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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Highmark Health Group

% JEFF CRUDELE

Doing business as

Number and street (or P O box if mail is not delivered to street address)

120 Fifth Avenue

Room/suite

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

Pittsburgh, PA 15222

F Name and address of principal officer

DAVID HOLMBERG

120 FIFTH AVENUE

PITTSBURGH, PA 15222

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

☒ Yes ☐ No

H(b) Are all subordinates included?

☐ Yes ☒ No

If "No," attach a list (see instructions)

H(c) Group exemption number

6169

D Employer identification number

82-1406555

E Telephone number

(412) 544-6668

G Gross receipts \$

4,366,451,749

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

www.AHN.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

M State of legal domicile

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

PROMOTE HEALTH & WELLNESS IN OUR COMMUNITIES BY PROVIDING SAFE, COMPASSIONATE, AFFORDABLE HEALTH CARE TO ALL WHO SEEK IT

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

3 Number of voting members of the governing body (Part VI, line 1a)

182

4 Number of independent voting members of the governing body (Part VI, line 1b)

85

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

24,480

6 Total number of volunteers (estimate if necessary)

1,618

7a Total unrelated business revenue from Part VIII, column (C), line 12

10,875,396

7b Net unrelated business taxable income from Form 990-T, line 34

-100,294

Revenue

8 Contributions and grants (Part VIII, line 1h)

16,020,410

9 Program service revenue (Part VIII, line 2g)

2,959,362,669

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

36,761,699

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

105,886,628

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

3,118,031,406

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

4,237,304

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

1,455,373,291

16a Professional fundraising fees (Part IX, column (A), line 11e)

27,000

b Total fundraising expenses (Part IX, column (D), line 25) ▶

946,560

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

1,639,891,498

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

3,099,529,093

19 Revenue less expenses Subtract line 18 from line 12

18,502,313

Expenses

20 Total assets (Part X, line 16)

2,476,442,481

21 Total liabilities (Part X, line 26)

2,217,566,957

22 Net assets or fund balances Subtract line 21 from line 20

258,875,524

Net Assets or Fund Balances

Beginning of Current Year

End of Year

Part II Signature Block

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

Sign Here

Signature of officer

KAREN L HANLON Treasurer, EVP, CFO

Type or print name and title

2018-11-08

Date

Paid Preparer Use Only

Print/Type preparer's name

Frank Giardini

Preparer's signature

Frank Giardini

Date

Check ☐ if self-employed

PTIN P00532355

Firm's name ▶

GRANT THORNTON LLP

Firm's EIN ▶

Firm's address ▶

171 N CLARK ST SUITE 200

CHICAGO, IL 60601

Phone no

(312) 856-0200

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**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? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 2,227,667,786 including grants of \$ 1,170) (Revenue \$ 2,543,212,164)
See Additional Data

4b (Code) (Expenses \$ 335,802,589 including grants of \$ 0) (Revenue \$ 350,878,946)
See Additional Data

4c (Code) (Expenses \$ 226,970,660 including grants of \$ 1,500) (Revenue \$ 259,622,517)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ 146,396,243 including grants of \$ 2,057,213) (Revenue \$ 1,483,825)

4e Total program service expenses ► 2,936,837,278

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
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 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☒

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1,023	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	24,480	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O	14b		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	182	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	85	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
JEFF CRUDELE 120 FIFTH AVE Pittsburgh, PA 15222 (412) 544-7000

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2017)

[illegible]

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 ▶ 1,892

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
MBM Contracting Inc, 4999 Old Clairton Road PITTSBURGH, PA 15236	Construction	13,557,965
StaffAssist Workforce Mgmt LLC, 62373 Collections Center Drive CHICAGO, IL 60693	staffing	13,372,025
Metro Aviation Inc, PO Box 7008 SHREVEPORT, LA 71137	Transportation	7,600,377
Associated Clinical Laboratories, 15832 Collection Center Drive CHICAGO, IL 60693	Medical Lab services	7,539,483
McKamish Chesapeake Inc, 50 55th Street PITTSBURGH, PA 15201	Construction	7,093,581

Form 990 (2017)

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c	2,151,685			
	d Related organizations	1d	1,058,400			
	e Government grants (contributions)	1e	153,203			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14,993,631			
	g Noncash contributions included in lines 1a-1f \$ _____		652,749			
	h Total. Add lines 1a-1f		18,356,919			
Program Service Revenue		Business Code				
	2a PATIENT SERVICE REVENUE	621000	2,777,051,839	2,766,744,401	10,307,438	
	b AFFILIATE EXPENSE REIMBURSEMENT	900099	349,240,697	349,240,697		
	c SCIENTIFIC RESEARCH	541712	34,650,812	34,650,812		
	d MEDICAL EDUCATION	611710	4,561,542	4,561,542		
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		3,165,504,890			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		41,965,734		-213	41,965,947
	4 Income from investment of tax-exempt bond proceeds		1,366,719			1,366,719
	5 Royalties		0			
	6a Gross rents	(i) Real (ii) Personal				
		9,422,648				
	b Less rental expenses					
	c Rental income or (loss)	9,422,648 0				
	d Net rental income or (loss)		9,422,648		51,059	9,371,589
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		967,952,804 70,118,000				
	b Less cost or other basis and sales expenses	944,452,097 57,117,168				
	c Gain or (loss)	23,500,707 13,000,832				
	d Net gain or (loss)		36,501,539			36,501,539
	8a Gross income from fundraising events (not including \$ 2,151,685 of contributions reported on line 1c) See Part IV, line 18	a 734,787				
	b Less direct expenses	b 653,052				
	c Net income or (loss) from fundraising events		81,735			81,735
	9a Gross income from gaming activities See Part IV, line 19	a 0				
	b Less direct expenses	b 0				
c Net income or (loss) from gaming activities		0				
10a Gross sales of inventory, less returns and allowances	a 0					
b Less cost of goods sold	b 0					
c Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue	Business Code					
11a CAFETERIA SALES	621110	9,803,139			9,803,139	
b PARKING	900099	8,038,010		110,442	7,927,568	
c PHARMACY REVENUE	900099	7,567,283			7,567,283	
d All other revenue		65,620,816		406,670	65,214,146	
e Total. Add lines 11a-11d		91,029,248				
12 Total revenue. See Instructions		3,364,229,432	3,155,197,452	10,875,396	179,799,665	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,059,883	2,059,883		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	43,295	43,295		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0	0		
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	39,521,185	36,391,977	2,912,105	217,103
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	722,746	665,520	56,921	305
7 Other salaries and wages.	1,290,670,266	1,188,481,868	101,644,621	543,777
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	9,977,642	9,150,622	827,020	
9 Other employee benefits.	116,453,681	105,681,660	10,766,421	5,600
10 Payroll taxes.	79,538,488	72,686,690	6,816,012	35,786
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	1,193,316	276,607	916,709	
c Accounting.	1,994,266	29,073	1,965,193	
d Lobbying.	174,277		174,277	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	1,602,082	1,055,587	546,495	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	251,061,414	187,623,333	63,335,548	102,533
12 Advertising and promotion.	796,396	686,669	109,727	
13 Office expenses.	30,217,926	27,191,812	3,010,566	15,548
14 Information technology.	49,723,349	45,004,487	4,718,352	510
15 Royalties.	0			
16 Occupancy.	153,538,756	141,068,626	12,470,130	
17 Travel.	4,028,129	3,640,599	386,983	547
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	3,819,268	3,431,167	387,082	1,019
20 Interest.	48,272,916	44,056,781	4,216,135	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	126,944,591	111,563,565	15,381,026	
23 Insurance.	30,940,192	28,834,922	2,105,270	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a REIMBURSEMENTS TO AFFILIATES	293,061,278	217,470,153	75,591,125	
b PRESCRIPTION DRUGS	262,971,065	262,519,066	451,999	
c MEDICAL SUPPLIES	262,333,429	261,910,883	422,546	
d PATIENT BAD DEBT	50,982,272	49,586,483	1,395,789	
e All other expenses	148,130,619	135,725,950	12,380,837	23,832
25 Total functional expenses. Add lines 1 through 24e.	3,260,772,727	2,936,837,278	322,988,889	946,560
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		626,980	1	522,912
	2	Savings and temporary cash investments		191,287,152	2	396,611,306
	3	Pledges and grants receivable, net		3,501,189	3	7,928,855
	4	Accounts receivable, net		288,353,381	4	306,552,024
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		3,185,000	7	3,185,000
	8	Inventories for sale or use		40,434,090	8	44,940,204
	9	Prepaid expenses and deferred charges		22,906,063	9	21,073,948
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,472,567,348			
	b	Less: accumulated depreciation	10b 495,030,553	886,533,705	10c	977,536,795
	11	Investments—publicly traded securities		445,880,889	11	386,148,550
	12	Investments—other securities. See Part IV, line 11		151,526	12	151,526
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		110,663,222	14	126,342,747
	15	Other assets. See Part IV, line 11		482,919,284	15	666,000,221
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,476,442,481	16	2,936,994,088	
Liabilities	17	Accounts payable and accrued expenses		315,317,720	17	327,521,043
	18	Grants payable		0	18	0
	19	Deferred revenue		60,879,180	19	64,883,746
	20	Tax-exempt bond liabilities		180,667,875	20	1,000,000,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		717,436,346	23	55,640,511
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		943,265,836	25	529,253,984
	26	Total liabilities. Add lines 17 through 25		2,217,566,957	26	1,977,299,284
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		84,678,533	27	643,654,235
	28	Temporarily restricted net assets		27,364,312	28	26,604,330
	29	Permanently restricted net assets		146,832,679	29	289,436,239
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		258,875,524	33	959,694,804
34	Total liabilities and net assets/fund balances		2,476,442,481	34	2,936,994,088	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,364,229,432
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,260,772,727
3	Revenue less expenses Subtract line 2 from line 1	3	103,456,705
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	258,875,524
5	Net unrealized gains (losses) on investments	5	7,990,906
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	589,371,669
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	959,694,804

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

Additional Data

Software ID:
Software Version:
EIN: 82-1406555
Name: Highmark Health Group

Form 990 (2017)

Form 990, Part III, Line 4a:

THE ALLEGHENY HEALTH NETWORK (AHN) STRIVES TO PROVIDE HIGH 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

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David Blandino MD Board Chair	5 0 15 0	X		X				0	139,293	0
Joseph Macerelli Board Chair	10 0 0 0	X		X				0	0	0
Robin Bergstrom Board Chair	1 0 0 0	X		X				0	0	0
Edward Little Board Chair	1 0 0 0	X		X				0	0	0
Russell Livingston Board Chair	1 0 0 0	X		X				0	0	0
Gregory Harbaugh Board Chair	1 0 0 0	X		X				0	0	0
Mark Webb Board Chair	1 0 0 0	X		X				0	0	0
Sandra Usher Board Chair	1 0 0 0	X		X				0	0	0
Edward Marasco Director & Vice Chair	1 0 0 0	X		X				0	0	0
Jeffrey Szumigale Director & Vice Chair	1 0 0 0	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John Hamels PhD Director & Vice Chair	1 0 0 0	X		X				0	0	0
James Graham Director	5 0 0 0	X						0	0	0
David Malone Director	5 0 10 0	X						0	82,524	0
David Michael Matter Director	5 0 10 0	X						0	112,792	0
Michael Redlawsk Director	5 0 0 0	X						0	0	0
Victor Roque Director	5 0 10 0	X						0	112,892	0
Carol Bucci Director	50 0 0 0	X						242,824	0	8,859
Scott Hankinson Director	50 0 0 0	X						220,877	0	29,096
Tony Farah MD Director	40 0 20 0	X						1,407,080	514,610	34,790
David Goldberg Director	60 0 0 0	X						876,455	0	65,552

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Daniel R Casper MD Director	50 0 0 0	X						366,112	0	32,411
Pamela Lapczynski Director	1 0 0 0	X						0	0	0
Paul Reilly MD Director	50 0 0 0	X						157,122	0	26,659
Jason Ross Director	1 0 0 0	X						0	0	0
David Parda MD Director	60 0 0 0	X						1,003,687	0	35,119
Michael Alterio Director	1 0 0 0	X						0	0	0
David Celko MD Director	50 0 0 0	X						45,672	0	0
Thomas Corkery DO Director	50 0 0 0	X						304,403	0	32,558
Charles LaBelle Director	1 0 0 0	X						0	0	0
Carole Pankas Director	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
William Thomeier MD Director	1 0 0 0	X						0	0	0
Jennifer Lewis MD Director	50 0 0 0	X						294,724	0	29,837
Michael Culig MD Director	50 0 0 0	X						533,908	0	35,319
John Finnegan Director	1 0 0 0	X						0	0	0
LaDonna Fuge MD Director	1 0 0 0	X						0	0	0
Jason Roeback Director	50 0 0 0	X						153,706	0	7,330
Thomas Murphy Director	50 0 0 0	X						205,767	0	21,559
William Richardson Director	1 0 0 0	X						0	0	0
David Stapor MD Director	20 0 30 0	X						185,732	223,450	19,497
Richard Talarico Director	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Thomas Vankirk Director	5 0 60 0	X						0	1,911,681	24,023
John Echement Director	1 0 0 0	X						0	0	0
Charles Modispacher Director	1 0 0 0	X						0	0	0
Helen Baran Director	1 0 0 0	X						0	0	0
Natalie Dwyer Haller Director	1 0 0 0	X						0	0	0
Karen Hanlon Director	5 0 60 0	X						0	1,587,858	178,037
R Steven Jones Director	1 0 0 0	X						0	0	0
Paul Gausman DO Director	50 0 0 0	X						269,104	0	7,159
Jeffrey Kim MD Director	50 0 0 0	X						283,982	0	18,243
Chris Serafini DO Director	50 0 0 0	X						304,704	0	18,596

