	13,250	21,268	553,748	0
16DIRECTOR	(ii)	0.	0	0	0	0	0	0

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	in column (B) reported as deferred on prior Form 990
THOMAS MURPHY	(i)	207,446.	0.	836.	8,867.	13,908.	231,057	0
1DIRECTOR	(ii)	0	0.	0	0	0	0	0
DAVID STAPOR, M.D.	(i)	0	0	0.	0	0	0	0
<b>2</b> DIRECTOR	(ii)	325,000.	0.	0	21,082	0	346,082	0.
BRIAN JONES	(i)	343,498.	40,831.	1,548	10,985	14,131	410,993	0
3DIRECTOR	(ii)	0.	0	0	0	0	0.	0
JEFFREY KIM	(i)	226,205.	42,010.	174.	6,729	8,854.	283,972	0
4DIRECTOR	(ii)	0	0	0.	0.	0	0	0
PATRICK RECIO	(i)	423,560	21,150	438	10,600.	14,456	470,204	0
5DIRECTOR	(ii)	0.	0	0	0	0	0	0
CHRISTOPHER SERAFINI	(i)	205,779	580.	25,162.	9,604.	13,326	254,451	0
6DIRECTOR	(ii)	0.	0.	0	0	0	0	0
JEFFREY CARLSON	(i)	289,238	43,464	3,083	6,019	16,547	358,351	0
7DIRECTOR	(ii)	0	0	0.	0	0	0	0
SUSAN MOORE, M D	(i)	139,357	50,804	555	6,903	13,402	211,021	0
8 <sup>DIRECTOR</sup>	(ii)	0	0	0	0	0	0	0
DONALD MCNARY	(i) [	174,596	0.	3,087	7,217	8,424	193,324	0
gDIRECTOR	(ii)	0	0	0	0	0	0	0
WILLIAM GOLDFARB	(0)	369,670	0	28,081	0	23,724	421,475	0
10 <sup>DIRECTOR</sup>	(ii)	0.	0	0	0	0	0	0
VENKATRAMAN SRINIVASAN,	(i) L	568,216.	194,399	7,620	15,900	19,447.	805,582	0
11 <sup>TRUSTEE</sup>	(ii)	0	0	0	0	0	0.	0.
VINCENT MCVITTIE	(i) L	386,966.	0	18,160	0.	29,221	434,347	0
12 <sup>DIRECTOR</sup>	(ii)	0.	0	0	0	0	0	0
RONALD ANDRO	(i) L	403,265.	0.	2,859.	13,250	22,647	442,021	0
13DIRECTOR & PRESIDENT	(ii)	0.	0	0	0	0	0	0
JEFFREY COHEN, M D.	(i)	639,599	140,580.	4,752.	15,900	23,210	824,041	0
14DIRECTOR & PRESIDENT	(ii)	0.	0	0.	0	0.	0	0
WILLIAM ENGLERT	(i)	238,055	0	975	14,295	1,424	254,749	0
15DIRECTOR & PRESIDENT	(ii)	0	0	0	0	0	0	0
MICHAEL HARLOVIC	(0)	199,531.	0.	315,108	373,330.	0.	887,969	0
16DIRECTOR/PRESIDENT	(ii)	0	0.	0.	0.	0	0	0

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

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

Note: The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	in column (B) reported as deferred on prior Form 990
CYNTHIA HUNDORFEAN	(1)	768,683	0.	59,878	44,597	14,211	887,369	0
1DIRECTOR & PRESIDENT	(ii)	0	0	0.	0	0.	0	0
SCOTT LONG, M D.	(i)	607,250.	234,953	10,066	13,250.	10,775	876,294	0.
2DIRECTOR & PRESIDENT	(ii)	0.	/ 0.	0	0	0	0	0
ALFRED MANSFIELD	(i)	308,416	0	48,836.	44,639	14,217	416,108	31,963
3DIRECTOR & TREASURER	(ii)	0	0.	0	0 .	0	0	0
JOHN PAUL	(i)	190,459.	1,054,866.	1,127,800.	640,203.	6,351	3,019,679	0
4DIRECTOR/PRESIDENT	(ii)	0 .	0.	0.	0	0.	0	0
MARK RUBINO, M.D	(i)	431,101.	83,500.	2,000	13,250.	20,954.	550,805.	0
5DIRECTOR & PRESIDENT	(ii)	0	0	0	0	0.	0	0.
JANE SARRA	(i)	96,981	0.	225,560.	0	8,365	330,906	0
6DIRECTOR/PRESIDENT	(ii)	0	0.	0	0.	0	0	0
LOUISE URBAN	(i)	393,501.	0.	11,413.	21,784	20,702	447,400	0
7DIRECTOR & PRESIDENT	(ii) [	0.	0.	0	0	0.	0	0
SCOTT WHALEN	(i)	594,962	0.	134,110.	160,165	13,618	902,855.	120,960
8DIRECTOR & PRESIDENT	(ii)	0.	0.	0	0	0	0	0
JEFFREY CRUDELE	(i)	606,453	0.	50,568	17,200	33,364	707,585	0
gDIRECTOR & TREASURER	(ii)	0	0	0	0	0.	0	0
JASON ZAJAC	(i)	315,234.	0	10,095	0	27,839.	353,168	0
10TRUSTEE/PRESIDENT	(ii)	0.	0.	0	0	0	0	0
CAITLIN CLARK	(i)	156,436.	43,179	129	8,022	620	208,386.	0
11BOARD CHAIR AND PRESIDENT	(11)	0	0	0	0	0	0	0
TONY FARAH, M D	(i)	810,730	0	26,163	49,013	24,761	910,667	0
12BOARD CHAIR AND PRESIDENT	(ii)	0	0	0	0	0	0	0
KEITH LEJEUNE	(i)	275,359	0	4,478	0	26,167	306,004	0
13DIRECTOR AND VICE PRESIDENT	(ii)	0	0	0	0	0	0	0
MAGGIE BIEBEL	(i)	236,700	72,784.	125	10,770	4,615	324,994	0
14DIRECTOR AND SECRETARY	(ii)	0	0	0	0	0	0	0
MARK LEONE	(i)	200,164	46,730	252	10,071	13,568	270,785	0
15DIRECTOR & TREASURER	(ii)	0	0	0	0	0	0	0
JACQUELINE BAUER	(i)	204,297.	0	1,793.	3,825	7,935	217,850	0
16DIRECTOR & SECRETARY	(ii)	174,979	25,000.	19,537	16,773	6,855	243,144	

Schedule J (Form 990) 2016

Page 2

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

A Name and Title   P   B Bane   (m) Sanuta R noomine   compensation   compensat		ļ	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
MAUREEN MELIA CHADWICK   0   221,226.   0   30,844   34,879   13,052   300,001   21,928   25,9357878 SECRETARY   0   0   0   0   0   0   0   0   0	(A) Name and Title				reportable		benefits	(B)(ı)-(D)	as deferred on pnor
MAUREEN MELIA CHADWICK   0   221,226.   0   30,844   34,879   13,052   300,001   21,928   2	JAMES ROHRBAUGH	(i)	311,888.	0.	479.	19,984.	12,968	345,319.	0
2000   2000	1ASSISTANT TREASURER	(ii) [	0.	0	0	0	0	0	0
DENZIL W RUPERT (I) 427,403 0. 1,053 10,600 22,002 461,058 0 generora and pressibility (II) 0 0. 0. 0. 0 0 0 0 0 0 0 0  JEFF VANDALL (II) 151,004. 76,077 8,545. 9,254. 16,423 261,303 0  WEXECUTIVE DIRECTOR (III) 0 0 0 0 0 0 0 0 0 0 0  BRIAN HOLZER (II) 217,452 0. 2,816 0 17,332 237,650 0  BRIAN HOLZER (III) 149,96 0 0. 13,098 7,498 9,926 180,508 0  THOMAS HIPKISS (III) 191,132 0. 411 7,942 22,240 221,725 0  WEYLER PRESSIDENT (III) 0 0 0 0 0 0 0 0 0 0 0  JAMES KANICH (III) 0 0 0 0 0 0 0 0 0 0  ALABA KANICH (III) 0 0 0 0 0 0 0 0 0 0 0  RICHARD THOMPSON (III) 326,957. 0 9,936. 0 7,657 344,550. 0  CHONG PARK, M.D (III) 0 0 0 0 0 0 0 0 0 0 0  CHONG PARK, M.D (III) 0 0 0 0 0 0 0 0 0 0 0  CHONG PARK, M.D (III) 0 0 0 0 0 0 0 0 0 0 0 0  CHONG PARK, M.D (III) 0 0 0 0 0 0 0 0 0 0 0 0  CHONG PARK, M.D (III) 0 0 0 0 0 0 0 0 0 0 0 0 0 0  PATRICK DEMICAL OFFICER (III) 0 0 0 0 0 0 0 0 0 0 0 0  PATRICK DEMICA (III) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	MAUREEN MELIA CHADWICK	(i)	221,226.	0	30,844	34,879	13,052	300,001	21,928
STRECTOR AND PRESIDENT   (II)   0   0   0   0   0   0   0   0   0	2ASSISTANT SECRETARY	(ii)	0	0	0	0	0	0	0
JEFF VANDALL	DENZIL W RUPERT	(i)	427,403	0.	1,053	10,600	22,002	461,058	0
# EXECUTIVE DIRECTOR (II) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3DIRECTOR AND PRESIDENT	(ii) [	0	0.	Ō	0	0	0	0
BRIAN HOLZER (i) 217,452 0. 2,816 0 17,382 237,650 0 0	JEFF VANDALL	(i)	151,004.	76,077	8,545.	9,254.	16,423	261,303	0
149,986   0.   13,098   7,498   9,926   180,508   0   180,508   0   191,132   0.   411   7,942   22,240   221,725   0   0   0   0   0   0   0   0   0	4EXECUTIVE DIRECTOR	(ii)	0	0	0	0	0	0	0
THOMAS HIPKISS (I) 191,132 0. 411 7,942 22,240 221,725 0. 6VICE PRESIDENT (II) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	BRIAN HOLZER	(i)	217,452	0.	2,816	0	17,382	237,650	0
O	5SENIOR VICE PRESIDENT	(ii)	149,986	0.	13,098	7,498	9,926	180,508	0
JAMES KANUCH  **pice president**  (i) 217,434		(i)	191,132	0.	411	7,942	22,240	221,725	0
TYPICE PRESIDENT   (II)   0. 0   0   0. 0   0   0   0   0   0	6VICE PRESIDENT	(ii) [	0.	0.	0	0	0	0	0
RICHARD THOMPSON (I) 326,957. 0 9,936. 0 7,657 344,550. 0  gvice president (II) 0 0 0 0 0 0 0 0 0 0 0 0  CHONG PARK, M.D (I) 560,876 2,000. 2,663. 5,300 19,739 590,578 0  gchief medical officer (II) 0 0 0 0 0 0 0 0 0 0 0 0 0  JACQUELINE DAILEY (I) 365,692. 666,306 71,771 266,251. 35,133. 805,153 0  PATRICK DEMEO, M.D. (I) 1,049,267. 200,000. 4,708. 13,250 21,575 1,288,800 0  FATRICK CEARR (II) 0 0 0 0 0 0 0 0 0 0 0 0  GEORGE J MAGOVERN, JR. (I) 688,913 0 0 5,116 15,099 22,600 731,728 0  120FEPARTMENT CHAIR (II) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	JAMES KANUCH	(i)	217,434	0	482	8,976	21,611	248,503.	0
## CHONG PARK, M.D	7VICE PRESIDENT	(ii)	0.	0	0.	0	0	0	0
CHONG PARK, M.D  gCHIEF MEDICAL OFFICER  (ii) 0 0 0. 0. 0. 0. 0. 0. 0 0 0  JACQUELINE DAILEY  (i) 365,692. 66,306 71,771 266,251. 35,133. 805,153 0  10 <sup>C1O</sup> (ii) 0 0. 0 0 0 0 0 0 0 0 0  PATRICK DEMEO, M.D.  (i) 1,049,267. 200,000. 4,708. 13,250 21,575 1,288,800 0  11 <sup>DEPARTMENT CHAIR</sup> (ii) 0 0. 0 0 0. 0 0 0 0 0 0 0  GEORGE J MAGOVERN, JR.  (ii) 0 0. 0 0. 5,116 15,099 22,600 731,728 0  12 <sup>DEPARTMENT CHAIR</sup> (iii) 0 0. 0 0 0. 0 0 0 0 0 0  12 <sup>DEPARTMENT CHAIR</sup> (iii) 0 0. 0 0 0 0 0 0 0 0 0  13 <sup>DEPARTMENT CHAIR</sup> (iii) 0 0. 0 0 0 0 0 0 0 0 0 0  13 <sup>DEPARTMENT CHAIR</sup> (iii) 0 0. 0 0 0 0 0 0 0 0 0 0 0 0  ALLAN KLAPPER, M.D.  (iv) 593,955 45,416 1,449 10,600 22,459 673,879. 0  14 <sup>DEPARTMENT CHAIR</sup> (iv) 0 0 0 0 0 0 0 0 0 0 0 0 0  MARGARET DICUCCIO  (iv) 0 301,332 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(1)	326,957.	0 {	9,936.	0	7,657	344,550.	0
GCHIEF MEDICAL OFFICER   (ii)   0   0   0   0   0   0   0   0   0	8VICE PRESIDENT	(ii)		0		0	0.	0	0
JACQUELINE DAILEY         (I)         365,692.         66,306         71,771         266,251.         35,133.         805,153         0           10 <sup>CIO</sup> (II)         0.         0         0         0         0         0         0         0           PATRICK DEMEO, M.D.         (I)         1,049,267.         200,000.         4,708.         13,250         21,575         1,288,800         0           11DEPARTMENT CHAIR         (II)         0.         0         0.         0         0         0         0         0           GEORGE J MAGOVERN, JR.         (I)         688,913         0.         5,116         15,099         22,600         731,728         0           12 <sup>DEPARTMENT CHAIR</sup> (II)         0.         0         0.         0         0         0         0         0           3USAN MANZI, M.D.         (I)         422,997         63,750.         1,940         13,250.         7,407         509,344         0           13DEPARTMENT CHAIR         (II)         0.         0         0         0         0         0         0         0           ALLAN KLAPPER, M D.         (I)         593,955         45,416         1,449         10,600<	•	(i)	560,876	2,000.	2,663.	5,300	19,739	590,578	0
10 <sup>C1O</sup>	gCHIEF MEDICAL OFFICER	(ii)	0	0.	0.	0.	0	0	0
PATRICK DEMEO, M.D. (I) 1,049,267. 200,000. 4,708. 13,250 21,575 1,288,800 0  11DEPARTMENT CHAIR (II) 0. 0. 0 0. 0 0 0 0 0  GEORGE J MAGOVERN, JR. (I) 688,913 0. 5,116 15,099 22,600 731,728 0  12DEPARTMENT CHAIR (II) 0. 0. 0 0. 0 0 0 0 0  SUSAN MANZI, M.D. (I) 422,997 63,750. 1,940 13,250. 7,407 509,344 0  13DEPARTMENT CHAIR (II) 0. 0 0 0 0 0 0 0 0 0  ALLAN KLAPPER, M D. (I) 593,955 45,416 1,449 10,600 22,459 673,879. 0  14DEPARTMENT CHAIR (II) 0. 0 0 0 0 0 0 0 0 0  MARGARET DICUCCIO (I) 301,332 0. 709 10,600 10,432. 323,073 0  15COO AND CNO (II) 0 0 0. 0 0 0 0 0 0 0  RICHARD FRIES (I) 229,674 0 963 11,826 18,598 261,061 0	JACQUELINE DAILEY	(i)	365,692.	66,306	71,771	266,251.	35,133.	805,153	0
11   DEPARTMENT CHAIR   (ii)	10 <sup>CIO</sup>	<u>(ii)</u>	0.	0	0	0	0	0.	0
GEORGE J MAGOVERN, JR. (I) 688,913 0. 5,116 15,099 22,600 731,728 0  12 DEPARTMENT CHAIR (II) 0. 0. 0 0. 0 0. 0 0. 0  SUSAN MANZI, M.D. (I) 422,997 63,750. 1,940 13,250. 7,407 509,344 0  13 DEPARTMENT CHAIR (II) 0. 0 0 0 0 0 0 0 0  ALLAN KLAPPER, M.D. (I) 593,955 45,416 1,449 10,600 22,459 673,879. 0  14 DEPARTMENT CHAIR (II) 0. 0. 0. 0 0 0 0 0 0 0  MARGARET DICUCCIO (I) 301,332 0. 709 10,600 10,432. 323,073 0  15 COO AND CNO (II) 0 0. 0. 0 0 0 0 0 0  RICHARD FRIES (I) 229,674 0 963 11,826 18,598 261,061 0		(1)	1,049,267.	200,000.	4,708.	13,250	21,575	1,288,800	0
12DEPARTMENT CHAIR   (ii)   0. 0 0. 0 0. 0 0. 0 0 0 0 0 0 0 0 0 0	11DEPARTMENT CHAIR	(ii)	0.	0	0.	0	0	0	0
SUSAN MANZI, M.D. (I) 422,997 63,750. 1,940 13,250. 7,407 509,344 0  13DEPARTMENT CHAIR (II) 0. 0 0 0 0 0 0 0  ALLAN KLAPPER, M D. (I) 593,955 45,416 1,449 10,600 22,459 673,879. 0  14DEPARTMENT CHAIR (II) 0. 0 0 0 0 0 0 0  MARGARET DICUCCIO (I) 301,332 0. 709 10,600 10,432. 323,073 0  15COO AND CNO (II) 0 0 0 0 0 0 0 0  RICHARD FRIES (I) 229,674 0 963 11,826 18,598 261,061 0		(1)	688,913	0.	5,116	15,099	22,600	731,728	0
13DEPARTMENT CHAIR   (ii)   0. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	12DEPARTMENT CHAIR	(ii)	0.	0	0.	0	0.	0	0
ALLAN KLAPPER, M D. (I) 593,955 45,416 1,449 10,600 22,459 673,879. 0  14 DEPARTMENT CHAIR (II) 0. 0. 0. 0 0 0 0 0  MARGARET DICUCCIO (I) 301,332 0. 709 10,600 10,432. 323,073 0  15 COO AND CNO (II) 0 0. 0 0 0 0 0 0  RICHARD FRIES (I) 229,674 0 963 11,826 18,598 261,061 0		(1)	422,997	63,750.	1,940	13,250.	7,407	509,344	0
14DEPARTMENT CHAIR         (II)         0.         0.         0         0         0         0         0           MARGARET DICUCCIO         (I)         301,332         0.         709         10,600         10,432         323,073         0           15 <sup>COO</sup> AND CNO         (II)         0         0.         0         0         0         0         0         0           RICHARD FRIES         (I)         229,674         0         963         11,826         18,598         261,061         0	13DEPARTMENT CHAIR	(ii)	0.	0	0	0	0	0	0
MARGARET DICUCCIO         (i)         301,332         0.         709         10,600         10,432.         323,073         0           15 <sup>COO</sup> AND CNO         (ii)         0         0.         0         0         0         0         0         0         0           RICHARD FRIES         (i)         229,674         0         963         11,826         18,598         261,061         0		(i)	593,955	45,416	1,449	10,600	22,459	673,879.	0
15 <sup>COO</sup> AND CNO         (ii)         0         0         0         0         0         0         0           RICHARD FRIES         (i)         229,674         0         963         11,826         18,598         261,061         0	14DEPARTMENT CHAIR	<u>(II)</u>	0.	0.	0	0	0	0	0
RICHARD FRIES (i) 229,674 0 963 11,826 18,598 261,061 0		(i)	301,332	0 .	709	10,600	10,432.	323,073	0
		(ii)	Ö	0.	0		0	0	0
<b>16</b> <sup>CFO</sup> (ii) 0. 0 0 0 0 0		(i)	229,674	0	963	11,826	18,598	261,061	0
	16 <sup>CFO</sup>	(ii)	0 .	0	0	0	0	0	0

Schedule J (Form 990) 2016

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	in column (B) reported as deferred on pnor Form 990
DONALD JAFFE	(i)	282,370	16,153.	36,455	10,600	16,229	361,807	0
1 <sup>CFO</sup>	(ii)	0.	0.	0	0.	0	0	0
DANIEL ALTMAN, M D.	(i)	1,046,767	478,367.	4,903	10,600	10,567	1,551,204	0
2PHYSICIAN	(ii)	0	0	0	0	0	0	0
GREGORY ALTMAN, M.D	(1)	1,043,608.	421,960	2,622.	10,600.	23,116	1,501,906	0
3PHYSICIAN	(ii)	0.	0.	0	0.	0.	0	0
NICHOLAS SOTEREANOS, M.	(1)	1,100,956.	180,067.	4,902	13,250.	23,116.	1,322,291	0
4PHYSICIAN	(ii)	0.	0.	0.	0	0.	0	0
JOHN DEMPSTER	(i)	0	0	10,676.	379,747	24,157.	414,580	10,676
5FORMER PRESIDENT	(ii)	0	0	0	0.	0	0	0
PATRICIA LIEBMAN	(i)	89,326.	157,594.	473,073	0	10,269.	730,262	472,781
6FORMER COO	(ii)	0	0.	0.	0	0.	0	0
REESE JACKSON	(1)	0.	0	157,616	0	0	157,616	0
7FORMER DIRECTOR	(ii)	0.	0.	0.	0	0	0.	0
ELIZABETH ALLEN	(i) L	366,089.	0.	87,900	0	0	453,989	0
8FORMER DIRECTOR & TREASURER	(ii)	0	0	0.	0	0	0	0
DONALD WHITING, M D	(i) _	1,448,310.	278,887	0	13,250.	27,022	1,767,469	0
gDEPARTMENT CHAIR	(ii)	0.	0.	0	0	0	0	0
EDWARD WESTRICK	(i) L	938,571.	487,716.	917	0	12,210	1,439,414	0
10 <sup>PHYSICIAN</sup>	(ii)	0.	0.	0	0	0	0	0
	(i)							
11	(ii)							
	(i)					·		
12	(ii)							
	(i) L							
13	(ii)							
	(i) L							
14	(ii)							
	(i)							
15	(ii)							
	(1)							
16	(ii)							

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

SCHEDULE J, PART I, LINE LA

HOUSING ALLOWANCE

RELECT NUMBER OF EXECUTIVES LISTED IN FORM 990, PART VII RECEIVED REIMBURSEMENT FOR RELOCATION EXPENSES FROM THE ORGANIZATION DURING THE TAX YEAR ENDED DECEMBER 31, 2016 THESE WERE INCLUDED IN BOX 5 OF THEIR IRS FORM W-2.

TAX INDEMNIFICATION AND GFOSS UPS

A SELECT NUMBER OF EXECUTIVES LISTED IN FORM 990, PART VII RECEIVED TAX GROSS-UP PAYMENTS FROM THE ORGANIZATION. THESE WERE INCLUDED IN BOX 5 OF THEIR IRS FORM W-2

HEALTH OR SOCIAL CLUB DUES

A SELECT NUMBER OF EXECUTIVES LISTED IN FORM 990, PART VII RECEIVED

MEMBERSHIP DUES FROM THE ORGANIZATION DURING THE YEAR ENDED DECEMBER 31,

2016. THESE DUES WERE INCLUDED IN THAT INDIVIDUAL'S BOX 5 OF THE IRS FORM

W-2

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

#### AUTOMOBILE

A SELECT NUMBER OF EXECUTIVES LISTED IN FORM 990, PART VII RECEIVED

MPLOYER PROVIDED AUTOMOBILE ALLOWANCES FROM THE ORGANIZATION DURING THE

TAX YEAR ENDED DECEMBER 3], 2016 THESE WERE INCLUDED IN THEIR BOX 5 OF

THEIR IRS FORM W-2

SCHEDULE J, PART I, LINE 'A

SEVERANCE PAYMENT

THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS AS OF DECEMBER 31,

2016 THESE AMOUNTS ARE INCLUDED IN THEIR BOX 5 OF THEIR IRS FORM W-2

TIM LOCH

\$115,385

JOHN PAUL

\$829,498

JACQUELINE DAILEY

\$65,286

JANE SARRA

\$82,145

REESE JACKSON

\$157,616

MICHAEL HARLOVIC

\$283,336

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

SCHEDULE J, PART I, LINE 4B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

THE FOLLOWING INDIVIDUALS PARTICIPATED IN A NONQUALIFIED RETIREMENT PLAN

THE AMOUNTS BELOW WERE INCLUDED UNDER A 457(F) PLAN. DISTRIBUTIONS FROM

THE PLAN ARE INCLUDED IN THEIR BOX 5 OF THEIR IRS FORM W-2.

PATRICIA LIEBMAN · \$472,781 OF WHICH \$472,781 WAS REPORTED AS ACCRUED IN A PRIOR PERIOD, AND DISTRIBUTED AS OF 12/31/16.

SCOTT WHALEN. \$121,110 OF WHICH \$120,960 WAS REPORTED AS ACCRUED IN A PRIOR PERIOD, AND DISTRIBUTED AS OF 12/31/16

ALFRED MANSFIELD \$31,854 OF WHICH \$31,963 WAS REPORTED AS ACCRUED IN A PRIOR PERIOD, AND DISTRIBUTED AS OF 12/31/16

MAUREEN MELIA CHADWICK: \$21,955 OF WHICH \$21,928 WAS REPORTED AS ACCRUED IN A PRIOR PERIOD, AND DISTRIBUTED AS OF 12/31/16

JOHN DEMPSTER \$10,676 OF WHICH \$10,676 WAS REPORTED AS ACCRUED IN A

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

PRIOR PERIOD, AND DISTRIBUTED AS OF 12/31/16.

THE FOLLOWING INDIVIDUALS RECEIVED OR PROVIDED 457(F) CONTRIBUTIONS

INCLUDED IN 2016 W-2 COMPENSATION:

JOHN PAUL

\$286,828

THOMAS VANKIRK

\$58,346

DANIEL ONORATO

\$62,684

THE FOLLOWING INDIVIDUALS RECEIVED EMPLOYER CONTRIBUTIONS TO NONQUALIFED

PLANS THAT ARE CURRENTLY NONVESTED.

SCOTT WHALEN

\$131,365

ALFRED MANSFIED

\$17,862

THE FOLLOWING INDIVIDUALS HAD 457 (F) OR CONTRIBUTIONS DEFERRED IN 2016.

CYNTHIA HUNDORFEAN

\$44,597

JEFFREY CRUDELE

\$17,200

JACQUELINE BAUER

\$3,825

TONY FARAH

\$49,013

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#### Part || Supplemental Information

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

DAVID GOLDBERG

\$7,850

BRIAN HOLZER

\$7,498

KAREN HANLON

\$89,550

MAUREEN MELIA CHADWICK

\$7,799

SCHEDULE J, PART I, LINE 7

NONFIXED PAYMENTS

HIGHMARK HEALTH GROUP (HHC) PROVIDES BONUS COMPENSATION AS PART OF ITS
TOTAL COMPENSATION PROGRAM FOR OFFICERS AND KEY EMPLOYEES IN THE VAST
MAJORITY OF ARRANGEMENTS, THIS COMPONENT IS BASED UPON ACCOMPLISHMENT OF
PREDETERMINED PERFORMANCE GOALS AND OBJECTIVES AND RESULTS IN FIXED

PAYMENTS CERTAIN ENTITIES WITHIN THE HIGHMARK HEALTH GROUP, HOWEVER,
HAVE ENTERED INTO ARRANGEMENTS WHICH PROVIDE FOR OTHER BONUSES WHICH ARE
DISCRETIONARY IN NATURE, TO A LIMITED NUMBER OF THOSE PERSONS LISTED IN
THIS FORM 990, PART VII, SECTION A, LINE 1A. NOTWITHSTANDING SUCH
DISCRETION AND ASSUMING FULL PAYOUT OF SUCH DISCRETIONARY PAYMENTS, THE
TOTAL COMPENSATION PAID TO THOSE PERSONS FALLS WITHIN THE RANGE OF FAIR
MARKET VALUE.

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

SCHEDULE J, PART I, LINES 8 AND 9

PAID OR ACCRUED COMPENSATION PURSUANT TO A CONTRACT SUBJECT TO THE

INITIAL CONTRACT EXCEPTION

HIGHMARK HEALTH GROUP (HHG) HAS CERTAIN EMPLOYMENT CONTRACTS WHICH MAY

QUALIFY FOR THE INITIAL CONTRACT EXCEPTION UNDER IRC REGULATION

53 4958-4(A)(3) IF SO QUALIFIED THE REBUTTABLE PRESUMPTION PROCEDURES

DESCRIBED IN IRC REGULATION 53.4958-6(C) WERE FOLLOWED.

#### HIGHMARK HEALTH GROUP

#### SCHEDULE K -(Form 990)

### **Supplemental Information on Tax-Exempt Bonds**

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

82-1406555 HIGHMARK HEALTH GROUP **Bond Issues** (h) On (i) Pooled (b) Issuer EIN (c) CUSIP # (d) Date issued (g) Defeased (a) Issuer name (e) Issue price (f) Description of purpose behalf of financing issuer Yes Νo Yes No Yes No A ERIE COUNTY HOSPITAL AUTHORITY 23-2302072 295200TSB 12/23/2009 90,016,681 NEW CONSTRUCTION AND RENOVATIONS B ERIE COUNTY HOSPITAL AUTHORITY 25-2302072 8,728,004 CAPITAL PROJECTS/EQUIP PURCHASE 08/18/2011 C ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY 17.500.000 | CONSTRUCTION-RENOVATION OF OPS 25-1327925 01728AZ41 09/30/2010 D ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY 01728AS31 14,500,000 MISCELLANEOUS CAPITAL PROJECTS 25-1260215 07/24/2008 Part II Proceeds C 9.060.000 3,301,972 1,710,000 1,965,000 17,500,000 14,500,000 8,728,004 90,016,681 3,397,500 54,781,770. 1,634,946. 196,577 150,643 211,885 34,500 29,990,581 17,268,923 14,349,357 2012 2010 Yes Yes Х Х X Х Х Were the bonds issued as part of an advance refunding issue?........ Х Х Х Χ Χ Х 17 Does the organization maintain adequate books and records to support the Χ Х Х Х Part III Private Business Use В C D 1 Was the organization a partner in a partnership, or a member of an LLC, Yes Nο Yes No Yes Νo Yes No X Х 2 Are there any lease arrangements that may result in private business use of Х Х

#### HIGHMARK HEALTH GROUP

#### **SCHEDULE K** -(Form 990)

## Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

HIGHMARK HEALTH GROUP

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

82-1406555 **Bond Issues** (I) Pooled (h) On (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue pnce (g) Defeased (f) Description of purpose behalf of financing issuer Yes Yes No No Yes No A ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY 25-1327925 01728AF50 02/08/2007 14,177,157 REFUND 2000B FUNDS B ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY 25-1327925 01728AE51 05/01/2006 22,000,000 REFUND 1996A BONDS C ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY 25-1327925 01729AE44 05/01/2006 20,016,475 REFUND 1996A BONDS D ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY 25-1327925 01728AB39 05/13/2004 6,958,163 REFUND 1994A BONDS Part II Proceeds Α В D 5,945,000 16,740,000 6,935,000 14.177.157 22,000,000 20,016,475 6,958,163 1,967,000 5 Capitalized interest from proceeds...... 12,639 237,392 291,012 236,663 140,802 15,000 15,000 11 Other spent proceeds....... 13,939,765 21,693,988 17,902,812 6,802,361 2007 2006 2006 Yes No Yes Yes Νo Nο Yes No Х Х Were the bonds issued as part of an advance refunding issue?..... Х Х Х Х Х Х Х 17 Does the organization maintain adequate books and records to support the Х Х Х Х Part III Private Business Use B С D 1 Was the organization a partner in a partnership, or a member of an LLC, Yes No Yes Νo Yes Νo Yes Nο X Х Х 2 Are there any lease arrangements that may result in private business use of Х

Х

Part III Private Business Use (Continued)	IGHMARK	HEALTH G	ROUP					rage ∠
	<del></del>	Α		В		C		D
3a Are there any management or service contracts that may result in private business use of bond-financed property?		No X	Yes	No X	Yes	No X	Yes	No X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside			-	_ ^		A		
counsel to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business use of		-			<del>.</del>			
bond-financed property?		х		x		х		Х
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?.								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		.2600 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6 Total of lines 4 and 5	. 2	.2600 %		%		%		%
7 Does the bond issue meet the private security or payment test?	X		X		Х		Х	
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		x		x		x		x
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the							-	
requirements under Regulations sections 1.141-12 and 1.145-2?	X		Х			Х	!	x
Part IV Arbitrage				·				1
		Α	1	В		С		D
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and		No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X		X		Х		X
2 If "No" to line 1, did the following apply?				,				
a Rebate not due yet?	X		X		_	Х		Х
b Exception to rebate?		X		X	Х		X	
c No rebate due?		X		X		X		Х
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed	1						1	
3 Is the bond issue a variable rate issue?	Х		Х		Х		Х	
4a Has the organization or the governmental issuer entered into a qualified		,,						
hedge with respect to the bond issue?	1	X		X		X	Х	L
b Name of provider							PNC BANK	20 000
c Term of hedge		<del></del>						29 000
d Was the hedge superintegrated?		+						X
e Was the hedge terminated?								

Part III Private Business Use (Continued)	IGHMARK	HEALTH G	ROUP					
		Α		В		С		D
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
business use of bond-financed property?		Х		Χ		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside					l		ı	Į.
counsel to review any management or service contracts relating to the financed property?					<u></u>			
c Are there any research agreements that may result in private business use of								
bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other					l			
outside counsel to review any research agreements relating to the financed property?		<u> </u>			<u></u>			<u> </u>
4 Enter the percentage of financed property used in a private business use by entities								
other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a							:	
result of unrelated trade or business activity carried on by your organization,			}			•		
another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?	X		Х		X	<u> </u>	X	<u> </u>
8a Has there been a sale or disposition of any of the bond-financed property to a					İ		ı	
nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	ļ	X		X	<b></b>	X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or	}				1			
disposed of	<del> </del>	%		%	<del></del>	%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations			1		İ			}
sections 1.141-12 and 1.145-2?	<u> </u>	ļ. <u> </u>			<del></del>			<del> </del>
Has the organization established written procedures to ensure that all			Į.		ı			
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-27		X	L <u>.</u>	X		X		X
Part IV Arbitrage								
	ļ	Α		В		C		D
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?		<del></del>						1
a Rebate not due yet?	<del> </del>	X	ļ	X	<del></del>	<u> </u>		X
b Exception to rebate?		<u> </u>	Х	<del> </del>	X		X	<del> </del>
c No rebate due?	<del> </del>	X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was			}					
performed		T		<u>,                                     </u>	<b></b>	<del></del>		
3 Is the bond issue a variable rate issue?		X	X		<u> </u>	X	X	<del> </del>
4a Has the organization or the governmental issuer entered into a qualified						,		
hedge with respect to the bond issue?		X	X		<del> </del>	<u> </u>		Х
b Name of provider		<del></del>	MORGAN ST		<del></del>			<del></del>
c Term of hedge.		<del></del>	· · · · · ·	19 000	<del> </del>			<del></del>
d Was the hedge superintegrated?		<del> </del>		X	<del></del>	<del> </del>		<del></del>
e Was the hedge terminated?	1		1	X	i	1 1		1

	A		В		(	C		
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		Х				X
b Name of provider		1				L		
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		Ī						
6 Were any gross proceeds invested beyond an available temporary period?		<u> </u>		Х		X	-	X
Has the organization established written procedures to monitor the								
requirements of section 148?		X		Х		Х		Х
art V Procedures To Undertake Corrective Action			···					
		A		3 ,		<u>C</u>		
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	Yes	No X	Yes	No X	Yes	No X	Yes	No X
art VI Supplemental Information. Provide additional information for responses to	· au octio		dula K S		lone	· · · · · · · · · · · · · · · · · · ·	1	
	4							

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

SCHEDULE K, PART II, LINE 3

TOTAL PROCEEDS OF ISSUE

FOR CONTINUATION SHEET, COLUMN C, PART III, LINE 3 DOES NOT MATCH PART I,

COLUMN (E) ISSUE PRICE, AS THE AMOUNTS REPORTED INCLUDE INVESTMENT

EARNINGS ON THE PROCEEDS

SCHEDULE K, PART VI

BOND PROCEEDS

JEFFERSON REGIONAL MEDICAL CENTER HAS NOT VIOLATED ANY APPLICABLE
REQUIREMENTS FOR TAX EXEMPT BONDS BENEFITING THE HOSPITAL THE HOSPITAL
IS WORKING TO ESTABLISH WRITTEN PROCEDURES TO ENSURE THAT ALL
NONQUALIFIED BONDS OF THE ISSUE ARE REMEDIEATED IN ACCORDANCE WITH THE
REQUIREMENTS RELATING TO PRIVATE BUSINESS USE, ARBITRAGE, AND ENSURE
TIMELY IDENTIFICATION OF FEDERAL TAX REQUIREMENTS AND TIMELY CORRECTIONS

OF ANY IDENTIFIED VIOLATORS

#### SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

### Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

►Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open To Public

Internal Revenue Service Inspection Name of the organization Employer identification number HIGHMARK HEALTH GROUP 82-1406555 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1)(2) (3)(4)(5)(6)

Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. . . . . . . . . . . . . . . .

#### Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		from the		from the principal amount	(f) Balance due (	(g) In default?		(h) Approved by board or committee?			
	1		To	From			Yes	No	Yes	No	Yes	No		
	T													
(2)														
(3)														
(4)														
(5)								Ī						
(6)														
(7)		_									_			
(8)														
(9)														
(10)						<u> </u>								
Total						\$	-5			v.		٠٠١		

#### Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
10)				

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

Schedule L (Form 990 or 990-EZ) 2016

### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	anng of zation's nues?
				Yes	No
(1) DAVID TOME	FAMILY OF OFFICER	40,884	EMPLOYMENT		х
(2) EDWARD MARASCO	BOARD MEMBER	498,262	BUSINESS TRANSACTION		х
(3) ERIN ECHEMENT	FAMILY OF OFFICER	48,258	EMPLOYMENT		х
(4) KEVIN SNIDER	BOARD MEMBER	1,482,460	BUSINESS TRANSACTION		×
(5) KATIE FARAH	FAMILY OF OFFICER	434,015	EMPLOYMENT		х
(6) MIKE REDLAWSK	BOARD MEMBER	121,143	BUSINESS TRANSACTION		x
(7)					
(8)				1	
(9)					
(10)					

### Part V Supplemental Information

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

PART IV, LINE 1

THESE FAMILY MEMBERS OF BOARD MEMBERS AND OFFICERS WERE EMPLOYED BY
RELATED ENTITIES DURING THE YEAR THESE INDIVIDUALS ARE NOT INVOLVED IN
THE SUPERVISION OF OR COMPENSATION SETTINGS FOR THE EMPLOYED INDIVIDUALS
COMPENSATION FOR THESE INDIVIDUALS WAS DETERMINED AT AN ARM'S LENGTH.

ALL BUSINESS TRANSACTIONS CONDUCTED BY THE BOARD MEMBERS WERE MADE AT ARM'S LENGTH

### SCHEDULE M (Form 990)

## **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30

Attach to Form 990

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

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Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

82-1406555

Pai	Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d)  Method of determining noncash contribution amounts	s
1	Art - Works of art					
2	Art - Historical treasures					_
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household			-		
	goods				L	
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded					
10	Securities - Closely held stock					
11	Securities - Partnership, LLC,					
	or trust interests	_				
12	Securities - Miscellaneous		<u></u> .			
13	Qualified conservation					
	contribution - Historic					
	structures	·	,			
14						
	contribution - Other	-				
15	Real estate - Residential					_
16	Real estate - Commercial	-				
17	Real estate - Other			·		_
18	Collectibles					
19	Food inventory	Х	4	7,250.	FMV	
20	Drugs and medical supplies					_
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ►( CARSEATS, CRIBS )	X	12	291,950.	FMV	
26	Other ►( CAR WASH )	Х	1	520	FMV	
27	Other ►()					_
28	Other ►()					
29	Number of Forms 8283 received					
	which the organization completed F	orm 8283,	Part IV, Donee Acknowledge	ement	29	_
					Yes No	)
30a	During the year, did the organizati					- 1
	28, that it must hold for at least th					أبيد
	to be used for exempt purposes for		olding period?		30a X	_
b	If "Yes," describe the arrangement in					j
31	Does the organization have a					1
	contributions?				31 X	
32a	Does the organization hire or use	third parti	es or related organizations	s to solicit, process, or s	sell noncash	
	contributions?				32a X	
ь	If "Yes," describe in Part II					
33	If the organization didn't report an a	amount in c	olumn (c) for a type of prop	perty for which column (a)	is checked,	
	describe in Part II					

Schedule M (Form 990) (2016)

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN B

HIGHMARK HEALTH GROUP IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE M, PART I, OTHER CONTRIBUTIONS

THIS AMOUNT REPRESENTS TEMP RESTRICTED FUNDS RELEASED TO THE SVHC FROM

THE FOUNDATION AND CMN. THE FUNDS WERE USED FOR ITEMS RELATING TO THE

INTENDED PURPOSE (I.E CARSEATS, CRIBS, ETC.)

#### SCHEDULE N (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

## Liquidation, Termination, Dissolution, or Significant Disposition of Assets

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

Attach certified copies of any articles of dissolution, resolutions, or plans.

▶ Attach to Form 990 or 990-EZ.