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kathryn Burns Director	1 0 0 0	X						0	0	0
Susan Moore MD Director	50 0 0 0	X						191,952	0	20,325
Marne Roche Director	1 0 0 0	X						0	0	0
Chris Scott Director	1 0 0 0	X						0	0	0
David Lerberg MD Director	1 0 0 0	X						0	0	0
Jane Love MD Director	1 0 0 0	X						0	0	0
Wendy O'Brien Director	1 0 0 0	X						0	0	0
LP Gupta Director	1 0 0 0	X						0	0	0
Basil M Cox Director	1 0 0 0	X						0	0	0
Theodore Neighbors Director	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Doris Carson Williams Director	1 0 5 0	X						0	0	0
Donald McNary Director	50 0 0 0	X						175,683	0	13,236
Madhusudan Menon MD Director	10 0 40 0	X						53,252	285,780	0
Dawn Karns DO Director	50 0 0 0	X						155,419	0	0
Robert Lupo MD Director	60 0 0 0	X						832,729	0	19,059
Jeffrey McGovern Director	60 0 0 0	X						734,565	0	19,059
Daniel Onorato Director	1 0 60 0	X						0	1,062,701	47,302
Ross Peterson MD Director	60 0 0 0	X						808,648	0	21,410
Salam Shameen MD Director	50 0 0 0	X						423,232	0	6,052
Donald Whiting MD Director	60 0 0 0	X						1,678,922	0	34,159

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Joseph C Guyaux Director	5 0 10 0	X						0	128,624	0
James Benedict Director	60 0 0 0	X						806,928	0	63,033
Brian Parker MD Director	60 0 0 0	X						817,722	0	41,342
Richard S Bartek Director	1 0 0 0	X						0	0	0
Lauren McAndrews Director	1 0 0 0	X						0	0	0
Thomas Tarpley Director	1 0 0 0	X						0	0	0
Parminder Sharma MD Director	60 0 0 0	X						789,487	0	35,263
Thomas Berkhouse Director	1 0 0 0	X						0	0	0
Robert Crane Director	1 0 0 0	X						0	0	0
Norma Cummings Director	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Tina Gowen Director	50 0 0 0	X						136,816	0	6,326
Mark Hagen Director	1 0 0 0	X						0	0	0
Roberta Patterson Director	1 0 0 0	X						0	0	0
Jillian Roache Director	1 0 0 0	X						0	0	0
Alex Selioutski MD Director	1 0 0 0	X						0	0	0
Luis Rivera Director	50 0 0 0	X						160,699	0	8,648
Vincent McVittie Director	60 0 0 0	X		X				573,000	0	22,886
Dmitriy Mnuskin MD Director	50 0 0 0	X						382,609	0	34,378
James Amsterdam MD Director	50 0 0 0	X						397,809	0	16,159
Ambaram Chauhan MD Director	10 0 50 0	X						91,553	498,131	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Terrence Cavanaugh Director	1 0 5 0	X						0	0	0
Brian Jones MD Director	50 0 0 0	X						455,216	0	18,922
Patrick Recio DO Director	50 0 0 0	X						421,643	0	19,059
Stewart Barmen Director	1 0 0 0	X						0	0	0
Gene Becker Trustee	1 0 0 0	X						0	0	0
Brian Jacob Trustee	1 0 0 0	X						0	0	0
Curt Marino Trustee	1 0 0 0	X						0	0	0
Robert Pacek Trustee	1 0 0 0	X						0	0	0
Kevin Snider Trustee	1 0 0 0	X						0	0	0
Venkatraman Srinivasan MD Trustee	60 0 0 0	X						924,889	0	20,258

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Marilyn Pesci Trustee	1 0 0 0	X						0	0	0
Cynthia Hundorfean Director & President	60 0 0 0	X		X				1,608,597	0	140,323
William Englert Director & President	50 0 0 0	X		X				295,931	0	16,200
Louise Urban Director & President	60 0 0 0	X		X				545,817	0	19,059
Mark Rubino MD Director & President	60 0 0 0	X		X				560,438	0	32,637
Christopher Clark DO Director & President	30 0 30 0	X		X				184,393	213,118	47,094
Ronald Andro Director & President	60 0 0 0	X		X				502,703	0	35,261
Jeffrey Cohen MD Director & President	60 0 0 0	X		X				851,254	0	37,042
G Scott Long MD Director & President	60 0 0 0	X		X				901,561	0	22,098
Allison Quick Director & President	50 0 0 0	X		X				171,230	0	29,222

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Scott Whalen Dir & President	60 0 2 0	X		X				760,421	0	672,894
Mark Nussbaum Director & Vice President	60 0 0 0	X		X				165,674	0	10,394
Keith LeJeune Director & Vice President	50 0 0 0	X		X				343,070	0	34,218
Jacqueline Bauer Director & Secretary	60 0 0 0	X		X				685,666	0	79,486
Diana Holt Director & Secretary	1 0 0 0	X		X				0	0	0
Maggie Biebel MD Dir & Secretary	50 0 0 0	X		X				182,105	0	6,079
Martha Smith Dir & Secretary (Thru 5/24/17)	1 0 0 0	X		X				0	0	0
Sandra Brown Dir & Secretary (Thru 9/27/17)	1 0 0 0	X		X				0	0	0
Jeffrey Crudele Director & Treasurer	60 0 0 0	X		X				1,114,424	0	86,068
James Rohrbaugh Director & Treasurer	50 0 0 0	X		X				316,662	0	18,133

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mark Leone DO Director & Treasurer	50 0 0 0	X		X				252,027	0	19,058
Tracey Bennett Director & Treasurer	1 0 0 0	X		X				0	0	0
Alfred Mansfield Dir. & Treasurer (Thru 7/5/17)	50 0 1 0	X		X				276,493	0	10,962
JOHN BALACKO MD DIRECTOR	60 0 0 0	X						651,874	0	30,331
Barbara VanKirk Director	1 0 0 0	X						0	0	0
Russell Elwell Director	1 0 0 0	X						0	0	0
JAMES HAMILTON DIRECTOR (THRU 12/31/2017)	1 0 0 0	X						0	0	0
Susan Barrett Assistant Secretary	50 0 0 0			X				97,000	0	17,967
Maureen Chadwick Assistant Secretary	50 0 2 0			X				239,560	0	47,486
Rand Levis Assistant Treasurer	50 0 1 0			X				116,693	0	3,665

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Chong Park MD Chief Medical Officer	20 0 40 0				X			199,345	359,521	13,684
Richard Thompson Vice President	60 0 0 0				X			482,687	0	12,534
George J Magovern Jr MD Physician	60 0 0 0				X			686,052	0	32,978
Patrick Demeo MD Physician	60 0 0 0				X			1,180,624	0	32,637
Margaret Dicuccio COO & CNO	50 0 0 0				X			299,293	0	18,845
Susan Manzi MD Physician	60 0 0 0				X			648,905	0	17,575
Allan Klapper MD Physician	60 0 0 0				X			659,022	0	29,919
Ngoc Thai MD Department Chair	60 0 0 0				X			878,338	0	32,419
Robert White Chief Medical Info Officer	60 0 0 0				X			639,838	0	60,353
Kenyokee Crowell Sr Vice President	60 0 0 0				X			621,403	0	56,196

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Beth Casagrande MD Physician	60 0 0 0				X			605,947	0	27,912
Anthony Lupetin MD Physician	60 0 0 0				X			562,655	0	22,333
Jan Silverman MD Physician	60 0 0 0				X			539,627	0	32,411
Claire Zangerle Chief Nursing Officer	60 0 0 0				X			496,928	0	24,594
Brian Johnson MD Physician	60 0 0 0				X			385,527	0	28,694
John Lawrence MD Physician	60 0 0 0				X			376,068	0	8,063
Donald Jaffee Chief Financial Officer	50 0 0 0				X			362,583	0	30,633
Marti Strand Chief Rev Cycle Officer	50 0 0 0				X			322,304	0	30,703
Suzanne Labriola MD Physician	60 0 0 0				X			275,333	0	15,294
David Alexander Sr Vice President	60 0 0 0				X			265,684	0	13,509

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Nicholas Sotereanos MD Physician	60 0 0 0					X		1,367,929	0	32,619
Daniel Altman MD Physician	60 0 0 0					X		1,742,089	0	19,650
Gregory Altman MD Physician	60 0 0 0					X		1,760,292	0	29,937
Edward Westrick MD Physician	60 0 0 0					X		1,780,753	0	28,600
robert moraca md physician	60 0 0 0					X		1,237,867	0	28,404
John Paul Former Director & President	0 0 0 0						X	720,669	0	640,203
Jacqueline Dailey Former CIO	0 0 0 0						X	252,960	0	252,960
William Goldfarb Former Director	0 0 0 0						X	688,692	0	557
Jane Sarra Former Director & President	0 0 0 0						X	98,524	0	0
Timothy Loch Former Director	0 0 0 0						X	93,727	0	72,438

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jason Zajac Former Trustee & President	0 0 0 0						X	300,899	0	0

TY 2017 Affiliate Listing

Name: Highmark Health Group

EIN: 82-1406555

TY 2017 Affiliate Listing

Name	Address	EIN	Name control
Highmark Health Group		82-1406555	HIGH

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
Highmark Health Group

Employer identification number
82-1406555

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 ☐ An agricultural research organization described in **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 _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 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
- a ☒ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☒ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations 12
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	9				2,953,667,015	

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))					14
15	Public support percentage for 2016 Schedule A, Part II, line 14					15
16a	33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>					
b	33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>					
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>					
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>					
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>					

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	467,117	1,058,246	0	0	9,500	1,534,863
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	23,141,760	44,860,244	51,180,600	52,834,545	56,873,470	228,890,619
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						0
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	23,608,877	45,918,490	51,180,600	52,834,545	56,882,970	230,425,482
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public support. (Subtract line 7c from line 6.)						230,425,482

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	23,608,877	45,918,490	51,180,600	52,834,545	56,882,970	230,425,482
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	79,185	244,082	100,626	86,253	97,896	608,042
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	79,185	244,082	100,626	86,253	97,896	608,042
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.)	1,065,976	4,623,564	4,591,976	8,311,500	6,910,183	25,503,199
13 Total support. (Add lines 9, 10c, 11, and 12.)	24,754,038	50,786,136	55,873,202	61,232,298	63,891,049	256,536,723

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	89.822 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	91.325 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	0.237 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	0.255 %

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		No
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	Yes	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	Yes	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	Yes	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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 benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		No
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		No
b 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? <i>If "Yes," provide detail in Part VI.</i>		No
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
10a 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)? <i>If "Yes," answer line 10b below.</i>		No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	No
	11b	No
	11c	No

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior 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 provided?		
	1	No
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2	No
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3	No

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b	
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	0	
2 Recoveries of prior-year distributions	2	0	
3 Other gross income (see instructions)	3	0	
4 Add lines 1 through 3	4	0	
5 Depreciation and depletion	5	0	
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	0	
7 Other expenses (see instructions)	7	0	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a	0	
b Average monthly cash balances	1b	0	
c Fair market value of other non-exempt-use assets	1c	0	
d Total (add lines 1a, 1b, and 1c)	1d	0	
e Discount claimed for blockage or other factors (explain in detail in Part VI) 0			
2 Acquisition indebtedness applicable to non-exempt use assets	2	0	
3 Subtract line 2 from line 1d	3	0	
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	
6 Multiply line 5 by .035	6	0	
7 Recoveries of prior-year distributions	7	0	
8 Minimum Asset Amount (add line 7 to line 6)	8	0	

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		0
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		0

- 7** ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)			
Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		0
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		0
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		0
4	Amounts paid to acquire exempt-use assets		0
5	Qualified set-aside amounts (prior IRS approval required)		0
6	Other distributions (describe in Part VI) See instructions		0
7	Total annual distributions. Add lines 1 through 6		0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions		0
9	Distributable amount for 2017 from Section C, line 6		0
10	Line 8 amount divided by Line 9 amount		0 %