(b) Date of

distribution

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

(c) Fair market value of

asset(s) distributed or

e If the organization answered "Yes' to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III

OMB No 1545-0047

Open to Public Inspection Employer identification number

(g) IRC section of

recipient(s) (if

HIGHMARK HEALTH GROUP

(a) Description of asset(s)

distributed or transaction

82-1406555 Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

(e) EIN of recipient

(f) Name and address of recipient

(d) Method of

determining EMV for

expenses paid	diodilodion	amount of transaction expenses	asset(s) distributed or transaction expenses				tax-exe	mpt) or entity	
						<del> </del>			
	<u> </u>								
						···			
					-				
					<u> </u>			Yes	No
2 Did or will any officer, director, trustee,		-							
a Become a director or trustee of a success									
b Become an employee of, or independent									
d. Receive, or become entitled to compens	accessor or transfere	ee organization?		on termination -	r diagolution?		. 2c		
a Receive or become entitled to compen-	SATION OF OTDER SIMI	iar navments as a res	LUI OI TRE OMARIZATION'S IMUIDAT	ion termination o	r aissolution /		1 20		

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

Schedule N (Form 990 or 990-EZ) (2016)

JSA 6E1302 1 000

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Page	4

Schedule	N	(Form	990	or 99	10-EZ)	(2016)	)

Pari	Liquidation, Termination,	or Dissolution (c.	antinued)						age =
	Note: If the organization distribute			than Form 000 Dort V o	saluma (D) line 1	6 (Total assets), and line 26			
	<del>-</del>	d all of its assets d	uring the tax year,	then Form 990, Part A, t	column (b), line 1	o (Total assets), and line 26		Yes	No
	Total liabilities), should equal -0			:	and the second second second			<del>  -  </del>	<del></del>
						iquidate, or terminate?			
bi	r "Yes," did the organization provid	e such notice?					· · 4b		
								<del>                                     </del>	
6a l	Did the organization have any tax-e	exempt bonds outs	anding during the ye	ar?			6a		
						with the Internal Revenue Code and state laws?	<u>[6b</u>		
	f "Yes" line 6b, describe in Part III								<del></del>
Part						ets. Complete this part if the organ	ization a	ınswe	rea
	"Yes" on Form 990, Part IV	<del></del>	<del>,</del>	<del>,                                     </del>			T		
1	(a) Description of asset(s) distributed or transaction	(b) Date of distribution	(c) Fair market value of asset(s) distributed or	(d) Method of determining FMV for	(e) EIN of recipient	(f) Name and address of recipient		C section	
	expenses paid		amount of transaction	asset(s) distributed or			tax-ex	empt) or	
			expenses	transaction expenses	<del></del>		°	entity	
						ST VINCENT MEDICAL ED & RESEARCH INST	ł		
PRACTI	CE SITE EQUIPMENT	09/30/2016	9,133	BOOK VALUE	25-1679140	120 FIFTH AVENUE PITTSBURGH, PA 15222	501 (C) (	3)	
		1			į.				
			-		<del> </del>		- <del> </del>		
	<u> </u>		<del> </del>						
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	·						<u> </u>		
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			ļ						
							1		
						<u> </u>	<u> </u>		
								Yes	No
<b>2</b> (	Old or will any officer, director, trus	tee, or key employ	ee of the organizatio	n:					
a E	Become a director or trustee of a s	successor or transfe	ree organization?				2a		_ X _
								Х	
									X
						disposition of assets?			Х
		•		<del>-</del>	•	nvolved and explain in Part III ▶			
						Schedule N (Form		0-EZ)	(2016)

Schedule N (Form 990 or 990-EZ)

**Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information

SCHEDULE N, PART II, LINE 2B

EMPLOYEE OF TRANSFEREE ORGANIZATION

PHYSICIANS THAT WERE EMPLOYED AT SAINT VINCENT AFFILIATED PHYSICIANS

BECAME EMPLOYEES OF THE TRANSFEREE ORGANIZATION, SAINT VINCENT MEDICAL

EDUCATION AND RESEARCH INSTITUTE

### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2016
Open to Public

Employer identification number

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

HIGHMARK HEALTH GROUP

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, COMPREHENSIVE HEALTH CARE SERVICES TO PATIENTS FROM WESTERN PENNSYLVANIA AND THE ADJACENT REGIONS OF OHIO, WEST VIRGINIA, NEW YORK AND MARYLAND AHN COMPRISES EIGHT HOSPITALS AND MORE THAN 250 HEALTHCARE SITES, INCLUDING FOUR HEALTH + WELLNESS PAVILIONS, SURGICAL CENTERS AND OUTPATIENT CLINICS; A RESEARCH INSTITUTE; MORE THAN 2,800 EMPLOYED AND AFFILIATED PHYSICIANS, APPROXIMATELY 18,000 TOTAL EMPLOYEES, 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 WIDE ARRAY OF GENERAL AND ADVANCED CLINICAL 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

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 WEST PENN ALLEGHENY HEALTH SYSTEM, INC (WPAHS), AS

MEMORIAL HOSPITAL, WESTFIELD, NY )

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

IN 2016, THE HOSPITALS AND CLINICS OF AHN TOGETHER ADMITTED NEARLY 90,000
PATIENTS, LOGGED 300,000 EMERGENCY ROOM VISITS AND DELIVERED MORE THAN
7,300 BABIES; AND ITS PHYSICIANS PERFORMED 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 FOUR DOZEN GRADUATE MEDICAL PROGRAMS, AND BY MAINTAINING AFFILIATIONS WITH THREE MEDICAL SCHOOLS 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 IN PITTSBURGH AND THE CITIZENS SCHOOL OF NURSING IN

HIGHMARK HEALTH GROUP

Employer identification number

NATRONA HEIGHTS, AND ABOUT 450 MEDICAL RESIDENTS AND FELLOWS RECEIVE ADVANCED TRAINING ON STAFF AT AHN HOSPITALS.

AHN'S PLAN 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 LOCAL COMMUNITIES, PARTNER HEALTH CARRIERS, AREA BUSINESSES, AND MOST OF ALL TO AHN'S PATIENTS

THE GOAL 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

VISION AND STRATEGY

AHN AND HM ARE FULLY COMMITTED TO BUILDING A VALUE-BASED HEALTH CARE SYSTEM, REQUIRING A FULL-SCALE CULTURAL CHANGE IN THE WAY THAT CLINICAL SERVICES ARE DELIVERED THIS INVOLVES MOVING CARE TO MORE CONVENIENT AND LOWER-COST SETTINGS; REDESIGNING CARE MODELS TO PROMOTE INTEGRATION AND CLINICAL STANDARDIZATION AND PASSING THOSE BENEFITS ALONG TO EMPLOYERS

AND MEMBERS, REALIGNING PAYMENT TO QUALITY-AND COST-PERFORMANCE, AND EMBRACING NOVEL FORMS OF INTEGRATION AND PARTNERSHIPS AMONG DIFFERENT PROVIDERS AND PAYERS AHN AND HM BELIEVE THIS PATH HOLDS THE PROMISE OF CORRECTING MANY OF THE FUNDAMENTAL ISSUES AFFECTING THE HEALTH CARE INDUSTRY TODAY

TRANSITION TO THIS MODEL REQUIRES SUBSTANTIAL INVESTMENT TO BUILD THE

STRATEGY, THE TENANTS OF WHICH INCLUDE; BUILDING SERVICES, CAPABILITIES

AND PRODUCTS THAT ARE ALIGNED TO PATIENTS' DEMANDS FOR VALUE (ACCESS,

EXPERIENCE, AND QUALITY AT AN AFFORDABLE COST); FOCUSING ON BUSINESSES

AND CUSTOMERS WHERE HM-AHN'S COMMITMENT TO CUSTOMER VALUE MOST RESONATES,

BUILDING ON HH'S HISTORY OF INVESTING IN DIVERSIFIED HEALTHCARE

BUSINESSES THAT CAN ADD JOBS AND VALUE TO THE COMMUNITY, CREATING CARE

MODELS AND UNDERLYING PRODUCTS AND SERVICES THAT IMPROVE THE EXPERIENCE

AND OUTCOMES OF PATIENTS, AND THAT ARE ORIENTED TOWARD REDUCING WASTE IN

THE HEALTHCARE SYSTEM, BY PUTTING CLINICIANS IN THE DRIVER'S SEAT,

IMPROVING THE CORE SYSTEMS THAT ARE REQUIRED FOR DELIVERING

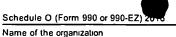
PATIENT-CENTERED, HIGH VALUE HEALTH CARE; AND BUILDING THE RIGHT SYSTEMS,

PROCESSES AND CARE TEAMS TO ENSURE TRANSFORMATIONAL EXECUTION OF THE

STRATEGY ACROSS THE NETWORK

2016 WAS A YEAR OF ACCELERATION FOR THIS STRATEGY, AND THE DEVELOPMENT OF VALUE-BASED DELIVERY SYSTEM AHN CREATED A NEW STANDARD FOR ACCESS BY LAUNCHING SAME-DAY APPOINTMENTS IN A MARKET THAT WAS AVERAGING 19 DAYS

HIGHMARK HEALTH GROUP



WAIT TIME FOR A PRIMARY CARE PHYSICIAN APPOINTMENT AND 38 DAYS FOR A

THE HIGH DEGREE OF PATIENT TOUCH AND CARING THAT AHN PROVIDES FOR ITS PATIENTS, AND AHN, ITS COMMUNITY HOSPITAL PARTNERS, AND ITS CLINICALLY INTEGRATED NETWORK OF PHYSICIANS ARE WORKING TOGETHER TO CREATE A LOWER-COST NETWORK THAT COLLABORATES TO BUILD NEW, CONSISTENT AND MORE EFFECTIVE CARE MODELS. THE SUCCESS OF THESE EFFORTS CAN BE SEEN IN THE GROWTH IN VOLUME AT AHN AND AHN'S INCREASE IN REVENUE, AND IN EARNINGS BEFORE INTEREST, TAXES, DEPRECIATION AND AMORTIZATION (EBITDA), FROM 2013 TO 2016.

## 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 FOLLOWING IS NOT A TOTAL ACCOUNT OF ALL OF AHN'S CHARITABLE ACTIVITIES, BUT A SAMPLING OF AHN'S 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 HEALTH CLINIC: THE POSITIVE HEALTH CLINIC (PHC) IS A COMPREHENSIVE HIV PRIMARY CARE CLINIC PROVIDING STATE-OF-THE-ART CARE TO HIV-POSITIVE PERSONS ITS SUPPORT STAFF INCLUDES PHYSICIANS, NURSES, MEDICAL ASSISTANTS, SOCIAL WORKERS, BEHAVIORAL HEALTH THERAPISTS,

Page 2

PSYCHIATRISTS AND PATIENT ADVOCATES THE 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; AND CASE-MANAGEMENT FOR NON-MEDICAL NEEDS THE STAFF ASSISTS WITH FINANCIAL OR SOCIAL ISSUES THAT MAY INTERFERE WITH THE PROVISION OF MEDICAL CARE AHN ALSO PROVIDES SIGNIFICANT FINANCIAL SUPPORT TO A REGIONAL AIDS-PREVENTION PARTNERSHIP WHOSE GOAL IS TO END NEW HIV INFECTIONS IN ALLEGHENY COUNTY, PA , 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 SIGNIFICANT SHARE OF MEDICARE AND MEDICAID PATIENTS WITH THE HELP OF A GRANT FROM HIGHMARK INC , AHN HAS LAUNCHED A 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,

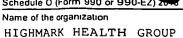


AND MATERNAL AND CHILD HEALTH, WITH A PARTICULAR FOCUS ON SEXUALLY
TRANSMITTED DISEASE PREVENTION THE AHN URGENT CARE CENTER WAS BUILT
FOLLOWING THE CLOSURE OF BRADDOCK'S COMMUNITY HOSPITAL, WHICH HAD BEEN
THE PRIMARY JOBS SOURCE AND HEALTH CARE ACCESS POINT FOR BRADDOCK
RESIDENTS THE AHN URGENT CARE 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, AND IN 2016, AHN CLINICIANS PROVIDED NEARLY 2,000 SCREENINGS TO NEARLY 600 PATIENTS AT EVENTS THROUGHOUT THE AREA THOSE WITH ABNORMAL SCREENINGS WERE REFERRED FOR FOLLOW-UP TREATMENT OR TESTING THE SCREENINGS ARE ALL BEING PERFORMED BY AHN HEALTH PROFESSIONALS WHO ARE 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 2017 AND WILL REMAIN AN ANNUAL SERVICE TO THE COMMUNITY PERFORMED BY THE AHN CANCER INSTITUTE

COMMUNITY HEALTH NEEDS ASSESSMENT IN 2015, AS REQUIRED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, 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 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. AHN IDENTIFIED NEEDS WITHIN EACH OF ITS HOSPITAL COMMUNITIES, AND WORKED WITH ITS 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, AHN HAS ALIGNED ITS PRIORITIES AND PLANNING WITH EXISTING LOCAL AND REGIONAL INITIATIVES TO FOSTER COLLABORATION IN COMMUNITY HEALTH IMPROVEMENT.

COMMUNITY SUPPORT, EVENTS AND SPONSORSHIPS: MAJOR PARTNERSHIPS IMPLEMENTED IN 2016 INCLUDE A CARNEGIE SCIENCE CENTER SPONSORSHIP (A DYNAMIC, THREE-PRONGED HEALTH AND SCIENCE EDUCATIONAL PROGRAM FOR THE REGION INVOLVING A NEW EXHIBIT AT THE SCIENCE CENTER THAT OPENED IN 2016, A LIVE DEMONSTRATION THEATER, AND A TRAVELING SCIENCE SHOW THAT VISITS LOCAL SCHOOLS, HEALTH FAIRS AND COMMUNITY MARKETS), THE ALL FOR HEALTH, HEALTH FOR ALL BRADDOCK INITIATIVE (A COMMUNITY HEALTH PROGRAM IN BRADDOCK. PA.. THAT PROVIDED FIVE COMMUNITY EDUCATION LECTURES. A STRESS MANAGEMENT WORK SHOP FOR TEENS, A HEALTHY AGING DAY FOR SENIORS, A COMMUNITY HEALTH FAIR, AND TWO CANCER SCREENING EVENTS); AND THE BLOOMFIELD SATURDAY MARKET (A WEEKLY FARMER'S MARKET THAT ATTRACTED OVER

18,000 VISITORS THROUGHOUT THE SPRING, SUMMER AND AUTUMN OF 2016 AND INVOLVED NUTRITION COUNSELING AND HEALTH SCREENINGS FOR DIABETICS LIVING OR WORKING NEAR THE BLOOMFIELD AREA OF THE CITY).

THROUGHOUT 2016, AHN SPONSORED APPROXIMATELY 44 HEALTH- AND

AWARENESS-RELATED FUND-RAISING WALKS AND HUNDREDS OF COMMUNITY EVENTS,

INCLUDING LUNCH-AND-LEARN EVENTS, EMPLOYER WELLNESS EVENTS, SCREENINGS,

AND SCHOOL PROGRAMMING (CPR CERTIFICATION CLASSES, DISABILITY MENTORING

DAY, PROJECT MOVE, COLLEGE AND CAREER READINESS PROGRAMS, SURGERY

OBSERVATION PROGRAMS, AND 37 HEALTH FAIRS). IN 2016, AHN ISSUED GRANTS

AND SPONSORSHIPS TO 194 COMMUNITY PARTNERS, TOTALING \$1,229,370

MEDICAL RESPITE PROGRAM IN 2016, AHN ESTABLISHED A MEDICAL RESPITE

PROGRAM THAT PROVIDES ITINERANT PATIENTS RECOVERING FROM ILLNESSES WITH A

SAFE PLACE TO RECUPERATE AND RECEIVE ONGOING NON-ACUTE CARE AND SUPPORT

FOLLOWING A HOSPITAL STAY THIS INNOVATIVE MODEL REPRESENTS THE FIRST AND

ONLY MEDICAL RESPITE PROGRAM IN THE PITTSBURGH REGION THE MEDICAL

RESPITE PROGRAM FIRST ADDRESSES THE PATIENTS' PRIMARY NEEDS FOR SAFE

TEMPORARY HOUSING AND NUTRITION (THROUGH PARTNERSHIPS WITH LOCAL HOMELESS

SERVICES FACILITIES LOCATED IN DOWNTOWN PITTSBURGH), THEN FOLLOWS UP WITH

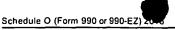
PATIENTS' HEALTH NEEDS WITH VISITS FROM AHN HEALTH CARE PROFESSIONALS

(AHN'S CENTER FOR INCLUSION HEALTH AND HEALTHCARE@HOME PROGRAMS) THROUGH

THIS MODEL, THE PROGRAM HELPS ACHIEVE BETTER HEALTH OUTCOMES AND SOCIAL

STABILITY FOR AT-RISK PATIENT POPULATIONS, WHILE LOWERING THEIR RISK OF

DANGEROUS AND COSTLY RE-HOSPITALIZATIONS.



Name of the organization

HIGHMARK HEALTH GROUP

OPEN HEART SURGERY OBSERVATION SINCE 2008, HIGH SCHOOL STUDENTS

FROM WESTERN PENNSYLVANIA, WEST VIRGINIA AND OHIO HAVE BEEN INVITED TO

OBSERVE ALLEGHENY HEALTH NETWORK'S CARDIOVASCULAR SURGEONS IN ACTION

THROUGH THE CARDIOVASCULAR INSTITUTE'S (CVI) OPEN HEART SURGERY

OBSERVATION PROGRAM. THE PROGRAM, WHICH HAS HOSTED MORE THAN 10,000 AREA

STUDENTS FROM DOZENS OF SCHOOLS, IS SUPPORTED BY TWO PART-TIME POSITIONS,

AND IS PART OF AHN'S AND THE CVI'S COMMITMENT TO COMMUNITY EDUCATION AND

INSPIRING FUTURE GENERATIONS OF HEALTHCARE PROFESSIONALS

PERINATAL HOPE: IN 2016, AHN LAUNCHED ITS PERINATAL HOPE PROGRAM, A
MEDICAL HOME CARE MODEL FOR MOTHERS-TO-BE WHO ARE ADDICTED TO DRUGS THE
PROGRAM PROVIDES COMPREHENSIVE AND COORDINATED TREATMENT THAT PUTS THE
MOTHER AND BABY ON TRACK FOR A MORE HOPEFUL FUTURE. PERINATAL HOPE IS THE
REGION'S FIRST ALL-INCLUSIVE PROGRAM FOR MATERNAL ADDICTION THAT COMBINES
OBSTETRICAL CARE, AND DRUG AND ALCOHOL THERAPY AND MEDICATION-ASSISTED
TREATMENT INTO ONE CLINIC VISIT. PERINATAL HOPE IS SUPPORTED IN PART BY
GRANTS FROM THE MARCH OF DIMES FOUNDATION - WESTERN PENNSYLVANIA, THE
HIGHMARK FOUNDATION AND THE JEWISH WOMEN'S FOUNDATION OF GREATER
PITTSBURGH ADDITIONALLY, AHN'S NEW WOMEN'S BEHAVIORAL HEALTH PROGRAM
INCLUDES THE REGION'S FIRST INTENSIVE OUTPATIENT PROGRAM FOR WOMEN WITH
PREGNANCY-RELATED DEPRESSION

HOSPITAL PROFILES AND HEALTH SYSTEM COMPONENTS

ALLEGHENY GENERAL HOSPITAL FOUNDED IN 1885, ALLEGHENY GENERAL HOSPITAL

(AGH) IS AHN'S FLAGSHIP HOSPITAL, SERVING AS AHN'S PRIMARY TEACHING

HOSPITAL, ITS PREMIERE QUATERNARY CARE FACILITY, OFFERING HIGHLY ADVANCED

SPECIALTIES SUCH AS ORGAN TRANSPLANTATION, NEUROSURGERY, SURGICAL ONCOLOGY AND CARDIOVASCULAR SURGERY LOCATED IN PITTSBURGH'S NORTH SIDE, AGH HAS 576 LICENSED BEDS AND APPROXIMATELY 800 PHYSICIANS AND 5,000 STAFF MEMBERS. AGH IS ALSO A LEVEL I SHOCK TRAUMA CENTER, AND ITS LIFEFLIGHT AEROMEDICAL SERVICE WAS THE FIRST TO FLY IN THE NORTHEASTERN UNITED STATES. FOR THE 2016 REPORTING PERIOD, TOTAL INPATIENT DISCHARGES WERE APPROXIMATELY 24,000, EMERGENCY DEPARTMENT VISITS WERE 55,000, AND OUTPATIENT VISITS WERE 349,000 TOTAL UNCOMPENSATED CARE AND COMMUNITY BENEFITS WAS \$369,221,705 IN ADDITION TO ORGAN TRANSPLANTATION AND AFOREMENTIONED ADVANCED SPECIALTIES, AGH OFFERS ACCESS TO SERVICES AND SPECIALTIES SUCH AS GENERAL AND MINIMALLY INVASIVE SURGERY, ROBOTIC SURGERY, ALLERGY AND IMMUNOLOGY, CARDIOVASCULAR DISEASE TREATMENT, INTERVENTIONAL CARDIOLOGY, CARDIOTHORACIC AND VASCULAR SURGERY, ASTHMA TREATMENT, BARIATRIC SURGERY, HEMATOLOGY, CHILD AND ADOLESCENT PSYCHIATRY, ADULT PSYCHIATRY, DERMATOLOGY, DENTISTRY, DIABETES MANAGEMENT, DIGESTIVE HEALTH, EAR NOSE AND THROAT CARE, FAMILY MEDICINE, GYNECOLOGY, HIV AIDS CARE, HOME HEALTH, HOSPICE AND PALLIATIVE MEDICINE, INFECTIOUS DISEASE, INTERNAL MEDICINE, INTERVENTIONAL RADIOLOGY, NEPHROLOGY, NUTRITION, OCCUPATIONAL MEDICINE, OCCUPATIONAL THERAPY, OPHTHALMOLOGY, ORAL AND MAXILLOFACIAL SURGERY, ORTHOPEDIC SURGERY AND SPORTS MEDICINE, OTOLARYNGOLOGY, PAIN MANAGEMENT, PATHOLOGY AND LABORATORY MEDICINE, PEDIATRICS, PLASTIC AND RECONSTRUCTIVE SURGERY, PODIATRIC SURGERY, PULMONARY DISEASE MANAGEMENT, INTERVENTIONAL RADIOLOGY AND DIAGNOSTIC IMAGING, REHABILITATION AND POST-ACUTE CARE, RHEUMATOLOGY/AUTOIMMUNE DISORDER MANAGEMENT, GERIATRICS, SLEEP MEDICINE,

STROKE, THORACIC SURGERY, UROLOGY, URINARY INCONTINENCE TREATMENT AND WOUND CARE

ALLEGHENY VALLEY HOSPITAL: ALLEGHENY VALLEY HOSPITAL (AVH) HAS SERVED NATRONA HEIGHTS, PA., AND THE SURROUNDING COMMUNITY FOR OVER 100 YEARS FOR THE 2016 REPORTING PERIOD, TOTAL INPATIENT DISCHARGES WERE APPROXIMATELY 5,600, EMERGENCY DEPARTMENT VISITS WERE 39,000, AND OUTPATIENT VISITS WERE 194,000. TOTAL UNCOMPENSATED CARE AND COMMUNITY BENEFITS WAS \$53,361. AVH HAS 228 LICENSED BEDS OFFERS ACCESS TO SERVICES AND SPECIALTIES SUCH AS PRIMARY CARE, FAMILY MEDICINE, INTERNAL MEDICINE, GYNECOLOGY, GERIATRICS, UROLOGY, UROGYNECOLOGY, PODIATRY, PULMONARY MEDICINE, DIAGNOSTIC RADIOLOGY, EMERGENCY MEDICINE, DIABETES AND ENDOCRINOLOGY, THORACIC SURGERY, GASTROENTEROLOGY, GENERAL AND MINIMALLY INVASIVE SURGERY, ANESTHESIOLOGY/PAIN MEDICINE, NEPHROLOGY/RENAL, GENERAL AND DIAGNOSTIC CARDIOLOGY, VASCULAR SURGERY, OPHTHALMOLOGY, EAR, NOSE AND THROAT CARE, OCCUPATIONAL MEDICINE, PHYSICAL MEDICINE AND REHABILITATION, SPEECH THERAPY, LOW VISION REHABILITATION, SLEEP DISORDER MANAGEMENT, ORTHOPEDIC SURGERY, NEUROSCIENCES, NEUROSURGERY, PLASTIC AND RECONSTRUCTIVE SURGERY, PSYCHIATRY, BEHAVIOR HEALTH CARE, CRITICAL CARE MEDICINE, INFECTIOUS DISEASE TREATMENT, MEDICAL ONCOLOGY AND HEMATOLOGY, RADIATION ONCOLOGY, SURGICAL ONCOLOGY, PATHOLOGY AND LABORATORY MEDICINE, VASCULAR SURGERY, PULMONARY MEDICINE, RHEUMATOLOGY, ORAL AND MAXILLOFACIAL SURGERY, AND NUTRITION SERVICES

CANONSBURG HOSPITAL SINCE 1904, 104-BED CANONSBURG HOSPITAL (CH), BASED

IN CANONSBURG, PA, HAS SERVED THE COMMUNITIES OF NORTHERN WASHINGTON AND SOUTHERN ALLEGHENY COUNTIES, PROVIDING QUALITY MEDICAL CARE AND IMPROVING THE HEALTH AND WELL-BEING OF ITS PATIENTS FOR THE 2016 REPORTING PERIOD, TOTAL INPATIENT DISCHARGES WERE APPROXIMATELY 2,300, EMERGENCY DEPARTMENT VISITS WERE 17,000 AND OUTPATIENT VISITS WERE 63,000 TOTAL UNCOMPENSATED CARE AND COMMUNITY BENEFITS WAS \$27,020,116. CH OFFERS ACCESS TO SERVICES AND SPECIALTIES SUCH AS ALLERGY AND IMMUNOLOGY, BARIATRIC SURGERY, BREAST SURGERY WITH NURSE NAVIGATION, CARDIOVASCULAR CARE, CARDIOVASCULAR DISEASE, ELECTROPHYSIOLOGY, ESOPHAGEAL SURGERY, ENDOCRINOLOGY, EMERGENCY MEDICINE, GASTROENTEROLOGY, GENERAL AND LAPAROSCOPIC SURGERY, GYNECOLOGIC ONCOLOGY, INPATIENT REHABILITATION SERVICES, LABORATORY AND MEDICAL IMAGING, MEDICAL ONCOLOGY, NEPHROLOGY, NEUROLOGY, NEUROSURGERY, OBSTETRICS AND GYNECOLOGY, OCULOPLASTIC SURGERY, ORTHOPAEDICS, FOOT AND ANKLE SURGERY, HAND SURGERY, ORTHOPAEDIC SURGERY, SPORTS MEDICINE, PEDIATRIC OTOLARYNGOLOGY, PLASTIC SURGERY, PRIMARY CARE MEDICINE, OCCUPATIONAL THERAPY, ONCOLOGY, PHYSICAL THERAPY, PODIATRY, PULMONARY DISEASE, RADIATION ONCOLOGY, RHEUMATOLOGY, SPEECH THERAPY, TRAVEL IMMUNOLOGY, VASCULAR SURGERY

FORBES HOSPITAL: SINCE 1978, FORBES HOSPITAL (FH) HAS BEEN PROVIDING
HIGH-QUALITY CARE FOR THE COMMUNITIES OF EASTERN ALLEGHENY AND
WESTMORELAND COUNTIES. FH FEATURES A LEVEL II TRAUMA CENTER, A TOP RATED
CARDIOVASCULAR SURGERY PROGRAM AND A COMPREHENSIVE OBSTETRICS AND
GYNECOLOGY SERVICE AMONG ITS MANY CLINICAL OFFERINGS A 315-BED FACILITY
BASED IN MONROEVILLE, PA, FH RECORDED APPROXIMATELY 14,400 INPATIENT

DISCHARGES, 42,000 EMERGENCY DEPARTMENT VISITS, 141,000 OUTPATIENT VISITS AND 1,300 BIRTHS IN THE 2016 REPORTING PERIOD. TOTAL UNCOMPENSATED CARE AND COMMUNITY BENEFITS WAS \$150,098,645 IN ADDITION TO ITS TRAUMA CENTER AND AFOREMENTIONED SPECIALTY SERVICES, FH OFFERS ACCESS TO SERVICES AND SPECIALTIES SUCH AS AMBULATORY SURGERY, ANESTHESIOLOGY, BREAST CARE, MEDICAL, SURGICAL AND RADIATION ONCOLOGY, CANCER CARE, CARDIOVASCULAR DISEASE MANAGEMENT, INTERVENTIONAL CARDIOLOGY, CARDIOTHORACIC AND VASCULAR SURGERY, CHEST PAIN TREATMENT, COLON AND RECTAL SURGERY, DERMATOLOGY, EMERGENCY MEDICINE AND TRAUMA CARE, ENDOCRINOLOGY, FAMILY MEDICINE, FOOT AND ANKLE SURGERY, GASTROENTEROLOGY, GENERAL INTERNAL MEDICINE, HOSPICE AND PALLIATIVE MEDICINE, INFECTIOUS DISEASE TREATMENT, INTERVENTIONAL VASCULAR RADIOLOGY, DIABETES MANAGEMENT, CENTER AFFILIATE, LEVEL II TRAUMA CENTER, MENTAL HEALTH, MINIMALLY INVASIVE SURGERY, NEPHROLOGY, NEUROLOGY, NEURORADIOLOGY, NEUROSURGERY, OCCUPATIONAL THERAPY, OPHTHALMOLOGY, ORAL AND MAXILLOFACIAL SERVICES, ORTHOPAEDIC SURGERY, OTOLARYNGOLOGY, PAIN MANAGEMENT, PATHOLOGY AND LABORATORY MEDICINE, PEDIATRIC AND ADOLESCENT CARE SERVICES, PELVIC FLOOR DISEASES, PERIPHERAL VASCULAR DISEASE, PHYSICAL MEDICINE & REHABILITATION, PHYSICAL THERAPY, PLASTIC AND RECONSTRUCTIVE SURGERY, PSYCHIATRY, PULMONARY DISEASES, RADIOLOGY/DIAGNOSTIC IMAGING, OBSTETRICS AND GYNECOLOGY, LABOR AND DELIVERY, REPRODUCTIVE ENDOCRINOLOGY, RESPIRATORY DISEASE MANAGEMENT, RHEUMATOLOGY, ROBOTIC SURGERY, SPEECH THERAPY, SPORTS MEDICINE, STROKE CARE, SURGERY, UROLOGY, WOMEN'S AND INFANTS' SERVICES, AND WOUND CARE.

JEFFERSON HOSPITAL ALSO KNOWN AS JEFFERSON REGIONAL MEDICAL
CENTER, JEFFERSON HOSPITAL (JH) WAS ORGANIZED IN 1973 LOCATED JUST SOUTH



OF PITTSBURGH, JH PROVIDES A WIDE SPECTRUM OF HIGH QUALITY HEALTH CARE SERVICES, FROM EMERGENCY CARE AND INTENSIVE CARE, COMPREHENSIVE SURGICAL PROGRAMS AND REHABILITATION IN 2014, JH OPENED A NEW LABOR AND DELIVERY UNIT, THE FIRST NEW HOSPITAL-BASED MATERNITY PROGRAM TO BE BUILT AND DEVELOPED IN PENNSYLVANIA IN THREE DECADES FOR THE 2016 REPORTING PERIOD, TOTAL INPATIENT DISCHARGES WERE APPROXIMATELY 15,000, EMERGENCY DEPARTMENT VISITS WERE 52,000, OUTPATIENT VISITS WERE 248,000 AND BIRTHS EXCEEDED 900 TOTAL UNCOMPENSATED CARE AND COMMUNITY BENEFITS WAS \$42,152,908. IN ADDITION TO THE AFOREMENTIONED SERVICES, JH OFFERS ACCESS TO SERVICES AND SPECIALTIES SUCH AS ALLERGY AND IMMUNOLOGY, CARDIOVASCULAR DISEASE, INTERVENTIONAL CARDIOLOGY, CARDIOTHORACIC AND VASCULAR SURGERY , ASTHMA, BARIATRIC SURGERY, HEMATOLOGY/BLOOD CANCER, MEDICAL, RADIATION AND SURGICAL ONCOLOGY, CELIAC DISEASE, COLORECTAL SURGERY, NEUROLOGY AND NEUROSURGERY, DEMENTIA CARE, DERMATOLOGY, DIABETES, EMERGENCY MEDICINE, ENDOCRINOLOGY, FAMILY MEDICINE, ORTHOPAEDIC SURGERY AND SPORTS MEDICINE, GASTROENTEROLOGY, GENETICS, PRENATAL, OBSTETRICS AND GYNECOLOGY, HEMATOLOGY, HIV AND AIDS CARE, HOME HEALTH, HOSPICE AND PALLIATIVE MEDICINE, INFECTIOUS DISEASE, INFERTILITY, INTERNAL MEDICINE, INTERVENTIONAL RADIOLOGY, MATERNAL FETAL MEDICINE, NEPHROLOGY, NUTRITION, OCCUPATIONAL MEDICINE, OCCUPATIONAL THERAPY, OPHTHALMOLOGY, ORAL AND MAXILLOFACIAL SURGERY, OTOLARYNGOLOGY, PAIN MANAGEMENT, PLASTIC SURGERY, PODIATRIC SURGERY, PSYCHIATRY, PSYCHOLOGY, PULMONARY DISEASE, RADIOLOGY, REHABILITATION AND POST-ACUTE CARE, RHEUMATOLOGY, SENIOR CARE, SLEEP MEDICINE, STROKE, SURGERY, THORACIC SURGERY, TRAUMATIC STRESS, TRAVEL MEDICINE, UROLOGY, URINARY

INCONTINENCE, AND WOUND CARE

SAINT VINCENT HOSPITAL ALSO KNOWN AS THE SAINT VINCENT HEALTH CENTER, SAINT VINCENT HOSPITAL (SVH) 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 EXEMPLIFY THE VALUES OF THE SISTERS IN PROVIDING COMPASSIONATE CARE TO ALL AS A DISPROPORTIONATE SHARE HOSPITAL, SAINT VINCENT PROVIDES SERVICES TO A LARGE PERCENTAGE OF MEDICAID PATIENTS. ADDITIONALLY, SVH'S FOUR-BED SATELLITE FACILITY, WESTFIELD MEMORIAL HOSPITAL, HAS PROVIDED HIGH QUALITY HEALTH CARE TO RESIDENTS OF WESTERN NEW YORK FOR MORE THAN HALF A CENTURY FOR THE 2016 REPORTING PERIOD, SVH'S TOTAL INPATIENT DISCHARGES WERE APPROXIMATELY 14,000, EMERGENCY DEPARTMENT VISITS WERE 68,000, OUTPATIENT VISITS WERE 205,000, AND BIRTHS EXCEEDED 1,000. TOTAL UNCOMPENSATED CARE AND COMMUNITY BENEFITS WAS \$77,400,998 SVH OFFERS ACCESS TO SERVICES AND SPECIALTIES SUCH AS ALLERGY AND IMMUNOLOGY, AORTIC DISEASE CARE, ASTHMA, ATRIAL FIBRILLATION, BACK AND NECK CARE, BARIATRIC SURGERY, BLOODLESS MEDICINE, , BONE MARROW TRANSPLANTATION, BREAST HEALTH, BURN CARE, CANCER AND ONCOLOGY CARE, CARDIAC ELECTROPHYSIOLOGY, CARDIAC SURGERY, CARDIOVASCULAR DISEASE CARE, CHILD AND ADOLESCENT PSYCHIATRY, COLORECTAL CARE, CORONARY ARTERY DISEASE, DENTAL MEDICINE, DERMATOLOGY, DIABETES MANAGEMENT, DIGESTIVE HEALTH, EMERGENCY MEDICINE, ENDOCRINOLOGY, EPILEPSY TREATMENT, FAMILY MEDICINE, GASTROENTEROLOGY, GENETICS, GYNECOLOGIC ONCOLOGY, GYNECOLOGY AND OBSTETRICS, HEMATOLOGY, HIV AIDS CARE, HOME HEALTH, INTERNAL

MEDICINE, INTERVENTIONAL CARDIOLOGY, JOINT REPLACEMENT, LUPUS CARE,
MATERNAL AND FETAL MEDICINE, NEONATAL-PERINATAL MEDICINE, NEPHROLOGY
NEUROLOGY, NUTRITION SERVICES, OCCUPATIONAL THERAPY, OPHTHALMOLOGY,
ORTHOPEDIC SURGERY, OTOLARYNGOLOGY, PAIN MANAGEMENT, PERINATOLOGY,
PLASTIC SURGERY, ADULT PSYCHIATRY AND PSYCHOLOGY, PULMONARY HYPERTENSION
MANAGEMENT, RHEUMATOLOGY, GERIATRIC MEDICINE, SLEEP MEDICINE, SPORTS
MEDICINE, STROKE CARE, TRANSPLANT SURGERY, UROLOGY, VASCULAR SURGERY AND
WOUND CARE.

WEST PENN HOSPITAL SERVING THE BLOOMFIELD AREA OF PITTSBURGH AND ITS SURROUNDING COMMUNITIES SINCE 1848, WEST PENN HOSPITAL (WPH) IS A 317-BED ACADEMIC MEDICAL CENTER WITH PRIVATE ACUTE-CARE PATIENT ROOMS AND ONE OF PENNSYLVANIA'S MOST ADVANCED OBSTETRICAL AND NEWBORN CARE PROGRAMS, INCLUDING A LEVEL 3 NEONATAL INTENSIVE CARE UNIT. WPH HAS A REPUTATION FOR OUTSTANDING CLINICAL CARE AND NURSING EXCELLENCE, WPH WAS THE FIRST HOSPITAL IN WESTERN PENNSYLVANIA TO EARN MAGNET RECOGNITION® STATUS FROM THE AMERICAN NURSES CREDENTIALING CENTER (ANCC) WPH ALSO IS HOME TO THE WEST PENN BURN CENTER, THE ONLY FACILITY OF ITS KIND IN THE REGION CERTIFIED TO TREAT BOTH PEDIATRIC AND ADULT BURN PATIENTS FOR THE 2016 REPORTING PERIOD, WPH'S TOTAL INPATIENT DISCHARGES WERE APPROXIMATELY 12,200, EMERGENCY DEPARTMENT VISITS WERE 22,500, OUTPATIENT VISITS WERE 108,000, AND BIRTHS WERE 4,100 WEST PENN IS A DISPROPORTIONATE SHARE HOSPITAL, PROVIDING SERVICES TO A LARGE NUMBER OF MEDICAID PATIENTS TOTAL UNCOMPENSATED CARE AND COMMUNITY BENEFITS AT WEST PENN WAS \$91,017,542. IN ADDITION TO ITS BURN CENTER, NICU, AND AFOREMENTIONED

SPECIALTY SERVICES, WPH OFFERS ACCESS TO SERVICES AND SPECIALTIES SUCH AS ALLERGY AND IMMUNOLOGY, CARDIOVASCULAR DISEASE, INTERVENTIONAL CARDIOLOGY, CARDIOTHORACIC AND VASCULAR SURGERY, ASTHMA, BARIATRIC SURGERY, HEMATOLOGY/BLOOD CANCER, MEDICAL, RADIATION AND SURGICAL ONCOLOGY ANESTHESIOLOGY/PAIN MEDICINE, BARIATRIC SURGERY, BONE MARROW AND CELL TRANSPLANTATION, COLORECTAL SURGERY, CRITICAL CARE MEDICINE, DERMATOLOGY, DIAGNOSTIC AND INTERVENTIONAL RADIOLOGY, EMERGENCY MEDICINE, ENDOCRINOLOGY/DIABETES MANAGEMENT, ESOPHAGEAL DISEASE, FAMILY MEDICINE, GASTROENTEROLOGY, GENERAL SURGERY, GERIATRICS, OBSTETRICS AND GYNECOLOGY, LABOR AND DELIVERY, INFECTIOUS DISEASE TREATMENT, INTERNAL MEDICINE, LUPUS CARE, MATERNAL AND FETAL MEDICINE, MINIMALLY INVASIVE AND ROBOTIC SURGERY, NEPHROLOGY, NEUROLOGY, NEUROSURGERY, OPHTHALMOLOGY, ORAL/MAXILLOFACIAL SURGERY, ORTHOPAEDIC SURGERY AND SPORTS MEDICINE, OTOLARYNGOLOGY, OTORHINOLARYNGOLOGY, PAIN MEDICINE, PATHOLOGY AND LABORATORY MEDICINE, PEDIATRICS, PELVIC FLOOR DISORDERS, PLASTIC AND RECONSTRUCTIVE SURGERY, PHYSICAL MEDICINE AND REHABILITATION, PODIATRY, PRIMARY CARE MEDICINE, PULMONARY MEDICINE, REPRODUCTIVE MEDICINE AND INFERTILITY, RHEUMATOLOGY AND AUTOIMMUNE DISORDERS, SLEEP DISORDERS, THORACIC SURGERY, AND UROLOGY

OUTPATIENT CARE FACILITIES IN ADDITION TO ITS HUNDREDS OF CLINICAL
OFFICES, AHN OPERATES FOUR LARGE, MULTI-SPECIALTY HEALTH + WELLNESS
PAVILIONS (TWO IN ALLEGHENY COUNTY, ONE IN WASHINGTON COUNTY, AND ONE IN
ERIE COUNTY), FIVE URGENT CARE CLINICS (THREE IN ALLEGHENY COUNTY AND TWO
IN ERIE COUNTY), AND EIGHT HOSPITAL-BASED AND FREE-STANDING SURGERY

CENTERS (SIX IN ALLEGHENY COUNTY, ONE IN WASHINGTON COUNTY AND ONE IN ERIE COUNTY).

ALLEGHENY HEALTH NETWORK RESEARCH INSTITUTE: AHN'S RESEARCH INSTITUTE

OFFERS ACCESS TO NEW DRUG THERAPIES, HONES REVOLUTIONARY SURGICAL

PROCEDURES, AND HAS ADVANCED EXPERTISE WITH INNOVATIVE DEVICES AND

WEARABLE TECHNOLOGIES THAT HELP REDUCE THE IMPACT OF CHRONIC DISEASE THE

INSTITUTE PARTNERS WITH INDUSTRY, GOVERNMENT, ACADEMIA, AND HEALTH

SYSTEMS ACROSS THE REGION TO WORK TOWARD A SERIES OF COMMON GOALS.

IMPROVING THE HEALTH OF PATIENTS AND ADVANCING THE SCIENCE OF MEDICINE.

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
HUNDREDS OF ACTIVE CLINICAL RESEARCH TRIALS

ALLEGHENY CLINIC WITH MORE THAN 1,200 EMPLOYED PHYSICIANS AND 4,700

TOTAL EMPLOYEES, THE ALLEGHENY CLINIC IS ONE OF WESTERN PENNSYLVANIA'S

LARGEST PHYSICIAN GROUPS. SINCE THE FORMATION OF ALLEGHENY HEALTH

NETWORK, AHN HAS ADDED HUNDREDS OF PRIMARY CARE PHYSICIANS, SPECIALISTS

AND SURGEONS TO THE ALLEGHENY CLINIC. THOSE PHYSICIANS AND ADMINISTRATIVE

STAFF SUPPORT DOZENS OF SPECIALTY SERVICE LINES AND CLINICAL INSTITUTES,

INCLUDING THE BARIATRIC AND METABOLIC INSTITUTE, THE CANCER INSTITUTE,

THE CARDIOVASCULAR INSTITUTE, THE ESOPHAGEAL AND LUNG INSTITUTE, THE

NEUROSCIENCE INSTITUTE, THE ORTHOPAEDIC INSTITUTE AND THE TRANSPLANT

INSTITUTE, AMONG OTHERS.