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions		0	
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013. 0			
c From 2014. 0			
d From 2015. 0			
e From 2016. 0			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2017 distributable amount			0
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4 Distributions for 2017 from Section D, line 7 \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4	0		
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		0	
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			0
7 Excess distributions carryover to 2018. Add lines 3j and 4c	0		
8 Breakdown of line 7			
a Excess from 2013. 0			
b Excess from 2014. 0			
c Excess from 2015. 0			
d Excess from 2016. 0			
e Excess from 2017. 0			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
MEMBERS OF HIGHMARK HEALTH GROUP (19)	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 10 FORBES HEALTH FOUNDATION STATUS 12, TYPE 1 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 10 ALLEGHENY MEDICAL PRACTICE NETWORK STATUS 3 SAINT VINCENT AFFILIATED PHYSICIANS STATUS 10 WESTFIELD MEMORIAL HOSPITAL INC STATUS 3

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART I	REASON FOR PUBLIC CHARITY STATUS NOTE THAT THE MAJORITY OF THE 19 ENTITIES WITHIN HIGHMARK HEALTH GROUP ARE REGISTERED AS section 509(a)(3) supporting organizations however, some entities are also exempt as hospital entities, SECTION 509(A)(2) ORGANIZATIONS SUPPORTED BY CONTRIBUTIONS, DUES, AND CONDUCT OF EXEMPT FUNCTION ACTIVITIES, AND MEDICAL RESEARCH ORGANIZATIONS OPERATED IN CONJUNCTION WITH A HOSPITAL ALL REQUIRED PARTS OF SCHEDULE A ARE COMPLETED FOR THE RESPECTIVE ENTITIES INVOLVED

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV	Supporting Organizations As per their respective governing documents, the following entities are Type 1 supporting organizations under Section 509(a)(3) - Allegheny Health Network - Alle-Kiske Medical Center Trust - Forbes Health Foundation - The Western Pennsylvania Hospital Foundation - Allegheny Clinic Medical Oncology - Saint Vincent Foundation for Health and Human Services - Saint Vincent Health System

990 Schedule A, Supplemental Information

Return Reference	Explanation
Part IV, Section A, Lines 1 and 2	Determination of Supported Organizations Highmark Health Groups governing documents provide that supported organizations include all Section 509(a)(2), Section 170(b)(1)(A)(iii), and hospital affiliates of Highmark Health Group as these entities have purposes consistent with those of the hospitals and the supporting organizations

990 Schedule A, Supplemental Information

Return Reference	Explanation
Part IV, Section A, Line 5	Addition of Supported Organizations Highmark Health Group added Westfield Memorial Hospital, EIN 16-0743222, as a supported organization in 2017 With board approval, Westfield Memorial Hospital was added when it joined the list of subordinates included in the Group Exemption, #6169 This change was submitted and accepted by the IRS as part of the annual listing of group subordinates

Additional Data

Software ID:
Software Version:
EIN: 82-1406555
Name: Highmark Health Group

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) SAINT VINCENT HEALTH CENTER	250965547	3	Yes		284,938,933	0
(A) WEST PENN ALLEGHENY HEALTH SYSTEM INC	250969492	3	Yes		1,565,554,922	0
(B) ALLE-KISKI MEDICAL CENTER	251875178	3	Yes		110,827,749	0
(C) ALLEGHENY SINGER RESEARCH INSTITUTE	251320493	4	Yes		44,635,077	0
(D) CANONSBURG GENERAL HOSPITAL	251737079	3	Yes		46,889,948	0
(E) ALLEGHENY MEDICAL PRACTICE NETWORK	251838457	3	Yes		3,334,441	0
(F) ALLEGHENY CLINIC	251838458	3	Yes		634,288,108	0
(G) JEFFERSON REGIONAL MEDICAL CENTER	251260215	3	Yes		252,005,659	0
(H) WESTFIELD MEMORIAL HOSPITAL INC	160743222	3	Yes		11,192,178	0

SCHEDULE C (Form 990 or 990-EZ)	Political Campaign and Lobbying Activities	OMB No 1545-0047
	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2017
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.	Open to Public Inspection

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 Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Highmark Health Group	Employer identification number 82-1406555
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3** Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1** Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2** Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ **Yes** ☐ **No**
- 4a** Was a correction made? ☐ **Yes** ☐ **No**
- b** If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4** Did the filing organization file **Form 1120-POL** for this year? ☐ **Yes** ☐ **No**
- 5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A 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 Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f 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 amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

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** ☐ **No****4-Year Averaging Period Under section 501(h)**

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
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))					
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 description of the lobbying activity

		(a)		(b)
		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 referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		351,216
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			351,216
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	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 expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
LOBBYING ACTIVITY	SCHEDULE C, PART II-B, LINE 1G ALLEGHENY HEALTH NETWORK 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.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Highmark Health Group

Employer identification number
82-1406555

Part I

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

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

YesNo

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

YesNo

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

YesNo

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

YesNo

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	314,504,019	308,814,600	323,361,457	326,684,716	340,575,761
b Contributions	2,378,887	6,086,053	11,096,627	9,767,463	10,886,147
c Net investment earnings, gains, and losses	36,108,383	15,032,444	-9,567,841	18,431,806	-8,533,746
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	13,107,770	14,618,247	16,129,681	30,720,168	15,795,656
f Administrative expenses	1,229,625	810,831	718,696	802,360	447,790
g End of year balance	338,653,894	314,504,019	308,041,866	323,361,457	326,684,716

2

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

a

Board designated or quasi-endowment ▶ 18 450 %

b

Permanent endowment ▶ 74 490 %

c

Temporarily restricted endowment ▶ 7 060 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)	Yes	
3a(ii)		No
3b		

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	42,684,913		42,684,913
b Buildings	0	625,512,537	152,057,524	473,455,013
c Leasehold improvements	0	25,682,166	10,766,307	14,915,859
d Equipment	0	610,659,374	308,090,140	302,569,234
e Other	0	168,028,359	24,116,583	143,911,776
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				977,536,795

Schedule D (Form 990) 2017

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related.
Complete if the organization answered "Yes" 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

(a) Description	(b) Book value
(1) BENEFICIAL INTERESTS	260,373,741
(2) EQUITY INVESTMENTS	190,642,251
(3) MALPRACTICE RECEIVABLE	101,386,542
(4) INTERCOMPANY RECEIVABLES	89,434,150
(5) OTHER ASSETS	24,016,870
(6) SELF INSURANCE CAPITALIZATION	146,667
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	666,000,221

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
PENSION FUNDING	341,676,432
MEDICAL MALPRACTICE LIABILITY	148,744,742
OTHER LIABILITIES	38,832,810
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	529,253,984

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

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 82-1406555
Name: Highmark Health Group

Supplemental Information

Return Reference	Explanation
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

Supplemental Information	
Return Reference	Explanation
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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	ASC 740 FOOTNOTE HIGHMARK HEALTH RECORDS UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH FASB ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES ASC 740 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES BY DEFINING CRITERIA THAT A TAX 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 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

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Highmark Health Group

Employer identification number
82-1406555

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes
☐ No

2

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3

Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Europe (Including Iceland and Greenland)	0	0	Grantmaking		11,383
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			11,383
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			11,383

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Europe (Including Iceland and Greenland)	Research Subaward	11,383	Check			
(2)									
(3)									
(4)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**
- 3 Enter total number of other organizations or entities **1**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☐ Yes ☒ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
Procedure for monitoring use of grant funds outside the U S	Schedule F, Part I, Line 2 Allegheny Singer Research Institute (ASRI) received a grant award from the National Institutes of Health (NIH) The NIH grant award included a subaward to a foreign entity to carry out a portion of the work in collaboration with ASRI's Principal Investigator Payments issued to the foreign entity are issued upon receipt and review of invoices and confirmation of progress made on the project ASRI's monitoring of the foreign sub-awards and procedures are based on the Code of Federal Regulations 200 'Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards the 'NIH Policy Statement'

Return Reference	Explanation
method of accounting	schedule f, part I, line 3 The accrual method of accounting is used to account for expenditures in the organizations financial statements

Return Reference	Explanation
method of accounting	schedule f, part II, Line 1 The accrual method of accounting is used to account for cash grants in the organizations financial statements

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	<div>Supplemental Information Regarding Fundraising or Gaming Activities</div> <div>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</div> <div>▶ Attach to Form 990 or Form 990-EZ.</div> <div>▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.</div>	OMB No 1545-0047
		2017
		Open to Public Inspection
Name of the organization Highmark Health Group		Employer identification number 82-1406555

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II 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	(b) Event #2	(c) Other events	(d)
		AHN Gala (event type)	Golf Events (event type)	4 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,549,350	507,455	509,361	2,566,166
	2 Less Contributions	1,357,910	407,904	103,452	1,869,266
	3 Gross income (line 1 minus line 2)	191,440	99,551	405,909	696,900
Direct Expenses	4 Cash prizes	28,420	5,660	1,000	35,080
	5 Noncash prizes	22,631	8,465	4,597	35,693
	6 Rent/facility costs	70,756	81,973	26,481	179,210
	7 Food and beverages	11,938	58,326	12,736	83,000
	8 Entertainment	146,105	0	7,839	153,944
	9 Other direct expenses	0	22,904	38,216	61,120
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				548,047
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				148,853

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
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 ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c 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

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations 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).

Return Reference

Explanation

efile GRAPHIC print - DO NOT PROCESSAs Filed Data -DLN: 93493313000148

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

Highmark Health Group

Employer identification number

82-1406555

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

► Attach to Form 990.

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

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☐ Applied uniformly to all hospital facilities

☒ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

No

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			84,948,586	66,334,494	18,614,092	0 580 %
b Medicaid (from Worksheet 3, column a)			235,285,592	154,498,286	80,787,306	2 520 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			19,032,177	11,160,797	7,871,380	0 250 %
d Total Financial Assistance and Means-Tested Government Programs			339,266,355	231,993,577	107,272,778	3 350 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,790,519	8,450	4,782,069	0 150 %
f Health professions education (from Worksheet 5)			76,116,297	29,104,477	47,011,820	1 460 %
g Subsidized health services (from Worksheet 6)			103,812,294	80,055,964	23,756,330	0 740 %
h Research (from Worksheet 7)			6,387,272	0	6,387,272	0 200 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,134,241	0	74,358	0 %
j Total. Other Benefits			193,240,623	109,168,891	82,011,849	2 550 %
k Total. Add lines 7d and 7j			532,506,978	341,162,468	189,284,627	5 900 %

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

Cat No 50192T

Schedule H (Form 990) 2017

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			136,728	0	136,728	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			45,000	0	45,000	
8 Workforce development			936	0	936	
9 Other						
10 Total			182,664	0	182,664	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	34,908,229	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	6,519,650	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	367,605,901
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	409,080,618
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-41,474,717
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.		
<input checked="" type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 See Additional Data Table				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

8

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

A

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

16

Community 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	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Section C</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) _____	10	No
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b Yes	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 _____ % and FPG family income limit for eligibility for discounted care of 0 _____ %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) See Section C			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) See Section C			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) See Section C			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of 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			
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 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	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

Name of hospital facility or letter of facility reporting group _____**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
- c** ☐ 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

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?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
SAINT VINCENT HEALTH CENTER**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

8

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Section C</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) _____	10	No
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

SAINT VINCENT HEALTH CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 _____ % and FPG family income limit for eligibility for discounted care of 0 _____ %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) See Section C			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) See Section C			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) See Section C			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of 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			
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

SAINT VINCENT HEALTH CENTER

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 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	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

SAINT VINCENT HEALTH CENTER

Name of hospital facility or letter of facility reporting group _____**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
- c** ☐ 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

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?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
WESTFIELD MEMORIAL HOSPITAL INC**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

7

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>see section c</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) _____	10	No
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

WESTFIELD MEMORIAL HOSPITAL INC

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 _____ % and FPG family income limit for eligibility for discounted care of 0 _____ %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) See Section C			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) See Section C			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) See Section C			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of 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			
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

WESTFIELD MEMORIAL HOSPITAL INC

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 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	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

WESTFIELD MEMORIAL HOSPITAL INC

Name of hospital facility or letter of facility reporting group _____**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
- c** ☐ 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

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?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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.