FOUNDATIONS: IN ADDITION TO THE AFOREMENTIONED ENTITIES, AHN ALSO
HAS A NUMBER OF AFFILIATED PHILANTHROPIC ORGANIZATIONS, INCLUDING THE
ALLE-KISKI MEDICAL CENTER TRUST (AKMC TRUST), FORBES HEALTH FOUNDATION
(FHF), SUBURBAN HEALTH FOUNDATION (SHF), AND THE WEST PENN HOSPITAL
FOUNDATION.

KEY INSTITUTES AND SERVICE LINES

ALLEGHENY HEALTH NETWORK CANCER INSTITUTE AHN'S CANCER INSTITUTE

INCLUDES MORE THAN 50 CANCER INSTITUTE CLINICS, TWO DOZEN SEPARATE

CLINICAL LOCATIONS AND A MULTIDISCIPLINARY TEAM OF MORE THAN 200

PHYSICIANS; TOGETHER THEY TREAT 10,000 PATIENTS ANNUALLY IN WESTERN

PENNSYLVANIA, ERIE, WEST VIRGINIA, AND OHIO AHN RECENTLY OPENED AN

EXTENDED HOURS ONCOLOGY CLINIC AT WEST PENN HOSPITAL TO BETTER CARE FOR

PATIENTS EXPERIENCING THE SIDE EFFECTS OF CHEMOTHERAPY TREATMENTS, AND

OVER THE NEXT FEW YEARS, AHN AND HM WILL INVEST MORE THAN \$200 MILLION IN

NEW INFRASTRUCTURE AND CAPABILITIES TO SUPPORT OUR VISION AND STRATEGY
FOR SERVING OUR PATIENTS AND MEMBERS WHO ARE DIAGNOSED WITH CANCER, THAT
INFRASTRUCTURE WILL INCLUDE A NEW ACADEMIC CANCER INSTITUTE ON THE AGH
CAMPUS AS WELL AS 6-10 NEW COMMUNITY-BASED CANCER TREATMENT CLINICS
ADDITIONALLY, AHN COLLABORATES WITH JOHNS HOPKINS KIMMEL CANCER CENTER,
TO OFFER ACCESS TO CLINICAL TRIALS AND PROVIDE ADDITIONAL TREATMENT
OPTIONS AND SECOND OPINIONS FOR PATIENTS WITH RARE AND COMPLEX CANCERS,
AMONG OTHER BENEFITS

ALLEGHENY HEALTH NETWORK CARDIOVASCULAR INSTITUTE: ON THE FRONTIER OF ADVANCED SPECIALTY HEART CARE, THE ALLEGHENY HEALTH NETWORK CARDIOVASCULAR INSTITUTE IS ONE OF THE PREMIER CARDIAC PROGRAMS IN THE COUNTRY, PROVIDING SUPERIOR STATE-OF-THE-ART CARE FOR PATIENTS WITH HEART DISEASE AND ACCESS TO WESTERN PENNSYLVANIA'S MOST COMPREHENSIVE, MULTIDISCIPLINARY TEAM OF SPECIALISTS AND INNOVATIVE THERAPIES, INCLUDING MANY AVAILABLE ONLY THROUGH ADVANCED CLINICAL TRIALS THE PHYSICIANS OF THE ALLEGHENY HEALTH NETWORK CVI'S SEVEN HOSPITALS AND 20 OUTPATIENT PITTSBURGH- AND ERIE-AREA LOCATIONS HAVE HELPED TO PIONEER THE USE OF THE LATEST GENERATION OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATORS, WERE AMONG THE FIRST IN THE NATION TO PERFORM TRANS-CATHETER AORTIC VALVE REPLACEMENT (TAVR), REPLACING DEFECTIVE AORTIC HEART VALVES VIA A MINIMALLY INVASIVE CATHETER PROCEDURE, INTRODUCED NEW TREATMENTS TO REPAIR DEFECTIVE MITRAL VALVES VIA ROBOT-ASSISTED MINIMALLY INVASIVE SURGERY, AND PLAYED AN INSTRUMENTAL ROLE IN THE DEVELOPMENT OF LEFT VENTRICULAR ASSIST DEVICES (LVAD), A MECHANICAL PUMP THAT IS SURGICALLY

IMPLANTED TO ASSIST A WEAKENED HEART MUSCLE CURRENTLY, THE PHYSICIANS AT THE CARDIOVASCULAR INSTITUTE ARE CONDUCTING RESEARCH THAT LEADS TO BETTER WAYS TO PREVENT, DIAGNOSE AND TREAT HEART DISEASE; CURRENTLY, AHN RESEARCHERS AND PHYSICIANS ARE WORKING ON MORE THAN 75 RESEARCH PROJECTS AND CLINICAL TRIALS ADDITIONALLY, AHN'S WOMEN'S HEART CENTER, THE FIRST HEART CENTER OF ITS KIND IN ALLEGHENY COUNTY, TREATS COMPLEX CARDIOVASCULAR CONDITIONS FOR ADULT WOMEN OF ALL AGES.

ALLEGHENY HEALTH NETWORK NEUROSCIENCE INSTITUTE AHN'S NEUROSCIENCE
INSTITUTE IS A NATIONAL LEADER IN PROVIDING INNOVATIVE, EXPERT CARE FOR
COMPLEX BRAIN, SPINE, OR NEUROLOGICAL CONDITIONS AHN'S RENOWNED
NEUROSURGEONS HAVE DEVELOPED GROUNDBREAKING SURGERIES AND TREATMENT
ADVANCEMENTS THAT LEAD TO IMPROVED CARE FOR PATIENTS EXPERIENCING THE
SYMPTOMS OF PARKINSON'S DISEASE, TRIGEMINAL NEURALGIA, STROKE, EPILEPSY,
NEURO-MUSCULAR DISEASE, CONGENITAL SPINAL CONDITIONS, AND MORE

THE HIGHEST DISTINCTION OF STROKE CARE AWARDED BY THE AMERICAN HEART

ASSOCIATION'S JOINT COMMISSION AHN'S NEUROSCIENCE PROGRAM INCLUDES

WORLD-RENOWNED EXPERTS IN THE SUBSPECIALTIES OF NEUROLOGY, NEURO-OTOLOGY,

NEURORADIOLOGY, NEURO-CRITICAL CARE, AND NEUROSURGERY, AND THE INSTITUTE

HAS BEEN IDENTIFIED AS A NEUROSCIENCES CENTER OF EXCELLENCE AND A SPINE

CENTER OF EXCELLENCE, ENABLING AHN AND AGH TO SERVE AS A NATIONAL AND

INTERNATIONAL REFERRAL CENTER FOR TREATMENT OF ALL TYPES OF NEUROLOGICAL

CONDITIONS

ALLEGHENY HEALTH NETWORK ORTHOPAEDIC INSTITUTE: THE ORTHOPAEDIC INSTITUTE'S MULTIDISCIPLINARY TEAM OF SURGEONS, PHYSICIANS, NURSES, PHYSICIAN ASSISTANTS AND REHABILITATION SPECIALISTS WORK TOGETHER TO DEVELOP A COORDINATED TREATMENT PLAN SPECIFICALLY DESIGNED FOR EACH PATIENT, SPECIALIZING IN PEDIATRIC ORTHOPAEDICS, JOINT REPLACEMENT, UPPER AND LOWER EXTREMITY CARE, ORTHOPAEDIC TRAUMA, SPINAL SURGERY, AND SPORTS MEDICINE TOGETHER, AHN AND HH HAVE MADE SIGNIFICANT INVESTMENTS IN AHN'S ORTHOPAEDIC CAPABILITIES AND INFRASTRUCTURE, INCLUDING THE 2016 OPENING OF THE AHN SPORTS COMPLEX AT COOL SPRINGS, A LARGE MULTI-SPORT FACILITY SPECIALIZING IN ORTHOPAEDIC CARE AND SPORTS MEDICINE, AND THE 2017 OPENING OF THE STATE-OF-THE-ART PEDIATRIC ORTHOPAEDIC INSTITUTE, A GROUP OF ORTHOPAEDIC SPECIALISTS WHO TREAT A WIDE RANGE OF NEURO- AND MUSCULO-SKELETAL INJURIES AND CONDITIONS. AHN'S SPORTS MEDICINE TEAM IS OFFICIAL MEDICAL PROVIDER FOR THE PITTSBURGH PIRATES AND THE PITTSBURGH RIVERHOUNDS, AND HAS BEEN DESIGNATED AS AN OFFICIAL U.S. OLYMPIC REGIONAL MEDICAL CENTER, AHN ALSO OFFER SPORTS MEDICINE SERVICES FOR LOCAL COLLEGES AND HIGH SCHOOLS

ALLEGHENY HEALTH NETWORK TRANSPLANT INSTITUTE THE AHN TRANSPLANT

INSTITUTE PROVIDES PERSONALIZED, COMPASSIONATE CARE FROM A SPECIALIZED

TEAM OF EXPERTS, INCLUDING TRANSPLANT SURGEONS, NEPHROLOGISTS,

PSYCHIATRISTS, PHARMACISTS, SOCIAL WORKERS, DIETITIANS, TRANSPLANT NURSE

COORDINATORS, AND OTHER HEALTHCARE PROFESSIONALS THE TRANSPLANT

INSTITUTE'S OFFERS HEART, KIDNEY, PANCREAS AND LIVER TRANSPLANTATION

SERVICES, WITH A LEGACY OF EXCEPTIONAL TRANSPLANTATION CARE AND

INNOVATION THAT DATES TO THE 1980S; IN 2016, THE ALLEGHENY HEALTH NETWORK HEART TRANSPLANT INSTITUTE RANKED AMONG THE TOP 25 PROGRAMS IN THE COUNTRY, ACCORDING TO THE SCIENTIFIC REGISTRY OF TRANSPLANT RECIPIENTS (SRTR), THE OFFICIAL NATIONAL DATABASE OF ORGAN TRANSPLANTATION STATISTICS IN ADDITION TO TRANSPLANTATION SERVICES, THE AHN TRANSPLANT INSTITUTE OFFERS PATIENTS ACCESS TO NOVEL IMMUNOSUPPRESSIVE AGENTS AND CLINICAL TRIALS. ADDITIONALLY, AHN AND ITS TRANSPLANT INSTITUTE ARE ADVOCATES FOR ORGAN DONATION EDUCATION AND AWARENESS, IN 2016, AHN (IN PARTNERSHIP WITH THE CENTER FOR ORGAN RECOVERY & EDUCATION) HELPED SAVE 111 LIVES THROUGH ORGANS (AS WELL AS TISSUE AND CORNEAS) DONATED AT ITS HOSPITALS THROUGHOUT THE CALENDAR YEAR. EMERGENCY MEDICINE AND TRAUMA CARE: IN 2016, ALLEGHENY HEALTH NETWORK'S HOSPITALS RECORDED NEARLY 300,000 EMERGENCY DEPARTMENT VISITS; AHN'S AFFILIATED TRAUMA CENTERS PROVIDE LIFE-SAVING CARE TO 5,000 PATIENTS ANNUALLY. AHN'S EXPERIENCED, MULTIDISCIPLINARY TEAMS OF PHYSICIANS, SPECIALISTS, NURSES, TRAUMA SURGEONS AND SUPPORT STAFF PROVIDE AROUND-THE-CLOCK, AWARD-WINNING CARE FOR THE REGION'S SICK AND WOUNDED, AHN'S EMERGENCY DEPARTMENTS HAVE SOME OF THE SHORTEST WAIT TIMES IN THE STATE AHN'S HOSPITALS OPERATE EIGHT EMERGENCY DEPARTMENTS; AGH IS A LEVEL I TRAUMA CENTER, OFFERING TRAUMA SURGERY, SURGICAL CRITICAL CARE AND EMERGENCY GENERAL SURGERY, AS WELL AS A VARIETY OF RESEARCH AND EDUCATIONAL PROGRAMS; FH OPERATES A LEVEL II TRAUMA CENTER, AND WPH CARRIES A VERIFICATION FROM BOTH THE AMERICAN BURN ASSOCIATION AND THE AMERICAN COLLEGE OF SURGEONS, FOR THE TREATMENT OF BOTH PEDIATRIC AND ADULT BURN PATIENTS ADDITIONALLY, AHN'S LIFEFLIGHT, WHICH PROVIDES

HIGHMARK HEALTH GROUP

Employer identification number

REGIONAL EMERGENCY HELICOPTER AND CRITICAL CARE GROUND TRANSPORTATION SERVICES FOR CRITICALLY ILL AND INJURED PATIENTS WHO NEED IMMEDIATE SPECIALIZED CARE, WAS THE FIRST AIR MEDICAL SERVICE IN THE NORTHEASTERN UNITED STATES, AND NOW OPERATES FIVE MEDICAL HELICOPTER BASES (AT CLARION HOSPITAL, CANONSBURG HOSPITAL, INDIANA REGIONAL MEDICAL CENTER, BUTLER AIRPORT, AND ROSTRAVER AIRPORT)

WOMEN'S HEALTH: AHN OFFERS COMPASSIONATE AND COMPREHENSIVE CARE THROUGH OUR NETWORK OF MORE THAN 100 OBSTETRICIANS AND GYNECOLOGISTS, AND HUNDREDS OF OTHER SPECIALISTS WHO WORK TOGETHER TO CARE FOR WOMEN. AHN'S GROWING WOMEN'S HEALTH TEAM TREATS PATIENTS AT MORE THAN 50 WOMEN'S HEALTH OFFICE LOCATIONS, THROUGH EVERY LIFE STAGE PREVENTION AND WELLNESS, LABOR AND DELIVERY SERVICES, ADVANCED GYNECOLOGIC SURGERIES; MIDLIFE CARE; SPECIALIZED CARDIOVASCULAR TREATMENTS, LEADING-EDGE BREAST CANCER DIAGNOSTIC AND THERAPEUTIC CAPABILITIES, MENOPAUSE AND OSTEOPOROSIS THERAPIES, AND INNOVATIVE CLINICAL TRIALS AND ADVANCED THERAPIES FOR GYNECOLOGIC CANCER IN THE LAST THREE YEARS, AHN HAS MADE SIGNIFICANT UPGRADES TO ITS FACILITIES AND PROGRAMS FOR WOMEN, INCLUDING THE CONSTRUCTION OF A BRAND NEW MATERNITY UNIT AT JEFFERSON HOSPITAL. EXPANDED AND ENHANCED OBSTETRIC UNITS AT FORBES AND WEST PENN HOSPITALS. THE LAUNCH OF AN INTENSIVE OUTPATIENT PROGRAM FOR MOTHERS SUFFERING FROM SEVERE POSTPARTUM DEPRESSION, AND THE PLANNED CONSTRUCTION OF A NEW NEONATAL INTENSIVE CARE UNIT AT WEST PENN LAST YEAR, AHN'S HOSPITALS DELIVERED MORE THAN 7,300 BABIES

## ACCOMPLISHMENTS

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, QUANTROS INC , US NEWS & WORLD REPORT, CONSUMER REPORTS AND HEALTHGRADES ACCORDING TO QUANTROS INC 'S 2017 CARECHEX HOSPITAL QUALITY RATINGS, ALLEGHENY HEALTH NETWORK IS RATED IN THE TOP 10 PERCENT NATIONALLY FOR PATIENT SAFETY IN CARDIAC CARE, AND IS THE HIGHEST-RATED HEALTH SYSTEM IN WESTERN PA FOR MEDICAL EXCELLENCE IN CARDIAC CARE, STROKE CARE AND WOMEN'S HEALTH. ADDITIONALLY, AGH, THE NETWORK'S FLAGSHIP, IS NO. 1 IN WESTERN PENNSYLVANIA FOR MEDICAL EXCELLENCE IN MAJOR CARDIAC SURGERY, CORONARY BYPASS SURGERY, INTERVENTIONAL CORONARY CARE, INTERVENTIONAL CAROTID CARE, HEART TRANSPLANTS, ORGAN TRANSPLANTS AND GALLBLADDER REMOVAL IN THE ERIE MARKET, SVH IS THE NO. 1 HOSPITAL IN ITS MARKET FOR MEDICAL EXCELLENCE IN OVERALL HOSPITAL CARE, OVERALL MEDICAL CARE, OVERALL SURGICAL CARE, CANCER CARE, CARDIAC CARE, HEART ATTACK TREATMENT, STROKE CARE AND WOMEN'S HEALTH, ACCORDING TO QUANTROS INC 'S 2017 CARECHEX HOSPITAL QUALITY RATINGS

FIVE AHN HOSPITALS ALSO CONTINUE TO RECEIVE NATIONAL RECOGNITION FOR THE OUALITY OF THEIR HEART FAILURE PROGRAMS IN 2016, AGH, AVH, CH, JH AND

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

SINCE ITS FORMATION IN 2013, AHN, WITH THE SUPPORT OF HIGHMARK HEALTH,
HAS MADE SIGNIFICANT INVESTMENTS IN ITS FACILITIES, PROGRAMS AND
CAPABILITIES IN ORDER TO ENHANCE THE QUALITY OF PATIENT CARE AND EXPAND
THE REACH OF ITS SERVICES FOR THOSE WHO LIVE AND WORK IN THE WESTERN
PENNSYLVANIA REGION. TO DATE, THE TOTAL HIGHMARK HEALTH INVESTMENT IN
AHN

- INCLUDING CAPITAL INVESTMENTS, STRUCTURAL AND OPERATIONAL INVESTMENTS,
AND CLINICAL AND PROGRAMMATIC INVESTMENTS - EXCEEDS \$1 BILLION

MANY OF THESE INVESTMENTS HAVE LED TO NO IMMEDIATE FINANCIAL RETURN FOR AHN OR HIGHMARK HEALTH, BUT WERE REQUIRED TO SUSTAIN THE NETWORK, PROVIDE THE APPROPRIATE ACCESS TO ITS SERVICES, MODERNIZE ITS INFRASTRUCTURE, AND ENHANCE CLINICAL QUALITY AND PATIENT EXPERIENCE, AFTER YEARS OF UNDER-CAPITALIZATION AND DEFERRED MAINTENANCE MOREOVER, THE KEY TO DELIVERING ON THE PROMISE OF THE HH-AHN AFFILIATION WAS THE CREATION OF A MODEL OF HEALTH CARE THAT TRULY OFFERED VALUE TO CUSTOMERS, IN THE FORM OF BETTER EXPERIENCE (SIMPLICITY AND TRANSPARENCY), BETTER ACCESS, AND BETTER OUTCOMES, AT AN AFFORDABLE COST DELIVERY OF THE GOAL REQUIRED LARGE INVESTMENTS TO RECAPITALIZE AHN, TO BUILD OUT A BROADER NETWORK ACROSS THE FULL SPECTRUM OF CARE, TO INVEST IN COMMUNITY PARTNERS TO PRESERVE THEIR SERVICES, FINANCIAL VIABILITY, AND INDEPENDENCE; TO UPGRADE CLINICAL CAPABILITIES, AND TO BUILD A VALUE-BASED,

PATIENT-CENTERED MODEL OF CARE

SIGNIFICANT CAPITAL AND PROGRAMMATIC INVESTMENTS HAVE INCLUDED:

FOUR HEALTH + WELLNESS PAVILIONS. AHN'S HEALTH + WELLNESS PAVILIONS

(HWPS) ARE LARGE, MULTI-SPECIALTY CLINICAL LOCATIONS DESIGNED WITH THE

PATIENT IN MIND, THE HWPS PROVIDE CONVENIENCE AND EXCEPTIONAL PATIENT

EXPERIENCE BY CO-LOCATING A VARIETY OF INTERRELATED CLINICAL AND SURGICAL

SERVICES IN ORDER TO MEET A WIDE SPECTRUM OF A PATIENT'S OR FAMILY'S

HEALTH AND WELLNESS NEEDS, ALL IN ONE PLACE TO DATE, AHN HAS OPENED HWPS

IN WEXFORD, PA., ERIE, PA., BETHEL PARK, PA, AND PETERS TWP., PA

THE AHN SPORTS COMPLEX AT COOL SPRINGS THE SPORTS COMPLEX IS A LARGE MULTI-SPORT FACILITY SPECIALIZING IN ORTHOPAEDIC CARE AND SPORTS

MEDICINE. THE STATE-OF-THE-ART, 169,000 SQUARE FOOT FACILITY FEATURES

THREE PARTITIONED 115 X 182 FOOT, MULTI-PURPOSE, FULLY TURFED FIELDS THAT

COMBINE INTO ONE FIFA REGULATION-SIZED FIELD, TWO REGULATION HARDWOOD

BASKETBALL COURTS AND FOUR VOLLEYBALL COURTS, AS WELL AS A MEMBERSHIP

FITNESS CENTER FOR THE COMMUNITY THE COMPLEX ALSO HOUSES A BROAD ARRAY

OF AHN ORTHOPEDIC AND SPORTS MEDICINE SERVICES, WITH A PARTICULAR FOCUS

ON ADVANCED SPORTS PERFORMANCE TRAINING, PHYSICAL THERAPY AND ORTHOPAEDIC

CARE

THE CAHOUET CENTER FOR COMPREHENSIVE PARKINSON'S CARE THE CAHOUET CENTER

IS DESIGNED TO HELP PATIENTS WITH PARKINSON'S DISEASE AND THEIR FAMILIES

Name of the organization
HIGHMARK HEALTH GROUP

MORE SEAMLESSLY ACCESS AND COORDINATE THE CLINICAL AND SUPPORT SERVICES
THEY REQUIRE. THE CAHOUET CENTER COMBINES AHN'S WORLD-CLASS MEDICAL
EXPERTISE WITH THE EXTENSIVE RESOURCES OF THE PITTSBURGH-BASED PARKINSON
FOUNDATION FOR THE BENEFIT OF THOSE IN WESTERN PENNSYLVANIA WHO ARE
LIVING WITH PARKINSON'S. A TEAM OF EXPERIENCED PROFESSIONALS, INCLUDING A
MOVEMENT DISORDERS SPECIALIST, SPEECH, OCCUPATIONAL AND PHYSICAL
THERAPISTS, PSYCHOLOGIST, SOCIAL WORKER, DIETITIAN AND EXERCISE
SPECIALISTS, IS AVAILABLE TO PATIENTS AT THE CENTER AND WILL COLLABORATE
TO CREATE A COMPREHENSIVE CARE PLANS

A NEW 48-BED CRITICAL CARE/TELEMETRY UNIT FOR CARDIOVASCULAR PATIENTS AT AGH: IN 2016, AGH OPENED A NEW FACILITY THAT PROVIDES CARDIOVASCULAR PATIENTS WITH ACCESS TO 48 PRIVATE BEDS IN A STATE-OF-THE-ART SETTING, INCLUDING 24 CRITICAL CARE BEDS AND A 24-BED MONITORED STEP DOWN UNIT.

LOCATED ON THE 11TH FLOOR OF AGH'S SNYDER PAVILION, THE \$26 MILLION PROJECT WAS PART OF A MAJOR INITIATIVE UNDERWAY TO IMPROVE AND MODERNIZE THE INFRASTRUCTURE OF THE HOSPITAL AND FURTHER ADVANCE ITS CAPABILITIES AS AHN'S FLAGSHIP QUATERNARY MEDICAL CENTER

CANCER INSTITUTE BUILDING ON AHN'S LEGACY AS A PROVIDER OF INNOVATIVE,
WORLD-CLASS CANCER CARE, AHN AND HH ANNOUNCED PLANS IN 2017 TO INVEST

MORE THAN \$200 MILLION OVER TWO YEARS TO FURTHER ENHANCE ACCESS TO

LEADING-EDGE ONCOLOGY SERVICES IN THE WESTERN PENNSYLVANIA REGION, BUILD
A STATE-OF-THE-ART ACADEMIC CANCER INSTITUTE FACILITY ON THE AGH CAMPUS,
ESTABLISH ADDITIONAL COMMUNITY-BASED CANCER TREATMENT CENTERS ACROSS

WESTERN PENNSYLVANIA; AND EXPAND HH'S AND AHN'S RELATIONSHIP WITH THE WORLD-RENOWNED JOHNS HOPKINS MEDICINE.

\$115 MILLION INVESTMENT IN ERIE AND SVH: IN EARLY 2017, AHN, HH AND SAINT VINCENT HOSPITAL ANNOUNCED A \$115 MILLION, MULTI-PHASED CAPITAL INVESTMENT PLAN FOR SAINT VINCENT THAT WILL ENHANCE THE HOSPITAL'S CAPABILITIES, EXPAND ITS CAPACITY TO MEET THE EVOLVING HEALTH NEEDS OF THE COMMUNITY AND FACILITATE A PATIENT-CENTERED CARE MODEL FOCUSED ON QUALITY, CONVENIENCE AND SERVICE EXCELLENCE THOSE PLANS INCLUDE CONSTRUCTION OF A NEW EMERGENCY DEPARTMENT AND A STATE-OF-THE-ART OPERATING ROOM SUITE IN A NEW STRUCTURE ON THE HOSPITAL CAMPUS GROUND-BREAKING ON THAT NEW FACILITY OCCURRED IN MAY 2017

SAME-DAY APPOINTMENTS: IN 2016, AHN BEGAN OFFERING SAME-DAY ACCESS TO PRIMARY CARE PHYSICIANS AND EXPANDED TO SPECIALIST SAME-DAY ACCESS IN EARLY 2017 PATIENTS WHO CALL AHN'S 412 DOCTORS BEFORE 11 A M, MONDAY THROUGH FRIDAY, ARE OFFERED A SAME-DAY APPOINTMENT WITH A SPECIALTY DOCTOR, PRIMARY CARE PHYSICIAN, NURSE PRACTITIONER, OR PHYSICIAN ASSISTANT THE SAME-DAY APPOINTMENT INITIATIVE WAS THE CULMINATION OF SIGNIFICANT STRUCTURAL AND OPERATIONAL INVESTMENTS IN AHN'S CALL CENTER

EPIC ELECTRONIC HEALTH RECORD AND MYCHART FUNCTIONALITY AHN IS IN THE MIDST OF A MULTI-YEAR IMPLEMENTATION OF ITS EPIC ELECTRONIC HEALTH RECORDS SYSTEM BY CHOOSING EPIC SYSTEMS CORP TO INSTALL AHN'S EHR, AHN WILL BE THE FIRST HEALTH CARE SYSTEM IN THE REGION TO HAVE A SINGULAR,

FULLY INTEGRATED PATIENT HEALTH RECORDS SYSTEM ACROSS ALL PROVIDER SITES.

TO DATE, THE EPIC SYSTEM HAS BEEN IMPLEMENTED AT MOST OF THE NETWORK'S

EMPLOYED PHYSICIAN PRACTICES AND FOUR OF ITS HOSPITALS (AGH, FORBES,

JEFFERSON AND WPH). ADDITIONALLY, EMBEDDED IN THE EPIC SYSTEM IS THE

MYCHART PATIENT PORTAL, WHICH ALLOWS PATIENTS TO ACCESS PERSONAL AND

FAMILY HEALTH INFORMATION, MESSAGE THEIR DOCTORS, ACCESS CLINICIANS

THROUGH E-VISITS, COMPLETE QUESTIONNAIRES, AND CONDUCT VIDEO VISITS WITH

CLINICIANS.

WOMEN'S CARE: OVER THE LAST FOUR YEARS, AHN AND HH HAVE MADE
SIGNIFICANT INVESTMENTS IN AHN'S WOMEN'S HEALTH SERVICES, INCLUDING
OBSTETRICS AND GYNECOLOGIC SURGERY IN 2014, AHN OPENED A NEW WOMEN'S
HEALTH CENTER AT JH, THE FIRST BRAND-NEW OBSTETRICS AND MATERNITY CARE
CENTER TO BE BUILT IN PENNSYLVANIA IN MORE THAN 30 YEARS ADDITIONALLY,
IN 2015, AHN OPENED NEW OBSTETRICS FACILITIES AT WPH, INCLUDING A 33
BED-POSTPARTUM UNIT, IN 2016, IT EXPANDED ITS LABOR AND DELIVERY UNIT AT

ALEXIS JOY D'ACHILLE CENTER FOR WOMEN'S BEHAVIORAL HEALTH. THE CENTER, A
UNIQUE PROGRAM THAT OFFERS THE MOST COMPREHENSIVE, STATE-OF-THE-ART CARE
AVAILABLE IN WESTERN PENNSYLVANIA FOR WOMEN SUFFERING FROM
PREGNANCY-RELATED DEPRESSION, BEGAN SERVICES IN 2016 AND WILL BE HOUSED
IN A NEW FACILITY OPENING IN 2017 THE CENTER HOUSES AN ARRAY OF
SERVICES CURRENTLY OFFERED TO WOMEN AT WPH WHO ARE IN NEED OF TREATMENT
FOR PERINATAL DEPRESSION, ENCOMPASSING POSTPARTUM DEPRESSION AND
DEPRESSION DURING PREGNANCY IT'S ONE OF THE FEW PROGRAMS IN THE U S TO

PROVIDE SUCH A WIDE RANGE OF TREATMENTS, INCLUDING THERAPY, AN INTENSIVE
OUTPATIENT PROGRAM FOR WOMEN IN NEED OF A HIGHER LEVEL OF CARE, AND A
PARTIAL HOSPITALIZATION PROGRAM FOR WOMEN SUFFERING FROM MORE SEVERE
FORMS OF DEPRESSION

CENTER FOR PEDIATRIC ORTHOPAEDIC CARE: IN 2017, AHN OPENED ITS NEW
PEDIATRIC ORTHOPAEDIC INSTITUTE, A MULTI-DISCIPLINARY PROGRAM FOR
CHILDREN, ADOLESCENTS AND TEENAGERS WHO SUFFER FROM ORTHOPAEDIC AND
NEUROMUSCULAR CONDITIONS, INCLUDING THOSE WHO SUSTAIN INJURIES THAT
REQUIRE SAME-DAY CARE STAFFED BY BOARD-CERTIFIED PHYSICIANS AND
ORTHOPAEDIC SURGEONS (AS WELL AS CERTIFIED PHYSICIAN ASSISTANTS,
PROSTHETISTS / ORTHOTISTS, REGISTERED NURSES AND SPORTS MEDICINE
SPECIALISTS), THE 15,000-SQUARE-FOOT INSTITUTE FEATURES VARIOUS SPECIALTY
CENTERS OF CARE DEDICATED TO THE DIAGNOSIS AND TREATMENT OF NEURO AND
MUSCULOSKELETAL INJURIES AND CONDITIONS

OTHER RECENT CAPITAL INVESTMENTS HAVE INCLUDED, BUT ARE NOT LIMITED TO,
THE FOLLOWING

A NEW ORTHOPAEDIC INSTITUTE AT SVH; RENOVATED CH SLEEP LAB, NEW CT SCAN
TECHNOLOGY AT WESTFIELD MEMORIAL HOSPITAL, A NEW PATIENT ELEVATOR TOWER
AT FH, A NEW ISLET CELL ISOLATION LAB FOR PANCREATIC DISEASE TREATMENT AT
AGH, NEW MAKO ROBOTIC TECHNOLOGY FOR HIP AND KNEE REPLACEMENTS AT SVH,
AGH AND WPH, A NEW CARDIAC ICU AT WPH, EXPANDED OBSTETRICAL FACILITIES AT
FH, THE OPENING OF A NEW, STATE-OF-THE-ART CENTER FOR SURGICAL ARTS

TRAINING FACILITY AT AGH FOR RESIDENTS, FELLOWS AND ATTENDING SURGEONS, AND A NEW EXTENDED-HOURS ONCOLOGY CLINIC AT WPH

PART I, LINE 3 AND PART V, LINE 1A VOTING MEMBERS OF GOVERNING 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 MEMBERS 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 INFORMATION ABOUT CONTRIBUTIONS, GRANTS, AND SIMILAR AMOUNTS RECEIVED,

Schedule O (Form 990 or 990-EZ)

Employer identification number

Name of the organization HIGHMARK HEALTH GROUP

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.

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, LINE 6

WEST PENN ALLEGHENY HEALTH SYSTEM, INC IS THE SOLE MEMBER OF THE

FOLLOWING ENTITIES

- CANONSBURG GENERAL HOSPITAL
- ALLEGHENY MEDICAL PRACTICE NETWORK
- ALLEGHENY SINGER RESEARCH INSTITUTE
- ALLE-KISKI MEDICAL CENTER
- THE WESTERN PENNSYLVANIA HOSPITAL FOUNDATION
- FORBES HEALTH FOUNDATION
- ALLEGHENY CLINIC
- ALLEGHENY CLINIC MEDICAL ONCOLOGY

ALLEGHENY HEALTH NETWORK IS THE SOLE MEMBER OF THE FOLLOWING ENTITIES:

- JEFFERSON REGIONAL MEDICAL CENTER
- WEST PENN ALLEGHENY HEALTH SYSTEM, INC
- SAINT VINCENT HEALTH SYSTEM
- SAINT VINCENT HEALTH CENTER

ALLE-KISKI MEDICAL CENTER IS THE SOLE MEMBER OF

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

ALLE-KISKI MEDICAL CENTER TRUST

HIGHMARK HEALTH IS THE SOLE MEMBER OF.

ALLEGHENY HEALTH NETWORK

SAINT VINCENT HEALTH SYSTEM IS THE SOLE MEMBER OF THE FOLLOWING ENTITIES

- SAINT VINCENT FOUNDATION FOR HEALTH AND HUMAN SERVICES
- SAINT VINCENT AFFILIATED PHYSICIANS
- SAINT VINCENT MEDICAL EDUCATION & RESEARCH INSTITUTE

CANONSBURG GENERAL HOSPITAL IS THE SOLE MEMBER OF:

CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE

MEMBERS OR STOCKHOLDERS WHO MAY ELECT

FORM 990, PART VI, LINE 7A

PURSUANT TO THE BYLAWS OF EACH ENTITY, THE SOLE MEMBER OF SUCH ENTITY HAS

THE POWER TO ELECT OR APPOINT ALL OR A SIGNIFICANT PORTION OF SUCH

ENTITY'S BOARD OF DIRECTORS AND TO REMOVE OR REPLACE SUCH DIRECTORS

DECISIONS SUBJECT TO APPROVAL

FORM 990, PART VI, LINE 7B

FOR THE FOLLOWING ENTITIES THAT COMPRISE THE GROUP, HIGHMARK HEALTH, AS

THE DIRECT OR INDIRECT SUB MEMBER, HOLD CERTAIN RESERVE POWERS PURSUANT

TO THE BYLAWS



Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

- CANONSBURG GENERAL HOSPITAL
- ALLEGHENY HEALTH NETWORK
- JEFFERSON REGIONAL MEDICAL CENTER
- ALLEGHENY SINGER RESEARCH INSTITUTE
- ALLE-KISKI MEDICAL CENTER
- THE WESTERN PENNSYLVANIA HOSPITAL FOUNDATION
- ALLE-KISKI MEDICAL CENTER TRUST
- FORBES HEALTH FOUNDATION
- WEST PENN ALLEGHENY HEALTH SYSTEM, INC.
- ALLEGHENY HEALTH NETWORK
- SAINT VINCENT FOUNDATION FOR HEALTH AND HUMAN SERVICES
- SAINT VINCENT MEDICAL EDUCATION AND RESEARCH INSTITUTE
- SAINT VINCENT HEALTH SYSTEM
- SAINT VINCENT HEALTH CENTER
- SAINT VINCENT AFFILIATED PHYSICIANS
- CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE
- ALLEGHENY CLINIC
- ALLEGHENY CLINIC MEDICAL ONCOLOGY
- ALLEGHENY MEDICAL PRACTICE NETWORK

THE FOLLOWING ARE THE RESERVED POWERS OF HIGHMARK HEALTH

- 1) TO APPROVE THE ELECTION, RE-ELECTION AND REMOVAL OF ALL OFFICERS,
- INCLUDING THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, OF THE CORPORATION

AND ITS SUBSIDIARIES,



- 2) TO AMEND, REVISE OR RESTATE THE CORPORATION'S ARTICLES OF
  INCORPORATION AND BYLAWS AND APPROVE ALL AMENDMENTS OR REVISIONS OF THE
  CORPORATION'S ARTICLES OF INCORPORATION AND BYLAWS THAT MAY BE PROPOSED
  OR APPROVED BY ALLEGHENY HEALTH NETWORK, THE MEMBER OR BOARD OF DIRECTORS
  OF THE CORPORATION, SUBJECT TO CERTAIN EXCEPTIONS.
- 3) TO ADOPT OR CHANGE THE MISSION, PURPOSE, PHILOSOPHY OR OBJECTIVES OF THE CORPORATION OR ITS SUBSIDIARIES,
- 4) TO CHANGE THE GENERAL STRUCTURE OF THE CORPORATION OR ANY OF ITS SUBSIDIARIES AS A VOLUNTARY, NONPROFIT CORPORATION,
- 5) TO (A) DISSOLVE, DIVIDE, CONVERT OR LIQUIDATE THE CORPORATION OR ITS
  SUBSIDIARIES, (B) CONSOLIDATE OR MERGE THE CORPORATION OR ITS
  SUBSIDIARIES WITH ANOTHER CORPORATION OR ENTITY, (C) SELL OR ACQUIRE
  ASSETS, WHETHER IN A SINGLE TRANSACTION OR SERIES OF TRANSACTIONS, WHERE
  THE CONSOLIDATION EXCEEDS 1% OF THE CORPORATION'S OR THE RELEVANT
  SUBSIDIARY'S TOTAL ASSETS, AND (D) APPROVE ANY OF THE FOREGOING ACTIONS
  THAT MAY BE PROPOSED BY ALLEGHENY HEALTH NETWORK, THE MEMBER OR THE BOARD
  OF DIRECTORS OF THE CORPORATION BEFORE SUCH ACTION BECOMES EFFECTIVE;
- 6) TO APPROVE THE ANNUAL CONSOLIDATED CAPITAL AND OPERATING PLAN AND BUDGET OF THE CORPORATION AND ITS SUBSIDIARIES, AND ANY AMENDMENTS THERETO OR SIGNIFICANT VARIANCES THEREFROM,
- 7) APPROVE THE INCURRENCE OF DEBT BY THE CORPORATION AND ITS SUBSIDIARIES OR THE MAKING OF CAPITAL EXPENDITURES BY THE CORPORATION AND THE SUBSIDIARIES DURING ANY FISCAL YEAR OF THE CORPORATION, IN EITHER CASE IN EXCESS OF ONE QUARTER OF 1% OF THE CONSOLIDATED ANNUAL OPERATING BUDGET OF THE CORPORATION AND ITS SUBSIDIARIES FOR EACH FISCAL YEAR IF SUCH DEBT

OR CAPITAL EXPENDITURES ARE NOT INCLUDED IN THE CORPORATION'S

SUBSIDIARIES' APPROVED BUDGETS, WHETHER IN A SINGLE TRANSACTION OR A

SERIES OF RELATED TRANSACTIONS

- 8) TO APPROVE ANY DONATION OR ANY OTHER TRANSFER OF THE CORPORATION'S OR ITS SUBSIDIARIES' ASSETS, OTHER THAN TO THE MEMBER OR TO THE CORPORATION BY ITS SUBSIDIARIES, IN EXCESS OF \$10,000,000, UNLESS SPECIFICALLY AUTHORIZED IN THE CORPORATION'S OR ITS SUBSIDIARIES' APPROVED BUDGETS.
- 9) TO APPROVE STRATEGIC PLANS AND MISSION STATEMENTS OF THE CORPORATION AND ITS SUBSIDIARIES;
- 10) TO APPROVE INVESTMENT POLICIES OF THE CORPORATION AND SUBSIDIARIES;
- 11) TO APPROVE THE CLOSURE OR RELOCATION OF A LICENSED HEALTHCARE FACILITY OF THE CORPORATION AND ITS SUBSIDIARIES;
- 12) TO APPROVE THE FORMATION OF SUBSIDIARY CORPORATIONS, PARTNERSHIPS AND JOINT VENTURES OR TO MAKE NEW INVESTMENTS IN EXISTING SUBSIDIARY CORPORATIONS, PARTNERSHIPS AND JOINT VENTURES, IF THE NEW INVESTMENTS OF THE CORPORATION AND THE SUBSIDIARIES IN SUCH SUBSIDIARIES CORPORATIONS, PARTNERSHIPS, AND JOINT VENTURES DURING ANY FISCAL YEAR WOULD, IN THE AGGREGATE, EXCEED 1% OF THE CORPORATION'S CONSOLIDATED TOTAL ASSETS AT THE END OF THE PRIOR FISCAL YEAR OF THE CORPORATION,
- 13) TO ESTABLISH AND MANAGE THE CORPORATION'S PROGRAM FOR COMPLIANCE WITH ALL LEGAL REQUIREMENTS APPLICABLE TO THE CORPORATION, ALL ACCREDITATION AND LICENSING REQUIREMENTS AND THE CONDITIONS OF PARTICIPATION IN ALL GOVERNMENTAL PAYER PROGRAMS APPLICABLE TO THE CORPORATION; AND
- 14) TO SELECT AND APPOINT AUDITORS AND TO DESIGNATE THE FISCAL YEAR OF THE CORPORATION AND THE SUBSIDIARIES

15) TO GIVE SUCH OTHER APPROVALS AND TAKE SUCH OTHER ACTIONS AS ARE SPECIFICALLY RESERVED TO MEMBERS OF PENNSYLVANIA NONPROFIT CORPORATIONS UNDER THE NONPROFIT CORPORATION LAW.