[illegible]

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? 32

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

Part VI Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
<p>ELIGIBILITY FOR FREE OR DISCOUNTED CARE</p>	<p>PART I, LINE 3C Allegheny Health Networks (AHN) Financial Assistance Policy states the criteria for determining patients eligibility for free or discounted care. Patients who meet the criteria as established in the policy will be eligible for financial assistance including free or discounted care. Patients must be both a citizen of the United States of America and a resident of Pennsylvania. Charity care is reserved for Pennsylvania residents because they are paying the Pennsylvania State and local taxes that support many health care services for the States 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 unauthorized immigrants may qualify for Charity Care if they are eligible for Medicaid. There are special circumstances for out-of-state and international patients (e.g., Auto accident, emergent illness) under which they would qualify for Charity Care. The patient/guarantor must be able to demonstrate a good faith effort in 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. The patient must submit a completed 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 an extraordinary collection action (ECAS) against the individual. Reasonable efforts for purposes of meeting these requirements include, a notification period and an application period. The notification period is the period in which AHN must notify an individual about this policy, and begins on the date care is provided to the individual and ends on the 120th day after AHN provides the patient with the first billing statement for the care. If the individual has failed to submit an application by the end of the notification period, AHN may engage in extraordinary collection actions 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. Coverage by Charity Care is limited to basic medical care, and 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 apply only to drugs that are administered during an inpatient stay or outpatient service. These discounts do not apply to any other drugs or mail order prescriptions. 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. Patients who refuse to use insurance options available to them will not be eligible for Charity Care. Charity Care will not apply to patients/guarantors who have not exhausted all sources of insurance payment (e.g., Medicare lifetime reserve days). Pension accounts are excluded. An approved Charity Care 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. Charity Care discounts apply to patient liability amounts only, and no insurance amounts will be considered. Approved amounts may be a result of the following: (1) patient does not have medical assistance or adequate insurance coverage, (2) patient has exhausted his/her insurance benefits (e.g., exceeded maximum covered days/amount, exceeded Medicare's lifetime reserve days), (3) patient has a primary insurance carrier who has rendered payment but a secondary liability exists for which he/she does not have coverage, (4) patient is considered indigent due to the amount of medical debt incurred in comparison to the patients financial circumstances, (5) deceased patients estate will exhaust prior to payment of the full patient balance, (6) patient has provided a formal bankruptcy judgment that impacts the date on which services were provided along with undated income/asset information, (7) patient is homeless or has proven to be a resident of a homeless shelter, (8) patient has provided a formal affidavit or documentation regarding income/asset.</p>

Form and Line Reference	Explanation
ELIGIBILITY FOR FREE OR DISCOUNTED CARE	<p>information and/or homeless status that qualifies the patient for Charity Care, or (9) the patient has Medicaid part pay balances and qualifies for Charity Care. If the patient and/or guarantors income falls between 100-200% of the federal poverty guidelines, all patient liability balances will be forgiven at 100%. Patients that are documented as homeless are also considered at the 100% rate. The patients gross household income for the current and previous year may not exceed two times the Poverty Income Guidelines, which are published annually in the Federal Register by the U.S. Department of Health and Human Services (most current years data will be considered). Liquid assets (cash, checking, savings, money market accounts, matured certificates of deposit, mutual funds, and bonds that may be cashed without penalty 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 AHN prior to consideration for a financial assistance adjustment. Retirement funds, the primary residence, and primary vehicle will not be included as part of the asset test. Any secondary residence or secondary 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 a patient that exceeds 200% of the Federal Poverty Guidelines and whose account balance exceeds 25% of the annual household income, AHN may claim the excess balance as a hardship provided that the patient provides documentation of income, or income can be derived from outside database sources.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT BY ENTITY	PART I, LINE 7 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 \$10,088,267 CANONSBURG GENERAL HOSPITAL \$3,091,035 JEFFERSON REGIONAL MEDICAL CENTER \$18,052,028 SAINT VINCENT HEALTH CENTER \$14,596,836 WESTFIELD MEMORIAL HOSPITAL, INC \$819,103 WEST PENN ALLEGHENY HEALTH SYSTEM, INC \$142,637,358 TOTAL NET COMMUNITY BENEFIT EXPENSE \$189,284,627

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FREE OR DISCOUNTED CARE BUDGET	Part 1, Line 5b Westfield Memorial Hosptial's financial assistance expenses did not exceed the budgeted amount BAD DEBT EXPENSE REMOVED PART I, LINE 7, COLUMN F Bad debt 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
BAD DEBT	PART III, SECTION A, LINE 2, 3, AND 4 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 Medicare Part III, Section B, Line 8 Westfield Memorial Hospital uses the cost to charge method to determine the amount of Medicare allowable costs of care relating to revenue payments

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SHORTFALL TREATMENT AS COMMUNITY BENEFIT	PART III, SECTION B, LINE 8 WE RECEIVE OVERALL REIMBURSEMENT FROM MEDICARE LESS THAN THE COST OF THE SERVICES PROVIDED AS SUCH, WE CONSIDER THE SHORTFALL A COMMUNITY BENEFIT THE SOURCE USED TO DETERMINE THE AMOUNT REPORTED ON LINE 6 IS THE COST ACCOUNTING SYSTEM For 2017, Westfield Memorial Hospital used the cost-to-charge ratio methodology to determine the amount reported on Line 6

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
WRITTEN DEBT COLLECTION POLICY	<p>PART III, SECTION C, LINE 9B 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 IN AN UNCERTAIN ECONOMIC ENVIRONMENT, WMH FINANCIAL COUNSELORS REMAIN COMMITTED TO ASSISTING THOSE IN OUR COMMUNITY WHO ARE UNABLE TO AFFORD THEIR MEDICAL EXPENSE, YET SEEK EXPERT CARE THE FINANCIAL COUNSELORS WORK WITH PATIENTS AND THEIR FAMILIES TO HELP THEM QUALIFY FOR THE COMMUNITY CARE PROGRAMS, ANSWERING THEIR QUESTIONS AND HELPING THEM THROUGH THE ENROLLMENT PROCESS COMMUNITY CARE INFORMATION IS AVAILABLE IN THE WMH COMMUNITY CARE BROCHURE OR VISIT THE WEBSITE AT WWW.AHN.ORG FOR PATIENTS WHO RECEIVE BILLS IN THE MAIL FOLLOWING THEIR TREATMENT, THE COMMUNITY CARE PROGRAM IS INTRODUCED ON THE BOTTOM OF THEIR BILL WITH THE APPROPRIATE CONTACT INFORMATION FINANCIAL ADVISORS ARE AVAILABLE WEEKDAYS AND ARE CONVENIENTLY LOCATED NEXT TO PATIENT REGISTRATION IT IS OUR POLICY NOT TO PURSUE COLLECTION PRACTICES AGAINST PATIENTS KNOWN TO QUALIFY FOR CHARITY CARE OR OTHER FINANCIAL ASSISTANCE</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
COMMUNITY HEALTH NEEDS ASSESSMENT	PART VI, LINE 2 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 TRENDS THE HOSPITAL ACTS ON SPECIFIC REQUESTS RECEIVED FOR HEALTH RELATED MATTERS SUCH AS SCREENINGS, PROGRAMS AND RELATED EVENTS THE 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PATIENT EDUCATION FOR ELIGIBILITY FOR ASSISTANCE	<p>PART VI, LINE 3 Allegheny Health Network (AHN) displays signage in various patient admission, registration, and emergency department areas that alert patients to the availability of a Financial Assistance Program and contact information for the office responsible for the Financial Assistance Program. During the pre-service process, patients are evaluated to determine financial assistance options. Each hospital offers the Financial Assistance Program, which consists of application assistance for governmental eligibility, charity care application completion and submission support, as well as financial assistance for the uninsured. AHNs Financial Assistance Policy and application for financial assistance are available at each hospital, and each hospital also provides on-site support through Financial Counselors, who are available to work with patients. Financial Counselors work directly with the patients to determine eligibility for financial assistance, as well as to provide guidance to patients regarding Medical Assistance eligibility. Both weekday and weekend coverage is available to the patients, as well as field support needed for post-discharge follow up needed for financial assistance application submission. The above support is available at no charge to the patient. Information about AHNs Financial Assistance Program is also communicated through brochures that are available in the registration departments that explain the Programs. The brochures include contact information for the office responsible for assisting patients with financial assistance determinations. The back of the patient statement includes a section regarding the Financial Assistance Program, and contact information for the office responsible for administering the Financial Assistance Program is listed there as well.</p> <p>WESTFIELD MEMORIAL HOSPITAL: INFORMING THE PUBLIC THAT CHARITY CARE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR CHARITY CARE PROGRAM AND WMH 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.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
COMMUNITY INFORMATION	<p>PART VI, LINE 4 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, OHIO AND NEW YORK ITS PRIMARY SERVICE AREAS INCLUDE THE PITTSBURGH METROPOLITAN STATISTICAL AREA (ALLEGHENY, ARMSTRONG, BEAVER, BUTLER, CHAUTAUQUA, FAYETTE, WASHINGTON, AND WESTMORELAND COUNTIES) AND THE ERIE MSA (ERIE COUNTY) TOGETHER, THESE AREAS HAVE A POPULATION OF MORE THAN 2.7 MILLION According to the U.S. Census estimates, THE TWO MSAS ARE SIMILAR DEMOGRAPHICALLY, WITH A WHITE/CAUCASIAN POPULATION OF ABOUT 89-90 PERCENT, AND A BLACK/AFRICAN-AMERICAN POPULATION OF 7-8 PERCENT ERIE COUNTY HAS A LARGER LATINO/HISPANIC POPULATION (about 4 PERCENT) THAN DOES THE PITTSBURGH MSA (about 2 PERCENT) 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 MSAS 65-AND-OVER POPULATION IS about 18 PERCENT, ERIE COUNTYS PROPORTION OF SENIOR CITIZENS IS about 16 PERCENT NATIONALLY, ABOUT 15.2 PERCENT OF AMERICANS ARE AGED 65 OR OLDER HOUSEHOLDS WITHIN THE PITTSBURGH AND ERIE MSAS HAVE A LOWER-THAN-AVERAGE MEDIAN INCOME IN THE PITTSBURGH MSA, THE MEDIAN HOUSEHOLD INCOME was \$54,020 in 2016, the latest year for which data is available An estimated 12 percent of households had income below \$15,000 a year and 9 percent had income of \$150,000 or more IN ERIE COUNTY, median income was \$47,094 in 2016, the latest year for which data is available An estimated 14 percent of households had income below \$15,000 a year and 6 percent had income of \$150,000 or more In 2016, the median household income for the United States was \$59,039, according to Census Estimates Within the Pittsburgh MSA, among the civilian noninstitutionalized population, about 94 percent had health insurance coverage and 6 percent did not For those under 18 years of age, 2 percent had no health insurance coverage In Erie County, among the civilian noninstitutionalized population, 93 percent had health insurance coverage and 7 percent did not For those under 18 years of age, 2 percent had no health insurance coverage CHAUTAUQUA COUNTY IS A RURAL AREA OF APPROXIMATELY 1500 SQUARE MILES AND HAS A POPULATION OF 133,000 THE COST OF LIVING INDEX IS LESS THAN AVERAGE AND THE PERCENT OF RESIDENTS LIVING IN POVERTY WAS 18.9%</p>