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 COMPLAINTS 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
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

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 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

HIGHMARK HEALTH GROUP

PRACTICES, TAKING INTO ACCOUNT ORGANIZATIONAL PERFORMANCE AND THE SKILLS, EXPERIENCE, QUALIFICATIONS AND PERFORMANCE OF EACH EXECUTIVE 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 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

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

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 110,408,487

PENSION LIABILITY ADJUSTMENTS -63,301,866

OTHER -32,207,747

\_\_\_\_\_\_

TOTAL 14,898,874

Schedule O (Form 990 or 990-EZ) 2230
Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number

ATTACHMENT 1

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
LEIDOS HEALTH LLC 705 EAST MAIN STREET WESTFIELD, IN 46074	IT IMPLEMENTATION	18,944,340
STAFF ASSIST WORKFORCE MGMT, LLC 62373 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	STAFFING	11,564,821
ASTORINO DEVELOPMENT COMPANY 235 FORT PITT BOULEVARD PITTSBURGH, PA 15222	CONSTRUCTION	10,969,673.
ASSEMBLY 711 3RD AVENUE, 3RD FLOOR NEW YORK, NY 10022	ADVERTISING	5,150,118.
PROVIDER PPI, LLC P.O BOX 645160 PITTSBURGH, PA 15264-5160	SUPPLY CHAIN	4,057,598

#### SCHEDULE R (Form 990)

## **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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

Open to Public Inspection

HIGHMARK HEALTH GROUP

Employer identification number 82-1406555

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

Name, address, and EIN	(a) (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 - BETT	HEL PARK LLC 47-3690355					
1000 HIGBEE DRIVE	BETHEL PARK, PA 15102	HEALTHCARE	PA	943,332	535,918	AHN
(2) WEST PENN ALLEGHENY FOUND	DATION LLC 20-1107650					
4800 FRIENDSHIP AVENUE	PITTSBURGH, PA 15224	CAPITAL ACQ	PA	3,514,389	28,666,430	WPAHS
(3) PETERS TOWNSHIP ASC LLC	27-3982341					
160 GALLERY DRIVE	MCMURRAY, PA 15317	HEALTHCARE	PA	4,129,362	6,408,841	WPAHS
(4) WEST PENN ASC LLC	27-2344847					
4800 FRIENDSHIP AVENUE	PITTSBURGH, PA 15224	INACTIVE	PA	0	0	WPAHS
(5) JRMC DIAGNOSTIC SERVICES	LLC 80-0069336					
565 COAL VALLEY ROAD	PITTSBURGH, PA 15025	HEALTHCARE	PA	1,344,045	382,843	JRMC
(6) SV SHARED SAVINGS PROGRAM	M ACO LLC 45-5550348					
232 WEST 25TH STREET	ERIE, PA 16544	INACTIVE	PA	0	0	SVHC

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. Part II

(a) Name, address, and EIN of	related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled hty?
			ļ				Yes	No
(1) CANONSBURG HOSPITAL & HEALTH FOUNDA	TION 25-1818505							
100 MEDICAL BOULEVARD	CANONSBURG, PA 15317	INACTIVE	PA	501(C)(3)	12-TYPE I	N/A		Х
(2) CLINICAL PATHOLOGY INSTITUTE COOPER	ATIVE 25-1528055							
1526 PEACH STREET	ERIE, PA 16501	HEALTHCARE	PA	501(C)(3)	3	SVHC		x
(3) COMMUNITY BLOOD BANK	25-1181389							
232 WEST 25TH STREET	ERIE, PA 16544	HEALTHCARE	PA	501(C)(3)	12-TYPE I	SVHC		х
4) ENERGYCARE, INC	25-1430922							
232 WEST 25TH STREET	ERIE, PA 16544	HEALTHCARE	PA	501 (C) (3)	10	SVHC		Х
(5) GREATER CANONSBURG HEALTH SYSTEM	25-1488089							
100 MEDICAL BOULEVARD	CANONSBURG, PA 15317	INACTIVE	PA	501(C)(3)	12-TYPE I	N/A		х
(6) REGIONAL CANCER CENTER	25-1385705							
232 WEST 25TH STREET	ERIE, PA 16544	HEALTHCARE	PA	501 (C) (3)	3	SVHS		Х
(7) REGIONAL HEART NETWORK	25-1856341							
232 WEST 25TH STREET	ERIE, PA 16544	HEALTHCARE	PA	501 (C) (3)	3	SVHC		Х

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

#### SCHEDULE R (Form 990)

# **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.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

HIGHMARK HEALTH GROUP

Employer identification number 82-1406555

Part I	Identification of Disregarded Entities. Complete if the organization	n answered "Yes" on	Form 990, Part I	√, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)		_				
(2)						
(3)						
(4)						
(5)						
(6)						

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. Part II

(a) Name, address, and EIN of	related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled hty?
							Yes	No
(1) REGIONAL HOME HEALTH AND HOSPICE	83-0371265		,					
232 WEST 25TH STREET	ERIE, PA 16544	HEALTHCARE	PA	501(C)(3)	10	SVHS		Х
(2) SUBURBAN HEALTH FOUNDATION	25-1472073							
100 SOUTH JACKSON AVE	PITTSBURGH, PA 15202	FUNDRAISING	PA	501(C)(3)	12-TYPE I	WPAHS, INC		Х
(3) VANTAGE HEALTH GROUP	25-1498145						İ	
232 WEST 25TH STREET	ERIE, PA 16544	HEALTHCARE	PA	501(C)(3)	3	SVHC		Х
4) WEST ALLEGHENY HOSPITAL	25-1054206							
100 MEDICAL BOULEVARD	PITTSBURGH, PA 15317	INACTIVE	PA	501(C)(3)	3	N/A		Х
(5) WESTFIELD MEMORIAL HOSPITAL, INC	16-0743222							
189 EAST MAIN STREET	WESTFIELD, NY 14787	HEALTHCARE	NY	501(C)(3)	3	SVHS		Х
(6) GATEWAY HEALTH FOUNDATION	81-1343916						1	
444 LIBERTY AVENUE	PITTSBURGH, PA 15222	FUNDRAISING	PA	501 (C) (3)	12-TYPE I	GATEWAY LP		Х
(7) HIGHMARK HEALTH	45-3674900	<u> </u>						
120 FIFTH AVENUE, SUITE 922	PITTSBURGH, PA 15222	HEALTHCARE	PA	501(C)(3)	12-TYPE I	NA		Х

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

(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	Disprop alloca	orvonsta	(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(k) Percentage ownership
		Country		30000013 312 314)			Yes	No		Yes	No	
1) 5148 LIBERTY ASSOC 25-1689871												
5989 CENTRE AVENUE	PROPERTY RENTAL	PA	WPAHS, INC	EXCLUDED	366,221	882,975		x		×	ll	50 0000
(2) AHN HOME INFUSION 25-1736527												
312 W 25TH ST ERIE, PA 16502	MEDICAL PRACTICE	PA	svhs	RELATED	8,560,030	38,789,969		Х		×		80 0000
(3) ALLEGHENY IMAGING 30-0314897										ļ		
4800 FRIENDSHIP AVE PITTSBURGH	MEDICAL PRACTICE	PA	N/A	RELATED	81,328	385,144		х			x	50 0000
(4) ASSOC CLINICAL LAB 25-1533746			1							]		
312 W 25TH ST ERIE, PA 16502	MEDICAL PRACTICE	PA	N/A	RELATED	0	0		х			х	
(5) ASSOC CLINIC LAB PA 45-3688292												
312 W 25TH ST ERIE, PA 16502	MEDICAL PRACTICE	PA	N/A	RELATED	0	0		х			х	
(6) ERIE MED COMPLEX 20-1017545												
312 W 25TH ST ERIE, PA 16502	MEDICAL PRACTICE	DE	N/A	RELATED	0	0		х			х_	
(7) GATEWAY HLTH PLAN 25-1691945												
444 LIBERTY AVE PITTSBURGH, PA	HEALTH PLAN	PA	N/A	RELATED	0	0		х			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		)(13 ollec
								<u> </u>	Yes	Νo
(1) CLINICAL SERVICES, INC	25-1403846								H	
232 WEST 25TH STREET ERIE, PA 16544		HOLDING COMPANY	PA	svhs	C CORP	4,023,803	14,549,140	100 0000	x	
(2) DAVIS VISION IPA, INC	11-2958041									
175 EAST HOUSTON STREET SAN ANTONIO, TX 78205		TPA	NY	DAVIS VISION	C CORP	. 0	0		Ш	х
(3) DAVIS VISION, INC	11-3051991									
175 EAST HOUSTON STREET SAN ANTONIO, TX 78205		MEDICAL PRACTICE	NY	нинс	C CORP	0	00		Ш	х
4) ECCA MANAGED VISION CARE, INC	74-2759084							1		
175 EAST HOUSTON STREET SAN ANTONIO, TX 78205		MEDICAL PRACTICE	TX	VW OF AMER	C CORP	0	0		$\coprod$	х
(5) EMPIRE VISION CENTER, INC	14-1586016									
175 EAST HOUSTON STREET SAN ANTONIO, TX 78205		RETAIL SALES	NY	VW OF AMER	C CORP	0	0	<u> </u>		х
(6) EYE DRX RETAIL MANAGEMENT, INC	74-2924030									
175 EAST HOUSTON STREET SAN ANTONIO, TX 78205	_	OFFICE ADMINISTRA	DE	VW OF AMER	C CORP	0	0		$\sqcup$	٨
(7) FAMILY PRACTICE MEDICAL ASSOC SOUTH, INC	25-1684735									
2414 LYTLE RD STE 300 BETHEL PARK, PA 15102		MEDICAL PRACTICE	PA	JRMC	C CORP	8,317,428	2,732,081	100 0000	x	

6E1308 1 000

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(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	are of end-of- Disprop		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	agıng	(k) Percentage ownership
		country)		3600013 312-314)			Yes	No		Yes	No	
1) JEFFERSON MED ASSOC 25-1740456						-						
1200 BROOKS LN CLAIRTON, PA	MEDICAL PRACTICE	PA	N/A	RELATED	244,447	5,055,219		х			х	44 0000
(2) JENKINS EMP ASSOC 25-1524682											İ	
120 FIFTH AVE PITTSBURGH, PA	PROPERTY MGMT	PA	N/A	RELATED	0	0	L	Х			х	
(3) JV HOLDCO, LLC 47-2368587												
120 FIFTH AVE PITTSBURGH, PA	HOLDING COMPANY	PA	WPAHS, INC	RELATED	31,265,606	30,925,297		x			х	60 0000
(4) MCCANDLES ENDOSCOPY 26-1284448												
4800 FRIENDSHIP AVE PITTSBURGH	MEDICAL PRACTICE	PA	N/A	RELATED	1,437,908	522,903		х			х	50 0000
(5) N SHORE ENDOSCOPY 25-1880238												
4800 FRIENDSHIP AVE PITTSBURGH	MEDICAL PRACTICE	PA	N/A	RELATED	1,247,608	425,531		х			х	50 0000
(6) PROVIDER PPI, LLC 32-0429947												
120 FIFTH AVE PITTSBURGH, PA	FACILITIES SUPPOR	PA	HMPG	RELATED	.0_	0		х			x	
(7) ST VINC PROF BLDG 25-1578290												
312 W 25TH ST ERIE, PA 16502	PROPERTY MGMT	PA	CSI	RELATED	74,561	34,234		х			х	17 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	Se 512(	(i) ction b)(13) trolled tily?
									Yes	No
(1) FIRST PRIORITY LIFE INSURANCE CO, INC	23-2905083									l
19 NORTH MAIN STREET WILKES-BARRE, PA 18711		INSURANCE	PA	HIGHMARK, INC	C CORP	0	0	ļ	<u> </u>	x
(2) GATEWAY HEALTH PLAN OF OHIO, INC	30-0282076							1		l
444 LIBERTY AVENUE, SUITE 2100 PITTSBURGH, PA 15222		INSURANCE	ОН	GATEWAY LP	C CORP	0	0		_	х
(3) GATEWAY HEALTH PLAN, INC	25-1505506							1		l
444 LIBERTY AVENUE, SUITE 2100 PITTSBURGH, PA 15222		INSURANCE	PA	GATEWAY LP	C CORP	0	0		<u> </u>	х_
4) GRANDIS, RUBIN SHANAHAN & ASSOC	45-3355906							}		l
565 COAL VALLEY RD JEFFERSON HILLS, PA 15025		MEDICAL PRACTICE	PA	JRMC	C CORP	5,007,562	973,490	100 0000	×	<u> </u>
(5) HCI, INC	75-3002215									l
120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222		INSURANCE	VT	HIGHMARK, INC	C CORP	0	0			x
(6) HEALTH SYSTEM SERVICES CORP & SUBS	25-1403745							İ		ĺ
565 COAL VALLEY RD JEFFERSON HILLS, PA 15025		REAL ESTATE OPERA	PA	JRMC	C CORP	2,721,824	24,388,421	100 0000	x	<u> </u>
(7) HIGHMARK BCBSD HEALTH OPTIONS, INC	47-1817274						1			1
800 DELAWARE AVENUE WILMINGTON, DE 19801-1368		INSURANCE	DÉ	HM DE	C CORP	0	0			x

6E1308 1 000

Part III Identifi

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	Disproportonal allocations?		(h) Disproportionale allocations?		Disproportonele		Disproportonele		Disproportonela		Disproportonele		Disproportonele		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		General 20 managir 1 partner		(k) Percentage ownership
_	]	Country	1				Yes	No		Yes	No															
1) SILVER RAIN LP 27-3035436																										
120 FIFTH AVE PITTSBURGH, PA	PROPERTY MGMT	PA	HMPG NORTH	RELATED	0	0		х			х															
(2) S HILLS SURG CNTR 27-4011352																										
6161 CLAIRTON RD W MIFFLIN, PA	MEDICAL PRACTICE	PA	N/A	RELATED	78,000_	509,200		х			х	42 0000														
(3) THRYVE DIGITAL 98-1311003																										
120 FIFTH AVENUE, SUITE 922	INFORMATIONAL TEC	IN	N/A	RELATED	0	0		х			×															
(4) TRI STATE REG ASSOC 23-2919277																										
312 W 25TH ST ERIE, PA 16502	MEDICAL PRACTICE	PĄ	N/A	RELATED	0	0_		х		<u> </u>	х															
(5) UPMC VNA HOME HLTH 25-1844485				ļ																						
120 FIFTH AVE PITTSBURGH, PA	MEDICAL PRACTICE	PA	N/A	RELATED	1,968,443	8,191,382		х	***************************************		x	33 0000														
(6) UPPER MW CONSL SRVS 26-3112347																										
7601 FRANCES AVE MINNEAPOLIS	MEDICAL PRACTICE	MN	N/A	RELATED	0	0		х		ļ	x	1 0000														
(7) VANTAGE CAP MGMT 23-3099689																										
312 W 25TH ST ERIE, PA 16502	CAPITAL MGMT	PA	N/A	RELATED	0_	0		х			х															

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	Sec 512(I cont	b)(13
									Yes	No
(1) HIGHMARK BCBSD, INC	51-0020405				1					i
800 DELAWARE AVENUE WILMINGTON, DE 19801-1368		INSURANCE	DE	HIGHMARK, INC	C CORP	0	0			х
(2) HIGHMARK BENEFITS GROUP, INC	46-4763378									i
120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222		INSURANCE	PA	HIGHMARK, INC	C CORP	0	0			_x_
(3) HIGHMARK CASUALTY INSURANCE COMPANY	25-1334623									
120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222		INSURANCE	PA	HMIG	C CORP	0	0			х
4) HIGHMARK COVERAGE ADVANTAGE, INC	46-4757476									
120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222		INSURANCE	PA	HIGHMARK, INC	C CORP	0	0			X.
(5) HIGHMARK, INC	23-1294723									ı
120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222		INSURANCE	PA	HM HEALTH	C CORP	0	0			х
(6) HIGHMARK SELECT RESOURCES, INC	20-2353206						•			
120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222		INSURANCE	PA	HIGHMARK, INC_	C CORP	0	0			х
(7) HIGHMARK SENIOR HEALTH COMPANY	46-4156633									
120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	·	INSURANCE	PA	HIGHMARK, INC	C CORP	0	0			х

JSA 6E1308 1 000

(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	() Outprop alloca		(I)  Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	agıng	(k) Percentage ownership
		Country					Yes	No		Yes	No	
1) VANTAGE HLDNG COMP 03-0477182												
312 W 25TH ST ERIE, PA 16502	CAPITAL MGMT	PA	csi	RELATED	0	0		х			х	
(2) WATRERONT SURG CNTR 25-1898743												
495 E WATERFRONT DR HOMESTEAD	MEDICAL PRACTICE	PA	N/A	RELATED	259,302	562,654		х			х	25 0000
(3) WSC REALTY PARTNERS 25-1874990												
495 E WATERFRONT DR HOMESTEAD	PROPERTY MGMT	PA	N/A	EXCLUDED	43,457	420,000		х			х	23 0000
(4) AHN EMERGENCY 46-5705484												
30 ISABELLA ST , PITTSBURGH	MEDICAL PRACTICE	PA	N/A	RELATED	0	0		х			х	
(5) HEALTHCARE SUPPLY 47-2509307	]								]		}	
30 ISABELLA ST , PITTSBURGH	GROUP PURCH	DE	N/A	RELATED	0	0		х			х	
(6) CELTIC HOSPICE 20-5661063												
PITTSBURGH	MEDICAL PRACTICE	PA	WPAHS, INC	RELATED	9,088,268	8,335,961		х			х	48 0000
(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	Sec 512(l cont	(i) ction b)(13) rolled tity?
									Yes	No
(1) HIGHMARK SENIOR SOLUTIONS COMPANY	46-4156854									l
120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222		INSURANCE	₩V	HIGHMARK WV	C CORP	- 0	0			x
(2) HIGHMARK VENTURES, INC	25-1645888								!	
120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222		HOLDING COMPANY	PA	HIGHMARK, INC	C CORP	0	0			х
(3) HIGHMARK WEST VIRGINIA	55-0624615									1
P O BOX 1948 PARKERSBURG, WV 26102		INSURANCE	₩V	HIGHMARK, INC	C CORP	0	0			х
4) HM BENEFITS ADMINISTRATORS, INC	25-1128451									
120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222		FUNDS ADMINISTRAT	PA	HMIG	C CORP	0	0			x
(5) HM CASUALTY INSURANCE COMPANY	87-0807723							1		ĺ
120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222		INSURANCE	PA	HMIG	C CORP	0	0	ļ <u>.</u>	!	х
(6) HM CENTERED HEALTH	20-5457337									1
120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222		INSURANCE	PA	HIGHMARK, INC	C CORP	0	0			х
(7) HM HEALTH HOLDINGS COMPANY	81-0919390									
120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222		HOLDING COMPANY	PA	HM HEALTH	C CORP	0	0			х

	(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	Disprop	h) portionate abors?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No		(k) Percentage ownership
			country		30000013 012-014)			Yes	No		Yes	No	
1)		_											
(2)		-											
(3)		<del> </del>											
(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	512( cont	(i) ection (b)(13 trolled
	-								Yes	Νo
(1) HM HEALTH INSURANCE COMPANY	54-1637426								!	
120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222		INSURANCE	PA	HIGHMARK, INC	C CORP	0	0			х
(2) HM HEALTH SOLUTIONS, INC	46-3823617									
120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222		INFO TECHNOLOGY	PA	HM HEALTH	C CORP	0	0			×
(3) HM INSURANCE GROUP	25-1646315									
120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222		HOLDING COMPANY	PA	HIGHMARK, INC	C CORP	0	0			×
4) HM LIFE INSURANCE COMPANY	06-1041332									$\Box$
120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222		INSURANCE	PA	HMIG	C CORP	0_	0			×
(5) HM LIFE INSURANCE COMPANY OF NEW YORK	25-1800302									П
120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222		INSURANCE	NY	HMIG	C CORP	0	0			x
(6) HMO OF NORTHEASTERN PENNSYLVANIA, INC	23-2413324									
19 NORTH MAIN STREET WILKES-BARRE, PA 18711		INSURANCE	PA	HIGHMARK, INC	C CORP	0	0			x
(7) HMPG, INC	45-3444325									
120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222		HOLDING COMPANY	PA	АНИ	C CORP	4,852,692	16,174,521	100 0000	×	

(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	Disprop	h) contonate stons?	(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?  Yes No		(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		(h) Percentage ownership	512( cont	
									Yes	No
(1) HVHC, INC	25-1801124								1 '	
175 EAST HOUSTON STREET SAN ANTONIO, TX 78205		HOLDING COMPANY	DE	HIGHMARK, INC	C CORP	0	0			χ.
(2) JEA, INC	25-1712017									
120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222		REAL ESTATE OPERA	PA	HIGHMARK, INC	C CORP	0	0			х
(3) JEFFERSON HILLS SURGICAL SPECIALISTS PA	30-0477313									П
1200 BROOKS LN 150 CLAIRTON, PA 15025		MEDICAL PRACTICE	PA	JRMC	C CORP	4,058,709	675,012	100 0000	x	İ
4) JRMC PHYSICIAN SERVICE CORP	86-1159658									Г
565 COAL VALLEY RD JEFFERSON HILLS, PA 15025		MEDICAL PRACTICE	PA	JRMC	C CORP	280,604	115,287	100 0000	x	
(5) JRMC SPECIALTY GROUP PRACTICE	72-1529332									
565 COAL VALLEY RD JEFFERSON HILLS, PA 15025		MEDICAL PRACTICE	PA	JRMC	C CORP	1,018,657	111,031	100 0000	x '	
(6) HIGHMARK CHOICE COMPANY	25-1522457									П
120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222	-	INSURANCE	PA	HIGHMARK, INC	C CORP	0	0		'	x
(7) KLINGENSMITH, INC	25-1375204									$\bigcap$
120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222		HEALTH EQUIP	PA	HMPG, INC	C CORP	0			'	x

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	(a) ne, address, and EIN of elated 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	Disprop	n) ortionste itions?	(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
	<u> </u>		,,		,			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)	·	(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	512( cont	(i) ection (b)(13 trolled atity?
									Yes	No
(1) LAKE ERIE MEDICAL GROUP, PC	45-3444157								'	
120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222		MEDICAL PRACTICE	PA	AC	C CORP	5,135,579	1,676,656	100 0000	x	
(2) OPTIMA IMAGING	25-1652874									
4800 FRIENDSHIP AVENUE PITTSBURGH, PA 15224		INACTIVE	PA	WPAHS, INC	S CORP	0	0	20 0000		x
(3) PALLADIUM RISK RETENTION GROUP	46-3476730						1			
409 BROAD ST STE 270 SEWICKLEY, PA 15143		INSURANCE	VT	WPAHS, INC	C CORP	27,724,425	77,061,735	51 9800		x
4) PARK CARDIOTHORACIC & VASCULAR INST	72-1529328									
565 COAL VALLEY RD JEFFERSON HILLS, PA 15025		MEDICAL PRACTICE	PA	JRMC	C CORP	1,787,480	153,244	100 0000	x	
(5) PARKER BENEFITS	55-0625743									
PO BOX 1948 PARKERSBURG, WV 26102		TPA	WV	HIGHMARK WV	C CORP	0	0			x
(6) PHYSICIAN LANDING ZONE, PC	45-3913973									
120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222		HEALTH CARE	PA	AC	C CORP	9,168,034	1,455,549	100 0000	x	
(7) PITTSBURGH BONE, JOINT AND SPINE, INC	90-0925581									
1200 BROOKS LN, STE G20 JEFFERSON HILLS, PA 15025		MEDICAL PRACTICE	PA	JRMC	C CORP	5,008,307	1,547,759	100 0000	×	

(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	Disprop	n) ortionale dors?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
_		country		333,137,			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.