Form and Line Reference	Explanation
PROMOTION OF COMMUNITY HEALTH	<p>PART VI, LINE 5 THE HOSPITALS OF ALLEGHENY HEALTH NETWORK (ALLEGHENY GENERAL, ALLEGHENY VA LLEY, CANONSBURG, FORBES, JEFFERSON, SAINT VINCENT, WESTFIELD MEMORIAL HOSPITAL, AND WEST PENN) PROMOTE THE HEALTH AND WELL-BEING OF THEIR RESPECTIVE COMMUNITIES IN A VARIETY OF WA YS 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 T RAINED 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 PATIENTS RACE, CREED, GENDER, NATIONAL ORIGIN, PHYSIC AL OR MENTAL DISABILITY, OR ABILITY TO PAY ADDITIONALLY, THE HOSPITALS AND CLINICS OF AHN SUPPORT A BROAD ARRAY OF CHARITABLE SERVICES AND PROGRAMS TO THE COMMUNITY BY PROVIDING S UBSIDIZED HEALTH CARE, SPONSORING COMMUNITY EVENTS (HEALTH FAIRS, CANCER SCREENINGS, WALKS , EDUCATIONAL SEMINARS, BENEFITS SEMINARS, SUPPORT GROUPS), AND MAKING CHARITABLE DONATION S THE SERVICES BENEFIT CHILDREN AND TEENS, ADULTS AND SENIORS, PATIENTS AND THEIR FAMILIE S, AND THE COMMUNITY AT LARGE SOME OF THOSE SERVICES AND INITIATIVES INCLUDE THE AHN POS ITIVE HEALTH CLINIC, THE BRADDOCK URGENT CARE CENTER, FREE CANCER SCREENINGS, A MEDICAL RE SPITE 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 PROTEC TION AND AFFORDABLE CARE ACT, AHN EMBARKED ON A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSES SMENT (CHNA) TO COLLECT HEALTH AND SOCIO-ECONOMIC DATA TO DETERMINE THE COMMUNITY HEALTH N EEDS ACROSS AHNS 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 DELEGA TE RESOURCES ACROSS THE SYSTEM TO IMPACT THE REGIONS MOST PRESSING HEALTH NEEDS, WHILE HOS PITAL-SPECIFIC STRATEGIES WERE OUTLINED TO GUIDE LOCAL EFFORTS AND COLLABORATION WITH COMM UNITY PARTNERS TO ADDRESS THOSE PRIORITIZED NEEDS BECAUSE NOT-FOR-PROFIT HOSPITALS ARE RE QUIRED TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT EVERY THREE YEARS, IN EARLY 2018, A HN RE-LAUNCHED ITS CHNA TASK FORCE AND IS PRESENTLY REEVALUATING THE MOST PRESSING HEALTH NEEDS IN THE MANY COMMUNITIES IT SERVES (FOR ADDITIONAL DETAIL, SEE SCHEDULE O) OTHER IN ITIATIVES THAT IMPROVE THE HEALTH AND WELL-BEING OF THE MANY COMMUNITIES SERVED BY AHN INC LUDE -HEALTHY FOOD CENTER A FIRST OF ITS KIND IN THE REGION, AHNS NEW HEALTHY FOOD CENTE R ACTS AS A "FOOD PHARMACY" WHERE PATIENTS WHO LACK ACCESS TO FOOD CAN RECEIVE NUTRITIOUS FOOD ITEMS, EDUCATION ON DISEASE-SPECIFIC DIETS, AND ADDITIONAL SERVICES FOR OTHER SOCIAL CHALLENGES THEY MIGHT FACE ACCORDING TO THE GREATER PITTSBURGH COMMUNITY FOOD BANK, A PAR TNER OF THE HEALTHY FOOD CENTER, FOOD INSECURITY AFFECTS MORE THAN 350,000 PEOPLE OR ONE I N SEVEN ADULTS IN THE PITTSBURGH REGION FOOD INSECURITY REFERS TO A LACK OF AVAILABLE FIN ANCIAL RESOURCES FOR NUTRITIONALLY-ADEQUATE FOOD SUCH AS FRUITS, VEGETABLES, LEAN PROTEINS AND WHOLE GRAINS THE HEALTHY FOOD CENTER IS PILOTING ITS PROGRAM AMONG PATIENTS WITH DIA BETES WHO ARE SCREENED BY THEIR DOCTOR AS BEING FOOD INSECURE PATIENTS RECEIVE A REFERRAL TO THE HEALTHY FOOD CENTER WHERE THEY INITIALLY MEET WITH AN ONSITE DIETITIAN TO DISCUSS THEIR DIETARY NEEDS BASED ON THEIR CONDITION AFTER SHOPPING AT THE CENTER FOR THE RECOMME NDED FOOD ITEMS, PATIENTS GO HOME WITH TWO TO THREE DAYS WORTH OF FOOD FOR ALL MEMBERS OF THEIR HOUSEHOLD -HEALTHCARE@HOME ALLEGHENY HEALTH NETWORK MAKES IT EASIER FOR PATIENTS T O ACCESS A FULL RANGE OF CUSTOMIZED HEALTHCARE SERVICES IN THE PRIVACY AND COMFORT OF THEI R OWN HOMES THROUGH AHNS HEALTHCARE@HOME PROGRAM, AHN IS HELPING MANY PATIENTS MAINTAIN T HEIR INDEPENDENCE AND CONTINUE THE HEALING PROCESS AT HOME AS LONG AS POSSIBLE THE SERVIC E 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 H OMES, 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 RE GION MORE THAN 29 MILLION PEOPLE IN THE UNITED STATES, OR NEARLY 10% OF THE POPULATION, A RE AFFECTED BY DIABETES AT THE CURRENT PACE OF THE EPIDEMIC, THE CENTERS FOR DISEASE CONT ROL 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 P ENNSYLVANIA, AHN HAS ESTABLISHED A PATIENT-CENTERE</p>

Form and Line Reference	Explanation
PROMOTION OF COMMUNITY HEALTH	<p>D MODEL OF CARE TO MORE EFFECTIVELY MEET THE COMPREHENSIVE NEEDS OF THOSE LIVING WITH THE DISEASE THE RICHARD KING MELLON FOUNDATION GRANT PROVIDES 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 PATIENTS 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 -CHILD SAFETY DAY CANONSBURG HOSPITAL (PART OF AHN) SPONSORS A SPRING CHILD SAFETY DAY ON ITS HOSPITAL GROUNDS FOR A DAY OF FUN, EDUCATION, AND PRIZES EACH FAMILY ATTENDING IS GIVEN A FREE FIRST-AID KIT, AND HOSPITAL STAFF WILL DISTRIBUTE MORE THAN 300 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 VARIOUS AHN HOSPITAL DEPARTMENTS AND LEARN ABOUT CAREERS, EDUCATION, AND WORKING IN THE MEDICAL FIELD), DISABILITY MENTORING DAY (STUDENTS ARE ABLE TO TOUR PARTS OF 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, MATHEMATICS, MEDICINE (A ONE-DAY STEM 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</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>-DIVERSITY IN EMPLOYMENT AND CONTRACTING AHN IS COMMITTED TO DIVERSITY</p>	<p>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 -LIFELIGHT LIFELIGHT, THE FIRST AIR MEDICAL TRANSPORT SERVICE IN THE NORTHEASTERN UNITED STATES, IS PART OF AHN AND HAS COMPLETED MORE THAN 80,000 MISSIONS IN 40 YEARS OF FLYING HOSPITAL-BASED AIR-MEDICAL 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 LIFELIGHT 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 AMERICAS 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 COLLABORATION OF THE AHN AND VA ELECTRONIC MEDICAL RECORDS (EMR) PLATFORMS THE TWO ORGANIZATIONS CAN NOW EXCHANGE VETERANS' HEALTH RECORDS SECURELY AND SEAMLESSLY FOR A MORE CONNECTED PATIENT-PROVIDER EXPERIENCE -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 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 GOAL DISCOVERING CURES AND DEVELOPING THE NEXT "BEST PRACTICES" IN MEDICINE 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 THE COMMUNITY CUSTOMERS 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 TRIALS, AND DETERMINE WHETHER THEY ARE COST EFFECTIVE IN HOPES OF SPEEDING THOSE TECHNOLOGIES TO THE FULL WESTERN PENNSYLVANIA AUDIENCE</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
AFFILIATED HEALTH CARE SYSTEM	PART VI, LINE 6 SEE SCHEDULE O

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
STATE FILING OF COMMUNITY BENEFIT REPORT	PART VI, LINE 7 WESTFIELD MEMORIAL HOSPITAL FILES THE COMMUNITY BENEFIT REPORT WITH THE STATE OF NEW YORK AS PART OF OUR OBLIGATION TO FURNISH THE STATE OF NEW YORK WITH A COPY OF THE IRS FORM 990 AND RELATED SCHEDULES

Schedule H (Form 990) 2017

Additional Data

Software ID:
Software Version:
EIN: 82-1406555
Name: Highmark Health Group

Form 990 Schedule H, Part IV - Management Companies and Joint Ventures (see instructions)

(a) Name of Entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 AHN Emerus LLC	Holding Company	51 %		
2 Alleg Imag Of McCand	Imaging Services	45 %		
3 Mimicol LLC	IP Development	39 %		61 %
4 5148 Lib Ave Assoc	Rental Real Estate	50 %		
5 Optima Imaging Inc	Inactive	20 %		
6 N Shore Endosco Cent	ENDOSCOPY Services	50 %		45 %
7 McCand Endosco Cent	ENDOSCOPY Services	50 %		50 %
8 JV Holdco LLC	Holding Company	59 61 %		
9 WSC Realty Partners	Medical Office Building	23 49 %		73 79 %
10 Waterfront Surg Cent	Surgery Center	25 %		
11 Up Mid Consol Serv	Group Purchasing	1 27 %		
12 Jefferson Med Assoc	Medical Services	43 79 %		
13 S Hills Surg Center	Surgery Center	41 92 %		58 08 %
14 SV PROF BLDG LEASE	Condo Association	17 34 %		
15 AHN Home Infusion	Home Health	80 %		

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 8		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	ALLEGHENY VALLEY HOSPITAL 1301 Carlisle Street Natrona Heights, PA 15065 See Section C for website 790101	X	X					X			A
2	CANONSBURG GENERAL HOSPITAL 100 MEDICAL BOULEVARD CANONSBURG, PA 15317 See Section C for website 295301	X	X					X			A
3	JEFFERSON REGIONAL MEDICAL CENTER 565 COAL VALLEY ROAD PO BOX 1811 PITTSBURGH, PA 15236 See Section C for website 711801	X	X					X			A
4	ALLEGHENY GENERAL HOSPITAL 320 EAST NORTH AVENUE PITTSBURGH, PA 15224 See Section C for website 530101	X	X		X	X	X	X			A
5	THE WESTERN PENNSYLVANIA HOSPITAL 4800 FRIENDSHIP AVENUE PITTSBURGH, PA 15224 See Section C for website 234401	X	X		X	X	X	X			A

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 8		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
6	FORBES REGIONAL HOSPITAL 2570 HAYMAKER ROAD MONROEVILLE, PA 15146 See Section C for website 311101	X	X		X			X			A
7	Westfield Memorial Hospital Inc 189 East Main Street Westfield, NY 14787 See Section C for website 0632000H	X	X					X			
8	SAINT VINCENT HEALTH CENTER 232 WEST 25TH STREET ERIE, PA 16544 See Section C for website 196001	X	X		X			X			

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

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

Form and Line Reference	Explanation
PART V, SECTION A, HOSPITAL FACILITIES	ALL OF OUR HOSPITALS ARE PART OF THE ALLEGHENY HEALTH NETWORK (AHN) AND DESCRIPTIONS 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 WESTFIELD MEMORIAL HOSPITAL https //www ahn org/locations/saint-vincent-hospital/westfield-memorial-ho spital

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5	<p>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 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, 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. THE 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.</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5	ENSURE OUR PATIENTS HAVE THE BEST CARE AVAILABLE TO THEM

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

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

Form and Line Reference	Explanation
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