					<u> </u>					
(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	512(I	(I) ction (b)(13) trolled tity?
									Yes	No
(1) PITTSBURGH PULMONARY & CRITICAL CARE	46-3274101									$\overline{}$
1200 BROOKS LN, STE 130 CLAIRTON, PA 15025		MEDICAL PRACTICE	PA	JRMC	C CORP	3,735,896	681,243	100 0000	x	
(2) PREMIER MEDICAL ASSOCIATES, PC	25-1742869									ĺ
120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222		MEDICAL PRACTICE	PA	AC	C CORP	55,681,729	25,735,022	100 0000	х	L_
(3) PREMIER WOMEN'S HEALTH	46-4682160									ĺ
120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222		MEDICAL PRACTICE	PA	AC	C CORP	5,902,578	1,485,727	100 0000	х	
4) PRIMARY CARE GROUP 2, INC	90-0451375									l
6011 BAPTIST RD STE 220 PITTSBURGH, PA 15236		MEDICAL PRACTICE	PA	JRMC	C CORP	838,923	0	100 0000	x	<u></u>
(5) PRIMARY CARE GROUP 3, INC	90-0451380									l
5426 MIFFLIN RD PITTSBURGH, PA 15227		MEDICAL PRACTICE	PA	JRMC	C CORP	739,841	127,336	100 0000	x	<u></u>
(6) PRIMARY CARE GROUP 4, INC	80-0403090									ĺ
1907 LEBANON CHURCH RD WEST MIFFLIN, PA 15122		MEDICAL PRACTICE	PA	JRMC	C CORP	581,271	60,243	100 0000	x	
(7) PRIMARY CARE GROUP 5, INC	80-0403100	j		-				1		l
624 MONONGAHELA AVE GLASSPORT, PA 15045		MEDICAL PRACTICE	PA	JRMC	C CORP	641,514	92,682	100 0000	l x	<u> </u>

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	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end-of- year assets	Disprop	h) oorkonste stors?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen	(j) eral or laging tner?	(k) Percentage ownership
			552,,7		,			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		)(13 olled
									Yes	Νo
(1) PRIMARY CARE GROUP 6, INC	90-0503600									
P O BOX 333 WEST MIFFLIN, PA 15122		MEDICAL PRACTICE	PA	JRMC	C CORP	483,649	80,410	100 0000	x	
(2) PRIMARY CARE GROUP 7, INC	25-1287041								1 1	
575 COAL VALLEY RD JEFFERSON HILLS, PA 15025		MEDICAL PRACTICE	PA	JRMC	C CORP	689,013	328,347	100 0000	x	
(3) PRIMARY CARE GROUP 8, INC	01-0927360									
803 MILLER AVE CLAIRTON, PA 15025		MEDICAL PRACTICE	PA	JRMC	C CORP	215,348	291,348	100 0000	x	
4) PRIMARY CARE GROUP 10, INC	38-3807173									
3726 BROWNSVILLE RD PITTSBURGH, PA 15227	·	MEDICAL PRACTICE	PA	JRMC	C CORP	408,481	125,356	100 0000	x	
(5) PRIMARY CARE GROUP 11, INC	80-0494617									
455 VALLEY BROOK RD STE 300 MCMURRAY, PA 15317		MEDICAL PRACTICE	PA	JRMC	C CORP	0	399,575	100 0000	x	
(6) PRIMARY CARE GROUP 12, INC	90-0614054									
17 ARENTZEN BLVD STE 101 CHARLEROI, PA 15022		MEDICAL PRACTICE	PA	JRMC	C CORP	1,520,255	299,109	100 0000	x	
(7) PRIME MEDICAL GROUP PCG 1	26-4194208									
1200 BROOKS LN 110 CLAIRTON, PA 15025		MEDICAL PRACTICE	PA	JRMC	C CORP	3,877,203	415,852	100 0000	×	

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

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(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512( cont	(i) ection (b)(13) trolled htty?
									Yes	No
(1) REMWORKS SLEEP STORE, INC	25-1411844								'	
120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222		RENTAL & SALES	PA	HIGHMARK, INC	C CORP	0	0			х
(2) SOUTH PITTSBURGH UROLOGY ASSOCIATES	46-4954859							1		ŀ
1200 BROOKS LN, STE 220 CLAIRTON, PA 15025		MEDICAL PRACTICE	PA	JRMC	C CORP	1,103,837_	301,660	100 0000	х_	
(3) SPECIALTY GROUP PRACTICE 1, INC	35-2367818									ł
575 COAL VALLEY RD STE 365 CLAIRTON, PA 15025		MEDICAL PRACTICE	PA	JRMC	C CORP	67,015	1,018,657	100 0000	x	<u>_</u>
4) STANDARD PROPERTY CORPORATION	25-1668093									l
120 FIFTH AVE, SUITE 922 PITTSBURGH, PA 15222		REAL ESTATE OPERA	PA	HIGHMARK, INC	C CORP	0	0		_'	x
(5) STEEL VALLEY ORTHOPEDICS & SPORTS MEDICI	45-3540378									!
1200 BROOKS LN 240 CLAIRTON, PA 15025		MEDICAL PRACTICE	PA	JRMC	C CORP	4,725,275	877,834	100 0000	x	<u> </u>
(6) UNITED CONCORDIA COMPANIES, INC	25-1687586							ĺ		
4401 DEER PATH ROAD HARRISBURG, PA 17110	· · · · · · · · · · · · · · · · · · ·	DENTAL INSURANCE	PA	HIGHMARK, INC	C CORP	0	0			x
(7) UNITED CONCORDIA DENTAL CORP OF ALABAMA	63-1028262									
4401 DEER PATH ROAD HARRISBURG, PA 17110		DENTAL INSURANCE	AL	ucci	C CORP	0	0			x

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	1	h) contonate ctons?	(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Geno man	j) eral or aging ner?	(k) Percentage ownership
		Country		5555515 572 577)			Yes	No		Yes	No	
1)												
(2)												
(3)												
(4)												
(5)												
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(7)												

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(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l cont	(i) ction b)(13) trolled tily?
									Yes	No
(1) UNITED CONCORDIA DENTAL PLANS OF CA	23-7328765									
4401 DEER PATH ROAD HARRISBURG, PA 17110		DENTAL INSURANCE	CA	ncci	C CORP	0	0			x
(2) UNITED CONCORDIA DENTAL PLANS OF KY	61-1012900				i l				!	i
4401 DEER PATH ROAD HARRISBURG, PA 17110		DENTAL INSURANCE	KY	UCCI	C CORP	0	0	<u> </u>	$oxed{L}$	х
(3) UNITED CONCORDIA DENTAL PLANS OF PA	23-2541529								!	l
4401 DEER PATH ROAD HARRISBURG, PA 17110		DENTAL INSURANCE	PA	UCCI	C CORP	0	0		$oxed{oxed}$	х
4) UNITED CONCORDIA DENTAL PLANS OF TX, INC	74-2489037								!	i
4401 DEER PATH ROAD HARRISBURG, PA 17110		DENTAL INSURANCE	TX	ncci	C CORP	0	0		<u> </u>	х
(5) UNITED CONCORDIA DENTAL PLANS OF THE MID	38-2289438									l
4401 DEER PATH ROAD HARRISBURG, PA 17110		DENTAL INSURANCE	MI	ncci	C CORP	0	0		igsqcup	х
(6) UNITED CONCORDIA DENTAL PLANS, INC	52-1542269									
4401 DEER PATH ROAD HARRISBURG, PA 17110		DENTAL INSURANCE	MD	uccı	C CORP	0	0	<u> </u>	$oxed{oxed}$	x
(7) UNITED CONCORDIA INSURANCE COMPANY	86-0307623								!	l
4401 DEER PATH ROAD HARRISBURG, PA 17110		DENTAL INSURANCE	AZ	UCL&H	C CORP	0	0	<u> </u>		x

(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	Disprop	h) contonate atoms?	(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging iner?	(k) Percentage ownership
					Ĺ		Yes	No		Yes	No	
1)												
								l				
(2)												
(3)												
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(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	Se 512( cont	(i) ection (b)(13) trolled stity?
									Yes	No
(1) UNITED CONCORDIA INSURANCE CO OF NEW	11-3008245									
4401 DEER PATH ROAD HARRISBURG, PA 17110		DENTAL INSURANCE	NY	nccı	C CORP	o_	0			х
(2) UNITED CONCORDIA LIFE & HEALTH INSURANCE	23-1661402									
4401 DEER PATH ROAD HARRISBURG, PA 17110		DENTAL INSURANCE	PA	nccı	C CORP	0	0		l .	x
(3) VISIONARY PROPERTIES, INC	74-2849554								١	
175 EAST HOUSTON STREET SAN ANTONIO, TX 78205		REAL ESTATE OPERA	DE	VW OF AMER	C CORP	0				_x
(4) VISIONARY RETAIL MANAGEMENT, INC	74-2849552							Ţ		
175 EAST HOUSTON STREET SAN ANTONIO, TX 78205		OFFICE ADMINISTRA	DE	VW OF AMER	C CORP	0	0			x
(5) VISIONWORKS DISTRIBUTION SERVICES, INC	04-3742989									
175 EAST HOUSTON STREET SAN ANTONIO, TX 78205		OPTICAL RETAIL	TX	VW OF AMER	C CORP	0	0			x
(6) VISIONWORKS ENTERPRISES, INC	35-2196998									
175 EAST HOUSTON STREET SAN ANTONIO, TX 78205		TRADEMARKS	DE	VW OF AMER	C CORP_	0	0			×
(7) VISIONWORKS LAB SERVICES, INC	04-3742977			1						$\overline{}$
175 EAST HOUSTON STREET SAN ANTONIO, TX 78205		OPTICAL RETAIL	TX	VW OF AMER	C CORP	0	0			×

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	(a) dress, and EIN of organization	(b) Primary activity	(c) Legal domicile (state or foreign	(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 affocations?		(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		General of managin partner?		General or managing		General or managing partner?		(k) Percentage ownership
			country)		sections 512-514)			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)	-	(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	512(i cont	(i) ction b)(13) rolled tity?
									Yes	No
(1) VISIONWORKS OF AMERICA, INC	74-2337775									ĺ
175 EAST HOUSTON STREET SAN ANTONIO, TX 78205		RETAIL SALES	ΤX	нунс	C CORP	0	0		$\bigsqcup$	x
(2) VISIONWORKS, INC	02-0677066									ĺ
175 EAST HOUSTON STREET SAN ANTONIO, TX 78205		OPTICAL RETAIL	DE	VW OF AMER	C CORP	0	0		$\bigsqcup$	<u>x</u>
(3) WEST PENN CORPORATE MEDICAL SERVICES, INC	25-1437405									i
4800 FRIENDSHIP AVENUE PITTSBURGH, PA 15224		INACTIVE	PA	WPAHS INC	C CORP	0	89,483	100 0000	<u>x</u>	—
4) WEST PENN NEUROSURGERY, PC	25-1630719	_								l
4800 FRIENDSHIP AVENUE PITTSBURGH, PA 15224		INACTIVE	PA	WPAHS INC	C CORP	. 0	. 0	100 0000	X	<u> </u>
(5) WEST VIRGINIA FAMILY HEALTH PLAN, INC	45-2763165			1						l
1219 VIRGINIA STREET EAST CHARLESTON, WV 25301		INSURANCE	WV	HIGHMARK WV	C CORP	0	0	ļ	<u> </u>	×
(6)								1		
	· <u>-</u> -							<del> </del>	<u> </u>	<u> </u>
(7)										
							<u> </u>	<u> </u>	<u> </u>	Щ.

Part V	T " MONTE DITTO 1 "	O 1 1 16 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
2277 37	I rangactions With Related Circanizations	Complete it the organization answered	"YAS" ON FORM USEL PARTIX LINE 34 350 OF 36
	i i ali sactionis With Neiateu Organizationis.	Complete if the Ordanization answered	

Par	Iransactions with Related Organizations. Complete if the organization answered	res" on Form 990, Pa	irt IV, line 34, 35b, or 36.				
Not	e: 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	e related organizations li	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	X	
	Gift, grant, or capital contribution to related organization(s)					X	
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d	Х	
е	Loans or loan guarantees by related organization(s)				1e	х	
•							
f	Dividends from related organization(s)				1f		
g	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11	х	
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
	Sharing of paid employees with related organization(s)				10	х	
	3						
g	Reimbursement paid to related organization(s) for expenses				1p	х	
	Reimbursement paid by related organization(s) for expenses				1g	х	
•							
r	Other transfer of cash or property to related organization(s)				1r	Х	
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 cov	ered relationships and trans	action thre	sholds	 3.	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method	(d)	minin	ıg

	(a)  Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	ALLEGHENY CLINIC	Р	204,508,281.	FMV
2)	MONROEVILLE ASC, LLC	P	2,110,741	FMV
(3)	WEXFORD MEDICAL MALL, LLC	P	1,327,720	FMV
<u>(4)</u>	ALLE-KISKI MEDICAL CENTER	Р	628,408	FMV
<u>(5)</u>	ALLEGHENY CLINIC MEDICAL ONCOLOGY	P	615,591	FMV
(6)	CANONSBURG GENERAL HOSPITAL	P	567,069.	FMV

Part V	Transactions With Related Organizations.	Complete if the organization answered	d "Yes" on Form 990, Part IV, line 34, 35b, or 36
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		, , , , , , , , , , , , , , , , , , , ,	,				
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
	During the tax year, did the organization engage in any of the following transactions with one or more						
а	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		
С	Gift, grant, or capital contribution from related organization(s)				1c	İ	
d	Loans or loan guarantees to or for related organization(s)				1d		
e	Loans or loan guarantees by related organization(s)				1e		
,	27-11-21-21-21-21-21-21-21-21-21-21-21-21-				-		
f	Dividends from related organization(s)				1f	$\neg \uparrow$	
	Sale of assets to related organization(s)				1g		
						-+	
	Purchase of assets from related organization(s)			• • • • •	1h		
!	Exchange of assets with related organization(s)	• • • • • • • • • • • • •			1i		
J	Lease of facilities, equipment, or other assets to related organization(s)				1j		
							<del></del>
k	Lease of facilities, equipment, or other assets from related organization(s) $\dots \dots \dots \dots$				1k		<u> </u>
ı	Performance of services or membership or fundraising solicitations for related organization(s) $\dots$				11		
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		
0	Sharing of paid employees with related organization(s)			[	10		
р	Reimbursement paid to related organization(s) for expenses			[	1p		
	Reimbursement paid by related organization(s) for expenses				1q		
				`			
r	Other transfer of cash or property to related organization(s)				1r		
	Other transfer of cash or property from related organization(s).	• • • • • • • • • • • • • • • • • • • •		• • • • •	1s	-	
_ <u></u>	If the answer to any of the above is "Yes," see the instructions for information on who must complete the instructions for information on who must complete the instructions for information on who must complete the instructions for information on who must complete the instructions for information on who must complete the instructions for information on who must complete the instructions for information on who must complete the instructions for information on who must complete the instructions for information on who must complete the instructions for information on who must complete the instructions for information on who must complete the instructions for information on who must complete the instructions for information on who must complete the instructions for information on who must complete the instructions for information on who must complete the instructions for information on who must complete the instructions for information on who must complete the instructions for information of the instructions for information on who must complete the instruction of th	his line including cove	red relationships and trans-	· · · · · l			
	(a)	(b)	(c)	CHOT HIES	(d)	<b>.</b>	
	Name of related organization	Transaction	Amount involved	Method o		minin	ıg
		type (a-s)		amoui	nt invo	ived	
	WEED DENN ALLECHENY MEATHUR CYCHEN		100 540 005	5.4.			
(1)_	WEST PENN ALLEGHENY HEALTH SYSTEM	Q	199,543,805	FMV			
ì.							
2)	SAINT VINCENT HEALTH CENTER	Q	8,931,808	FMV			
(3)	WEXFORD MEDICAL MALL, LLC	Q	5,340,685	FMV			
(4)	ALLEGHENY CLINIC PEDIATRICS	Q	2,328,028	FMV			
		-					
(5)	JEFFERSON REGIONAL MEDICAL CENTER	Q	1,656,885	FMV			
<u> </u>							
6)	PROVIDER PPI, LLC	Q	1,489,542	FMV			
٠,		; <del>~</del>		- * * *			

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Y	es f	10
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations list	ted in Parts II-IV?	Γ			$\neg$
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1	1a		_
b	Gift, grant, or capital contribution to related organization(s)				1b		_
С	Gift, grant, or capital contribution from related organization(s)			[	1c		_
ď	Loans or loan guarantees to or for related organization(s)			<u> </u>	1d		_
е	Loans or loan guarantees by related organization(s)				1e	7	_
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						$\Box$
f	Dividends from related organization(s)			[	1f		_
	Sale of assets to related organization(s)				1g		_
	Purchase of assets from related organization(s)				1h	$\neg$	_
i	Exchange of assets with related organization(s)			[	1i		_
i	Lease of facilities, equipment, or other assets to related organization(s)			[	1j		
•				[			$\neg$
k	Lease of facilities, equipment, or other assets from related organization(s)			Ī	1k		_
	Performance of services or membership or fundraising solicitations for related organization(s)				11		_
	Performance of services or membership or fundraising solicitations by related organization(s)				1m	_ -	_
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	$\neg$	_
	Sharing of paid employees with related organization(s)				10		_
Ŭ	onaring of paid employees with related organization(s)			• • • • • •	•	$\dashv$	$\neg$
n	Reimbursement paid to related organization(s) for expenses			[	1p		
-	Reimbursement paid by related organization(s) for expenses			<u> </u>	1q	$\neg$	_
٦	Training and by related organization(=) for expenses 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.						_
r	Other transfer of cash or property to related organization(s)			ľ	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 t	this line, including cove	red relationships and transa				_
	(a)	(b)	(c)		(d)		
Name of related organization  Transaction type (a-s)		Amount involved	Method of amoun		_		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		a.noun		-	
					_		_
(1)	AHN SURGERY CENTER BETHEL-PARK	Q	1,016,976	FMV			
(2)	PETERS TOWNSHIP SURGERY CENTER, LLC	Q	625,222	FMV			
							_
(3)	OSIRIS PROPERTIES, LLC	Q	417,465	FMV			
							_
(4)	ALLEGHENY CLINIC RADIOLOGY	Q	377,521.	FMV			
•							_
(5)	PROVIDER SUPPLY CHAIN SERVICES	Q	136,128	FMV			
(6)	PROMEDIX, LLC	Q	124,980	FMV			
_							_

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes N	10
	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?			_
а	The state of the s	1a		_
b		1b		
c	Gift grant or capital contribution from related organization(s)	-		-
q	Gift, grant, or capital contribution from related organization(s)	1c		_
, <i>'</i>		1d		
, ,	Loans or loan guarantees by related organization(s)	1e		
	Duridanda fransı salada dı ası asıl adı a ( )			_
T		1f		
g		1g		_
h		1h		
İ	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k		1k		
-1		11		
m	Performance of services or membership or fundraising solicitations by related organization(s).			_
n		1n		_
0	Channa of and analysis of the collection of the	10		_
р	Reimbursement paid to related organization(s) for expenses	1n		_
a		1q		
7		14		
r	Other transfer of cash or property to related organization(s)	4 -		
,		1r		_
2	Other transfer of cash or property from related organization(s)	1s		_
	the answer to any of the above is in res, see the instructions for information on who must complete this line, including covered relationships and transaction thresh	100	<b>5</b> .	_

	(a)  Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>	PHYSICIAN LANDING ZONE	Q	111,547	FMV
(2)	GOLD MIST ADVISORS, LLC	Q	105,847	FMV
<u>(3)</u>	WEXFORD MEDICAL MALL, LLC (GPO)	Q	93,993	FMV
<u>(4)</u>	ALLEGHENY SINGER RESEARCH INSTITUTE	Q	90,783	FMV
<u>(5)</u>	SUMMER WIND MANAGEMENT, LLC	Q	73,997.	FMV
(6)	HMPG PROPERTIES NORTH, LLC	Q	57,941	FMV

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### 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	(e) Are all partners section 501(c)(3) organizations?		total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514)	Yes		<u> </u>		Yes	No	, ,	Yes	No	1
1)													
2)								-					
3)				<del> </del>									
4)	_												
5)				ļ									
(6)													
(7)													
(8)													
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Part VII Supplemental Information

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.