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B, LINEs 7 & 8	OUR JOINT COMMUNITY HEALTH NEEDS ASSESSMENT CAN BE FOUND HERE HTTPS //WWW AHN ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	<p>THE ALLEGHENY HEALTH NETWORK DEVELOPED An Implementation Plan TO GUIDE COMMUNITY BENEFIT A ND POPULATION HEALTH IMPROVEMENT ACTIVITIES ACROSS THE ALLEGHENY HEALTH NETWORK SERVICE AR EA IN ACCORDANCE WITH NEEDS IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCE SS THE Implementation Plan ALIGNS WITH THE ALLEGHENY COUNTY HEALTH DEPARTMENTS PLAN FOR A HEALTHY ALLEGHENY AND THE ERIE COUNTY HEALTH DEPARTMENTS COMMUNITY HEALTH IMPROVEMENT PLAN N TO ENSURE ONGOING COLLABORATION WITH PUBLIC HEALTH AND OTHER COMMUNITY PARTNERS TO ADDRE SS THE REGIONS MOST PRESSING COMMUNITY HEALTH NEEDS THE FOLLOWING DETAILS THE HEALTH PRIO RITY, GOAL, OBJECTIVES AND THE TARGET POPULATION ASSOCIATED WITH THE ALLEGHENY HEALTH NETW ORK</p> <p>Implementation Plan HEALTH PRIORITY BEHAVIORAL HEALTH GOAL REDUCE MORTALITY AND MOR BIDITY 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 2017, A TOTAL OF 551 PERSONS RECEIVED SERVICES 2 INCREAS E 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 HEA LTH CARE PROVIDERS INTEGRATING BEHAVIORAL HEALTH AND PHYSICAL HEALTH A GERIATRIC LIAISON HAS CONDUCTED A TOTAL OF 87 ASSESSMENTS IN 2017 TARGET POPULATIONS MINORITY GROUPS, LOW INCOME AND SENIOR POPULATIONS HEALTH PRIORITY CANCER GOAL REDUCE THE NUMBER OF CANCER C ASES, AS WELL AS THE ILLNESS, DISABILITY, AND DEATH CAUSED BY CANCER OBJECTIVES 1 INCRE ASE 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 PRIM ARY CARE OFFICES IN 2017 IN ADDITION, WE HAVE DEVELOPED A PROCESS FOR TRANSMITTING INCIDE NTAL LUNG FINDINGS TO THE ADVANCED LUNG CLINIC WE CONTINUE TO WORK ON A NAVIGATION PROCES S TO IMPLEMENT THE PLAN 2 REDUCE THE INCIDENCE RATE OF THE TOP FOUR MOST COMMONLY DIAGNO SED 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 TOB ACCO USE AND DIET AND EXERCISE WE HAVE TRAINED ON SITE RADIOLOGISTS IN LUNG RAD TECHNOLOG Y AND HAVE PERFORMED TOMOSYNTHESIS (3D) MAMMOGRAM STUDIES A PROCESS HAS BEEN DEVELOPED FO R TRANSMITTING INCIDENTAL LUNG FINDINGS TO THE ADVANCED LUNG CLINIC 3 INCREASE ACCESS TO HEALTH SCREENINGS AND EDUCATION TO HIGH-RISK POPULATIONS CT SCREENINGS HAVE BEEN PERFORM ED FOR INDIVIDUALS WHO ARE CURRENT OR FORMER HEAVY SMOKERS IN ADDITION, WE HAVE PARTNERED WITH THE SUSAN B KOMEN FOUNDATION TO PROVIDE VOUCHERS FOR FREE MAMMOGRAMS TO QUALIFYING WOMEN TARGET POPULATIONS MIN</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	<p>ORITY GROUPS, LOW INCOME AND SENIOR POPULATIONS HEALTH PRIORITY CHRONIC DISEASE GOAL DE CREESE PREVENTABLE CHRONIC DISEASE BY ENSURING ACCESS TO RESOURCES, KNOWLEDGE, AND OPPORTU NITIES FOR RESIDENTS TO ADOPT HEALTHY BEHAVIORS OBJECTIVES 1 INCREASE PRIMARY CARE PROV IDERS RECOMMENDATIONS FOR PREVENTATIVE SCREENINGS PER RISK AND AGE GUIDELINES WE HAVE PER FORMED AGE APPROPRIATE SCREENINGS THROUGH OUR PRIMARY CARE OFFICES 2 PROVIDE HEALTH SCRE ENINGS AND EDUCATION TO HIGH RISK POPULATIONS EDUCATION HAS BEEN PROVIDED RELATED TO OBES ITY, CAUSES, AND TREATMENT TO INDIVIDUALS SOME OF THESE INDIVIDUALS ARE PARTICIPATING IN THE BARIATRIC PROGRAM SEMINARS TO ENCOURAGE POSSIBLE BARIATRIC SURGERY WHERE WARRANTED SC REENINGS AND EDUCATION IS CONDUCTED FOR INDIVIDUALS AT LOCAL SENIOR LIVING CENTERS AND COM MUNITY CENTERS 3 PARTNER WITH COMMUNITY ORGANIZATIONS TO PROMOTE HEALTHY LIFESTYLES WE HAVE PARTNERED WITH LOCAL EMPLOYERS TO PROVIDE BIOMETRIC SCREENINGS FOR THEIR EMPLOYEES AN D 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 AND RECOMMENDATIONS TO PARENTS OF ANY CHILDREN WITH POSITIVE FINDINGS A MOBI LE MEDICAL UNIT HAS PROVIDED HOMELESS INDIVIDUALS WITH SCREENINGS AND TREATMENT FOR MINOR ACUTE SYMPTOMS AS WELL AS PROVIDING COUNSELING AND REFERRALS WHEN APPROPRIATE GOAL IMPRO VE MANAGEMENT AND OUTCOMES FOR PATIENTS DIAGNOSED WITH A CHRONIC DISEASE OBJECTIVES 1 R EDUCE 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 COORDINATING AND PARTNERS HIP WITH SOCIAL SERVICE PARTNERS WE HAVE PARTNERED WITH LOCAL EMPLOYERS TO PROVIDE BIOMET RIC SCREENINGS FOR THEIR EMPLOYEES AND APPROPRIATE NECESSARY REFERRALS FOR ANY POSITIVE FI NDINGS A MOBILE MEDICAL UNIT HAS PROVIDED HOMELESS INDIVIDUALS WITH SCREENINGS AND TREATM ENT FOR MINOR ACUTE SYMPTOMS AS WELL AS PROVIDING COUNSELING AND REFERRALS WHEN APPROPRIAT E 3 PARTNER WITH COMMUNITY ORGANIZATIONS TO PROMOTE HEALTHY LIFESTYLES A MOBILE UNIT HA S 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 OFFE R SHELTER TO PROVIDE HOMELESS INDIVIDUALS WITH SCREENINGS AND TREATMENT FOR MINOR ACUTE SY MPTOMS AS WELL AS PROVIDING COUNSELING AND REFERRALS WHEN APPROPRIATE TARGET POPULATIONS ETHNIC MINORITY GROUPS, INDIVIDUALS WITH BEHAVIORAL HEALTH OR SUBSTANCE ABUSE COMORBIDITY , LOW INCOME INDIVIDUALS AND FAMILIES AND SENIOR POPULATIONS HEALTH PRIORITY MATERNAL AN D CHLD HEALTH GOAL REDUCE MORBIDITY AND MORTALITY BY IMPROVING THE HEALTH AND QUALITY OF LIFE OF WOMEN, INFANTS, CHILDREN, CARETAKERS AND THEIR FAMILIES, ESPECIALLY IN VULNERABLE COMMUNITIES OBJECTIVES -RED</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	<p>UCE THE PROPORTION OF PRETERM AND LOW BIRTH WEIGHTS AND REDUCE THE DISPARITY BETWEEN WHITE , BLACK AND HISPANIC POPULATIONS, -REDUCE THE DISPARITY BETWEEN WHITE, BLACK AND HISPANIC MOTHERS WHO RECEIVE PRENATAL CARE WITHIN THE FIRST TRIMESTER, -REDUCE OCCURRENCE OF NEONAT AL ABSTINENCE SYNDROME (NAS), -INCREASE THE PROPORTION OF MOTHERS WHO BREASTFEED FOR THE F IRST SIX MONTHS AFTER BIRTH AND REDUCE THE DISPARITY BETWEEN WHITE, BLACK AND HISPANIC POP ULATIONS, -REDUCE THE DISPARITY BETWEEN WHITE, BLACK AND HISPANIC BIRTHS RESULTING IN INFA NT MORTALITY, -PARTNER WITH COMMUNITY ORGANIZATIONS TO IMPROVE PRENATAL INDICATORS (INCLUD ING NOT SMOKING DURING PREGNANCY, NOT DRINKING DURING PREGNANCY AND PRENATAL CARE IN THE F IRST TRIMESTER) TARGET POPULATIONS MINORITY RACIAL GROUPS (ESPECIALLY BLACK AND HISPANIC WOMEN), LOW INCOME FAMILIES, SINGLE MOTHERS AND WOMEN WITH BEHAVIORAL HEALTH OR SUBSTANCE ABUSE CONDITIONS OUR MARKETING DEPARTMENT IS WORKING TO DEVELOP A NEW EDUCATIONAL BROCHU RE 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 OF FICES TO PROVIDE PRENATAL CLASSES TO THEIR PATIENTS AND TO PROVIDE ADDICTION INFORMATION A PROGRAM HAS BEEN IMPLEMENTED TO SUPPORT OPIATE-ADDICTED PREGNANT WOMEN AND HAD PARTICIPA NTS IN THE PAST YEAR WE ARE ALSO COLLABORATING WITH GAUDENZIA TO SUPPORT ADDICTED WOMEN W ITH CHILDREN FOLLOWING THEIR DELIVERY FINALLY, WE OFFER THESE WOMEN CLASSES IN SIGNS OF A DDICTION FOR THEIR BABIES, WITHDRAWAL IMPACT, SMOKING IMPACT, APPROPRIATE PAIN RELIEF DUR I NG LABOR AND POST PARTUM, SHAKEN BABY SYNDROME, AND NEWBORN MILESTONES WE USE DISCHARGE I NSTRUCTIONS TO PROVIDE NEW MOMS WITH INFORMATION ON SIDS, CAR SEAT SAFETY, CHILDPROOFING H OME, DOMESTIC VIOLENCE, AND POSTPARTUM DEPRESSION WE PARTNER WITH SEVERAL COMMUNITY ORGAN IZATIONS TO ENCOURAGE ATTENDANCE AT PRENATAL CLASSES AND ENSURING ACCESS WOMEN, LOW INCOM E FAMILIES, SINGLE MOTHERS AND WOMEN WITH BEHAVIORAL HEALTH OR SUBSTANCE ABUSE CONDITIONS</p>

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

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

Form and Line Reference	Explanation
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 revised their financial assistance policy to conform to a uniform Allegheny Health Network financial assistance policy, the last being Westfield Memorial Hospital which made the adoption on 1/1/2018 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 INCORPORATES PUBLIC RECORD DATA TO CALCULATE A SOCIO-ECONOMIC AND FINANCIAL CAPACITY SCORE THE ELECTRONIC TECHNOLOGY IS DESIGNED TO ASSESS EACH PATIENT TO THE SAME STANDARDS AND IT IS CALIBRATED AGAINST HISTORICAL APPROVALS FOR AHN FINANCIAL ASSISTANCE UNDER THE TRADITIONAL 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 PATIENT IS NOTIFIED OF THE DETERMINATION AND THE HIGHEST DISCOUNT OF FULL FREE CARE IS GRANTED FOR ELIGIBLE SERVICES FOR RETROSPECTIVE DATES OF SERVICE ONLY

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
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

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16I	PLAIN LANGUAGE SUMMARY AVAILABLE IN FOREIGN LANGUAGES THE HOSPITALS OF THE ALLEGHENY HEALTH NETWORK AT DECEMBER 31, 2017 HAD THE FINANCIAL ASSISTANCE POLICY TRANSLATED INTO EIGHT FOREIGN LANGUAGES THESE TRANSLATIONS REPRESENTED LANGUAGES THAT WE WERE CONFIDENT WOULD NEED TO BE TRANSLATED WHILE WE CONDUCTED A COMPREHENSIVE STUDY IN ORDER TO IDENTIFY ALL NECESSARY TRANSLATIONS THE STUDY LEVERAGED U S CENSUS DATA TO IDENTIFY HOUSEHOLDS THAT SPOKE A FOREIGN LANGUAGE WITHIN OUR SERVICE AREA THIS STUDY WAS COMPLETED IN 2018 AND IDENTIFIED AN ADDITIONAL ELEVEN LANGUAGES IN ADDITION TO THE EIGHT FOREIGN LANGUAGE TRANSLATIONS IN PLACE AT DECEMBER 31, 2017 AT THE DATE OF THE FILING OF THIS TAX RETURN THE FINANCIAL ASSISTANCE POLICIES have been TRANSLATED INTO the eleven additonal languages identified The financial assistance policies are translated into ALL NECESSARY FOREIGN LANGUAGES IN ACCORDANCE WITH OUR STUDY AND PUBLISHED ON OUR WEBSITE AT www.ahn.org/financial-assistance-ahn-bills

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 AGH South Tower 320 E North Ave Pittsburgh, PA 15212	Medical Office
1 Mellon Pavilion 4815 Liberty Ave Pittsburgh, PA 15224	Medical Office
2 Wexford Medical Mall 12311 Perry Hwy Pine Township, PA 15090	Medical Office
3 Medical Office Building 4 Allegheny Center Pittsburgh, PA 15212	Medical Office
4 Federal North Clinic 1307 Federal St Pittsburgh, PA 15212	Medical Office
5 Cool Springs 1530 Hamilton Road Bethel Park, PA 15234	Medical Office
6 JH South Hills Medical Building 575 Coal Valley Rd Jefferson Hills, PA 15025	Medical Office
7 AGH Cancer Center 491 Hemlock St Pittsburgh, PA 15212	Medical Office
8 Hardner Building 2315 Myrtle St Erie, PA 16502	Medical Office
9 Bibro Pavilion 565 Coal Valley Rd Jefferson Hills, PA 15025	MIXED USE
10 JRMC Lab 1200 Brooks Ln Jefferson Hills, PA 15025	Medical Office
11 Bethel Park Health & Wellness Pavilion 1000 Higbee Drive Ste 110 Bethel Park, PA 15234	Medical Office
12 FH POB #1 2566 Haymaker Rd Monroeville, PA 15146	Medical Office
13 FH POB #2 2580 Haymaker Rd Monroeville, PA 15146	Medical Office
14 Peters Health & Wellness 160 Gallery Dr Peters, PA 15317	Medical Office

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)
16 Health & Wellness Pavilion West 4247 W Ridge Rd Erie, PA 16506	Medical Office
1 Waterfront Medical Building 495 E Waterfront Dr Homestead, PA 15120	Medical Office
2 Brentwood Professional Plaza 3720 Brownsville Rd 3rd FL Brentwood, PA 15227	Medical Office
3 Century III Medical Building 2027 Lebanon Church Rd West Mifflin, PA 15122	Medical Office
4 Allegheny Imaging at Robinson 133 Church Hill Rd McKees Rocks, PA 15136	Medical Office
5 Medical Office Building 12620 Perry Highway Pine Township, PA 15090	Medical Office
6 Rte 51 Med Ctr 810 Clairton Blvd Pleasant Hills, PA 15236	Medical Office
7 Murrysville Medical Commons 4262 Old William Penn Hwy Murrysville, PA 15668	Medical Office
8 Bethel HWP - Imaging 1000 Higbee Drive Bethel Park, PA 15234	Medical Office
9 Richland Mall 5375 William Flynn Hwy Richland, PA 150449628	Medical Office
10 Intercommunity Cancer Center 2600 Haymaker Rd Monroeville, PA 15146	Medical Office
11 Outpatient Cardiac & Pulmonary R 720 Clairton Blvd Pleasant Hills, PA 15236	Medical Office
12 Cranberry Shoppes 20215 Route 19 Suite 101 Cranberry Township, PA 16066	Medical Office
13 Medical Office Building 1620 Pacific Ave Harrison, PA 15065	Medical Office
14 Medical Arts Building 193 E Main St Westfield, NY 14787	Medical Office

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
31 Chestnut Place 380 W Chestnut St Washington, PA 15301	Medical Office
1 Medical Office Building 4582 Browns Hill Rd Pittsburgh, PA 15217	Medical Office

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Highmark Health Group

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

2017

Open to Public Inspection

Employer identification number
82-1406555

Part I

General Information on Grants and Assistance

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

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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

(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) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 38

3 Enter total number of other organizations listed in the line 1 table 6

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Neubert Nursing Scholarship	1	6,000			
(2) Seybold Nursing Scholarship	8	4,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U S	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 AND/OR A COMMUNITY BENEFIT AND WHO WILL PUT THE USE OF THE FUNDS TOWARDS THE CHARITABLE MISSION ON WHICH ALLEGHENY HEALTH NETWORK WAS FOUNDED
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 UNDERTAKINGS IN CHARITABLE ENDEAVORS

Additional Data

Software ID:
Software Version:
EIN: 82-1406555
Name: Highmark Health Group

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT VINCENT HEALTH CENTER 232 WEST 25TH STREET ERIE, PA 16544	25-0965547	501(C)(3)	695,714				Program Support
Bike Share 3328 Penn Avenue Pittsburgh, PA 15201	46-1701053	501(C)(3)	250,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Carlow University 3333 Fifth Avenue Pittsburgh, PA 15213	25-0965438	501(C)(3)	100,000				PROGRAM SUPPORT
City of Pittsburgh 414 Grant St Rm 462 Pittsburgh, PA 15219	25-6000879	GOVT	85,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JDRF 501 Martindale St Pittsburgh, PA 15212	23-1907729	501(C)(3)	75,000				PROGRAM SUPPORT
American Heart Association 444 Liberty Avenue Pittsburgh, PA 15222	13-5613797	501(C)(3)	73,750				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTFIELD MEMORIAL HOSPITAL FOUNDATION 189 EAST MAIN STREET WESTFIELD, NY 14787	16-0743222	501(C)(3)	50,000				PROGRAM SUPPORT
Alle-Kiski Medical Center 1301 Carlisle St Natrona HGHTS, PA 15065	25-1875178	501(C)(3)	46,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Pittsburgh Post-Gazette 358 North Shore Dr Pittsburgh, PA 15212	94-0692700	N/A	30,000				PROGRAM SUPPORT
Center that CARES 2701 Centre Avenue Pittsburgh, PA 15219	25-1823715	501(C)(3)	25,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
West Penn Hospital 4800 Friendship Ave Pittsburgh, PA 15224	25-0969492	501(C)(3)	25,000				PROGRAM SUPPORT
CARNEGIE MELLON UNIVERSITY 5000 Forbes Avenue Pittsburgh, PA 15213	25-0969449	501(C)(3)	25,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Cancer Society 320 Bilmar Drive pittsburgh, PA 15205	13-1788491	501(C)(3)	18,500				PROGRAM SUPPORT
American Diabetes Association 112 Washington Place Pittsburgh, PA 15219	13-1623888	501(C)(3)	17,500				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Liver Alliance 100 W Sq Dr Ste 1930 Pittsburgh, PA 15219	46-1909171	501(C)(3)	17,500				PROGRAM SUPPORT
Monroeville Area Chamber of Commerce 2790 Mosside Blvd Monroeville, PA 15146	25-1293687	501(c)(6)	17,500				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
March of Dimes Foundation 5168 Campbells Run Rd Pittsburgh, PA 15205	13-1846366	501(C)(3)	16,500				PROGRAM SUPPORT
Pittsburgh North Reg Chamber of Commerce 5000 Brooktree Rd Wexford, PA 15090	25-1374594	501(C)(6)	15,000				Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Susan G Komen Pittsburgh 1133 S Braddock Ave Pittsburgh, PA 15218	81-0665396	501(C)(3)	12,500				Program Support
African American Chamber of Comm Fdn Western PA 436 Seventh Avenue Pittsburgh, PA 15219	25-1821978	501(C)(3)	10,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALS Association Western PA Chapter 416 Lincoln Avenue Pittsburgh, PA 15209	23-7123851	501(C)(3)	10,000				PROGRAM SUPPORT
American Lung Association of the Mid Atlantic 3001 Gettysburg Rd Camp Hill, PA 17011	25-1825116	501(C)(3)	10,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Arthritis Foundation 790 Holiday Drive Pittsburgh, PA 15220	58-1341679	501(C)(3)	10,000				PROGRAM SUPPORT
Bloomfield Development Corporation 366 Gross Street Pittsburgh, PA 15224	20-5817024	501(C)(3)	10,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bloomfield Little Italy Days 2549 Penn Avenue Pittsburgh, PA 15222	46-0691769	N/A	10,000				PROGRAM SUPPORT
Dr Gertrude A Barber Foundation 100 Barber Place Erie, PA 16507	25-1753149	501(C)(3)	10,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Erie Western Pennsylvania Port Authority 1 Holland Street Erie, PA 16507	25-1261547	GOVT	10,000				PROGRAM SUPPORT
Pittsburgh Trust for Cultural Resources 803 Liberty Ave Pittsburgh, PA 15222	25-1469002	501(C)(3)	10,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WQED PITTSBURGH 4802 Fifth Avenue Pittsburgh, PA 15213	25-1010296	501(C)(3)	10,000				PROGRAM SUPPORT
WQLN Public Media 8425 Peach Street Erie, PA 16509	25-1154116	501(C)(3)	9,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Alexis Joy D'Achille Foundation for Postpartum 2012 Lake Marshall Dr Gibsonia, PA 15044	46-4212454	501(C)(3)	8,500				PROGRAM SUPPORT
North Side Chamber of Commerce 809 Middle Street Pittsburgh, PA 15212	25-0696267	501(c)(6)	7,600				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A Glimmer of Hope Foundation PO Box 908 Wexford, PA 15090	25-1627978	501(C)(3)	7,500				PROGRAM SUPPORT
Allegheny County Medical Society Foundation 713 Ridge Ave Pittsburgh, PA 15212	25-6064355	501(C)(3)	13,500				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Culture Arts Festivals and Events 626 State Street Room 500 Erie, PA 16501	61-1428869	501(C)(3)	7,500				PROGRAM SUPPORT
Extra Mile Education Foundation 603 Stanwix St Pittsburgh, PA 15222	25-1621067	501(C)(3)	7,500				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
National Ovarian Cancer Coalition - Pitts 6507 Wilkins Ave Pittsburgh, PA 15217	65-0628064	501(C)(3)	7,500				PROGRAM SUPPORT
The Rotary Club of Monroeville PO Box 368 Monroeville, PA 15146	25-1550778	501(C)(3)	6,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Pirates Charities 115 Federal Street Pittsburgh, PA 15212	25-1840370	501(C)(3)	5,900				PROGRAM SUPPORT
National Kidney Foundation of Western Penn 2403 Sidney St Pittsburgh, PA 15203	13-1673104	501(C)(3)	5,260				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Healthcare Foundation 650 Smithfield St Suite 2400 Pittsburgh, PA 15222	25-1624347	501(C)(3)	10,000				PROGRAM SUPPORT
Ryan White Coalition for 340B Drug Access 1501 M St NW 7th Floor Washington, DC 20005	46-4949318	501(C)(4)	18,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Open Door Inc PO Box 99243 Pittsburgh, PA 15233	30-0354607	501(C)(3)	110,000				PROGRAM SUPPORT
Prevention Point Pittsburgh 907 West Street 5th FL Pittsburgh, PA 15221	25-1852314	501(C)(3)	55,000				PROGRAM SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization
Highmark Health Group

Employer identification number

82-1406555

Part I Questions Regarding Compensation

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.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

1b Yes

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

2 Yes

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

4a Yes

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b Yes

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

5a No

b Any related organization?

5b No

If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

6a No

b Any related organization?

6b No

If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

7 Yes

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

8 Yes

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

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 are not listed on Form 990, Part VII.

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

See Additional Data Table

Schedule J (Form 990) 2017

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	TAX INDEMNIFICATION AND GROSS UPS A SELECT NUMBER OF EXECUTIVES LISTED IN FORM 990, PART VII RECEIVED TAX GROSS-UP PAYMENTS FROM THE ORGANIZATION during the year ended december 31, 2017 THESE WERE INCLUDED IN BOX 5 OF THEIR IRS FORM W-2 JEFF CRUDELE MARK NUSSBAUM KEITH LEJEUNE JIM BENEDICT BRIAN PARKER ALLIE QUICK ROBERT WHITE KENYOCKE CROWELL CLAIRE ZANGERLE DAVID ALEXANDER LUIS RIVERA
SCHEDULE J, PART I, LINE 4A	SEVERANCE PAYMENT THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS AS OF DECEMBER 31, 2017 THESE AMOUNTS ARE INCLUDED IN THEIR BOX 5 OF THEIR IRS FORM W-2 VINCENT MCVITTIE \$204,000 SCOTT WHALEN \$334,231 JACQUELINE DAILEY \$252,637 JOHN PAUL \$640,203 WILLIAM GOLDFARB \$370,193 JANE SARRA \$98,524 TIMOTHY LOCH \$72,115 JASON ZAJAC \$162,500
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THE FOLLOWING INDIVIDUALS RECEIVED OR PROVIDED 457(F) CONTRIBUTIONS INCLUDED IN 2017 W-2 COMPENSATION TONY FARAH, M D \$210,169 Scott Whalen \$119,698 Maureen Chadwick \$6,418 THE FOLLOWING INDIVIDUALS HAD 457(F) OR CONTRIBUTIONS DEFERRED IN 2017 CYNTHIA HUNDORFEAN \$122,015 JEFFREY CRUDELE \$53,349 JACQUELINE BAUER \$34,167 JAMES BENEDICT \$25,175 DAVID GOLDBERG \$29,950 BRIAN PARKER, M D \$7,292 KAREN HANLON \$131,539 ROBERT WHITE \$24,306 KENYOCKE CROWELL \$16,228 CLAIRE ZANGERLE \$924
SCHEDULE J, PART I, LINE 7	NONFIXED PAYMENTS HIGHMARK HEALTH GROUP (HHG) 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
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

Additional Data

Software ID:
Software Version:
EIN: 82-1406555
Name: Highmark Health Group

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Carol Buccì Director	(i)	218,573	20,524	3,727	0	10,639	253,463	0
	(ii)	0	0	0	0	0	0	0
1Scott Hankinson Director	(i)	185,503	32,808	2,566	7,866	21,509	250,252	0
	(ii)	0	0	0	0	0	0	0
2Tony Farah MD Director	(i)	463,769	729,468	213,843	0	15,256	1,422,336	210,169
	(ii)	389,901	0	124,709	9,450	15,256	539,316	0
3David Goldberg Director	(i)	512,072	343,755	20,628	39,400	29,490	945,345	0
	(ii)	0	0	0	0	0	0	0
4Daniel R Casper MD Director	(i)	361,647	0	4,465	16,200	17,467	399,779	0
	(ii)	0	0	0	0	0	0	0
5Paul Reilly MD Director	(i)	156,298	0	824	9,681	18,604	185,407	0
	(ii)	0	0	0	0	0	0	0
6David Parda MD Director	(i)	999,430	0	4,257	13,500	27,105	1,044,292	0
	(ii)	0	0	0	0	0	0	0
7Thomas Corkery DO Director	(i)	293,164	0	11,239	13,500	20,529	338,432	0
	(ii)	0	0	0	0	0	0	0
8Jennifer Lewis MD Director	(i)	294,332	0	392	10,800	20,287	325,811	0
	(ii)	0	0	0	0	0	0	0
9Michael Culig MD Director	(i)	530,344	0	3,564	16,200	26,449	576,557	0
	(ii)	0	0	0	0	0	0	0
10Jason Roebach Director	(i)	143,069	10,000	637	0	8,290	161,996	0
	(ii)	0	0	0	0	0	0	0
11Thomas Murphy Director	(i)	204,925	0	842	0	23,256	229,023	0
	(ii)	0	0	0	0	0	0	0
12David Stapor MD Director	(i)	164,982	20,750	0	0	3,504	189,236	0
	(ii)	212,500	10,950	0	0	15,993	239,443	0
13Thomas Vankirk Director	(i)	0	0	0	0	0	0	0
	(ii)	613,071	1,166,592	132,018	20,484	10,029	1,942,194	0
14Karen Hanlon Director	(i)	0	0	0	0	0	0	0
	(ii)	626,118	938,814	22,926	160,123	24,673	1,772,654	0
15Paul Gausman DO Director	(i)	224,501	44,117	486	0	8,044	277,148	0
	(ii)	0	0	0	0	0	0	0
16Jeffrey Kim MD Director	(i)	223,197	60,593	192	0	19,075	303,057	0
	(ii)	0	0	0	0	0	0	0
17Chris Serafini DO Director	(i)	283,862	20,659	183	0	19,396	324,100	0
	(ii)	0	0	0	0	0	0	0
18Susan Moore MD Director	(i)	189,936	0	2,016	1,319	22,692	215,963	0
	(ii)	0	0	0	0	0	0	0
19Donald McNary Director	(i)	175,002	0	681	7,103	9,011	191,797	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21Madhusudan Menon MD Director	(i)	38,252	15,000	0	0	2	53,254	0
	(ii)	214,846	70,934	0	0	0	285,780	0
1Dawn Karns DO Director	(i)	155,419	0	0	0	600	156,019	0
	(ii)	0	0	0	0	0	0	0
2Robert Lupo MD Director	(i)	553,351	278,462	916	0	19,659	852,388	0
	(ii)	0	0	0	0	0	0	0
3Jeffrey McGovern Director	(i)	544,951	187,034	2,580	0	21,231	755,796	0
	(ii)	0	0	0	0	0	0	0
4Daniel Onorato Director	(i)	0	0	0	0	0	0	0
	(ii)	458,461	536,264	67,976	17,784	35,733	1,116,218	0
5Ross Peterson MD Director	(i)	669,095	139,013	540	0	30,290	838,938	0
	(ii)	0	0	0	0	0	0	0
6Salam Shameen MD Director	(i)	422,788	0	444	0	6,652	429,884	0
	(ii)	0	0	0	0	0	0	0
7Donald Whiting MD Director	(i)	1,583,101	93,332	2,489	13,500	24,356	1,716,778	0
	(ii)	0	0	0	0	0	0	0
8James Benedict Director	(i)	652,813	75,000	79,115	34,625	29,203	870,756	0
	(ii)	0	0	0	0	0	0	0
9Brian Parker MD Director	(i)	474,062	75,000	268,660	16,742	26,089	860,553	0
	(ii)	0	0	0	0	0	0	0
10Parminder Sharma MD Director	(i)	785,541	0	3,946	16,200	20,859	826,546	0
	(ii)	0	0	0	0	0	0	0
11Luis Rivera Director	(i)	83,860	30,000	46,839	0	9,214	169,913	0
	(ii)	0	0	0	0	0	0	0
12Vincent McVittie Director	(i)	194,207	159,214	219,579	0	26,371	599,371	0
	(ii)	0	0	0	0	0	0	0
13Dmitriy Mnuskin MD Director	(i)	379,877	0	2,732	13,500	24,362	420,471	0
	(ii)	0	0	0	0	0	0	0
14James Amsterdam MD Director	(i)	392,627	0	5,182	0	21,426	419,235	0
	(ii)	0	0	0	0	0	0	0
15Ambaram Chauhan MD Director	(i)	91,553	0	0	0	2,939	94,492	0
	(ii)	463,814	10,317	24,000	0	0	498,131	0
16Brian Jones MD Director	(i)	364,530	90,532	154	0	20,905	476,121	0
	(ii)	0	0	0	0	0	0	0
17Patrick Recio DO Director	(i)	416,469	4,525	649	0	21,298	442,941	0
	(ii)	0	0	0	0	0	0	0
18Venkatraman Srinivasan MD Trustee	(i)	916,080	0	8,809	2,641	19,544	947,074	0
	(ii)	0	0	0	0	0	0	0
19Cynthia Hundorfean Director & President	(i)	934,212	647,539	26,846	131,465	16,308	1,756,370	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41William Englert Director & President	(i)	294,418	0	1,513	16,200	3,345	315,476	0
	(ii)	0	0	0	0	0	0	0
1Louise Urban Director & President	(i)	430,465	105,402	9,950	0	20,741	566,558	0
	(ii)	0	0	0	0	0	0	0
2Mark Rubino MD Director & President	(i)	557,354	0	3,084	13,500	20,434	594,372	0
	(ii)	0	0	0	0	0	0	0
3Christopher Clark DO Director & President	(i)	184,106	0	287	0	12,342	196,735	0
	(ii)	143,136	67,204	2,778	7,653	29,372	250,143	0
4Ronald Andro Director & President	(i)	499,825	0	2,878	16,200	24,277	543,180	0
	(ii)	0	0	0	0	0	0	0
5Jeffrey Cohen MD Director & President	(i)	846,472	0	4,782	16,200	22,786	890,240	0
	(ii)	0	0	0	0	0	0	0
6G Scott Long MD Director & President	(i)	899,492	0	2,069	13,500	10,245	925,306	0
	(ii)	0	0	0	0	0	0	0
7Allison Quick Director & President	(i)	143,192	25,000	3,038	4,321	25,306	200,857	0
	(ii)	0	0	0	0	0	0	0
8Scott Whalen Dir & President	(i)	262,271	0	498,150	665,695	8,506	1,434,622	119,698
	(ii)	0	0	0	0	0	0	0
9Mark Nussbaum Director & Vice President	(i)	130,809	0	34,865	0	10,881	176,555	0
	(ii)	0	0	0	0	0	0	0
10Keith LeJeune Director & Vice President	(i)	289,059	43,794	10,217	9,450	26,429	378,949	0
	(ii)	0	0	0	0	0	0	0
11Jacqueline Bauer Director & Secretary	(i)	395,941	268,372	21,353	68,151	18,119	771,936	0
	(ii)	0	0	0	0	0	0	0
12Maggie Biebel MD Dir & Secretary	(i)	181,985	0	120	0	6,633	188,738	0
	(ii)	0	0	0	0	0	0	0
13Jeffrey Crudele Director & Treasurer	(i)	603,712	486,802	23,910	62,799	30,914	1,208,137	0
	(ii)	0	0	0	0	0	0	0
14James Rohrbaugh Director & Treasurer	(i)	316,183	0	479	0	19,420	336,082	0
	(ii)	0	0	0	0	0	0	0
15Mark Leone DO Director & Treasurer	(i)	203,027	48,740	260	0	19,825	271,852	0
	(ii)	0	0	0	0	0	0	0
16Alfred Mansfield Dir & Treasurer (Thru 7/5/17)	(i)	244,697	0	31,796	0	12,159	288,652	0
	(ii)	0	0	0	0	0	0	0
17Maureen Chadwick Assistant Secretary	(i)	224,213	0	15,347	33,959	14,713	288,232	6,418
	(ii)	0	0	0	0	0	0	0
18Chong Park MD Chief Medical Officer	(i)	199,345	0	0	0	4,995	204,340	0
	(ii)	357,521	0	2,000	0	8,689	368,210	0
19Richard Thompson Vice President	(i)	338,475	126,088	18,124	9,450	7,115	499,252	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
61 George J Magovern Jr MD Physician	(i)	676,207	0	9,845	16,200	33,635	735,887	0
	(ii)	0	0	0	0	0	0	0
1 Patrick Demeo MD Physician	(i)	1,175,722	0	4,902	13,500	21,327	1,215,451	0
	(ii)	0	0	0	0	0	0	0
2 Margaret Dicuccio COO & CNO	(i)	297,958	0	1,335	10,800	10,887	320,980	0
	(ii)	0	0	0	0	0	0	0
3 Susan Manzr MD Physician	(i)	646,433	0	2,472	13,500	6,906	669,311	0
	(ii)	0	0	0	0	0	0	0
4 Allan Klapper MD Physician	(i)	657,404	0	1,618	10,800	23,429	693,251	0
	(ii)	0	0	0	0	0	0	0
5 Ngoc Thai MD Department Chair	(i)	876,355	0	1,983	10,800	24,845	913,983	0
	(ii)	0	0	0	0	0	0	0
6 Robert White Chief Medical Info Officer	(i)	479,045	132,398	28,395	33,756	27,273	700,867	0
	(ii)	0	0	0	0	0	0	0
7 Kenyokee Crowell Sr Vice President	(i)	456,763	111,864	52,776	25,678	35,619	682,700	0
	(ii)	0	0	0	0	0	0	0
8 Beth Casagrande MD Physician	(i)	605,434	0	513	8,775	22,003	636,725	0
	(ii)	0	0	0	0	0	0	0
9 Anthony Lupetin MD Physician	(i)	556,739	0	5,916	16,200	9,297	588,152	0
	(ii)	0	0	0	0	0	0	0
10 Jan Silverman MD Physician	(i)	534,053	0	5,574	16,200	30,091	585,918	0
	(ii)	0	0	0	0	0	0	0
11 Claire Zangerle Chief Nursing Officer	(i)	402,399	31,657	62,872	10,374	14,817	522,119	0
	(ii)	0	0	0	0	0	0	0
12 Brian Johnson MD Physician	(i)	385,281	0	246	8,775	20,944	415,246	0
	(ii)	0	0	0	0	0	0	0
13 John Lawrence MD Physician	(i)	363,846	0	12,222	0	9,896	385,964	0
	(ii)	0	0	0	0	0	0	0
14 Donald Jaffee Chief Financial Officer	(i)	350,694	0	11,889	13,500	18,745	394,828	0
	(ii)	0	0	0	0	0	0	0
15 Marti Strand Chief Rev Cycle Officer	(i)	294,745	20,000	7,559	8,953	22,677	353,934	0
	(ii)	0	0	0	0	0	0	0
16 Suzanne Labriola MD Physician	(i)	275,059	0	274	8,775	8,411	292,519	0
	(ii)	0	0	0	0	0	0	0
17 David Alexander Sr Vice President	(i)	161,959	50,000	53,725	0	14,072	279,756	0
	(ii)	0	0	0	0	0	0	0
18 Nicholas Sotereanos MD Physician	(i)	1,363,028	0	4,901	13,500	27,619	1,409,048	0
	(ii)	0	0	0	0	0	0	0
19 Daniel Altman MD Physician	(i)	1,737,187	0	4,902	13,500	9,837	1,765,426	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Gregory Altman MD Physician	(i)	1,757,670	0	2,622	10,800	22,823	1,793,915	0
	(ii)	0	0	0	0	0	0	0
1Edward Westrick MD Physician	(i)	1,779,727	0	1,026	8,775	24,040	1,813,568	0
	(ii)	0	0	0	0	0	0	0
2John Paul Former Director & President	(i)	0	80,466	640,203	0	0	720,669	640,203
	(ii)	0	0	0	0	0	0	0
3Jacqueline Dailey Former CIO	(i)	0	0	252,960	0	1,704	254,664	252,960
	(ii)	0	0	0	0	0	0	0
4William Goldfarb Former Director	(i)	61,611	256,478	370,603	0	1,463	690,155	0
	(ii)	0	0	0	0	0	0	0
5Jane Sarra Former Director & President	(i)	0	0	98,524	0	0	98,524	0
	(ii)	0	0	0	0	0	0	0
6Timothy Loch Former Director	(i)	21,289	0	72,438	0	755	94,482	72,438
	(ii)	0	0	0	0	0	0	0
7Jason Zajac Former Trustee & President	(i)	18,750	119,630	162,519	0	0	300,899	0
	(ii)	0	0	0	0	0	0	0
8JOHN BALACKO MD DIRECTOR	(i)	649,656	0	2,218	13,500	18,503	683,877	0
	(ii)	0	0	0	0	0	0	0
9robert moraca md physician	(i)	995,836	242,031	0	10,800	17,604	1,266,271	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization
Highmark Health Group

Employer identification number
82-1406555

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ALLEGHENY COUNTY HOSPITAL DEVELOPMENT AUTHORITY	25-1327925		12-27-2017	1,000,000,000	NEW CONSTRUCTIONS/REFUND PRIOR ISS		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0							
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	1,000,000,000							
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	0							
6	Proceeds in refunding escrows	4,555,743							
7	Issuance costs from proceeds	0							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	0							
10	Capital expenditures from proceeds	0							
11	Other spent proceeds	801,984,910							
12	Other unspent proceeds	193,459,347							
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III

Private Business Use

					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X							

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		X						
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 ▶	1 765 %							
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	1 765 %							
7 Does the bond issue meet the private security or payment test? . . .		X						
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							
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .	2 720 %							
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 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							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider	0							
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider	0							
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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 is not available under applicable regulations?		X						

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

Return Reference	Explanation
Part II	schedule k, part II, Lines 14 & 15 A minor amount of the proceeds of this issue (\$4,555,743) is used as part of an advanced refunding on a prior issue The majority of the proceeds of this issue (\$801,984,910) is used to currently refund on a prior issue

Return Reference	Explanation
Part VI	Written Bond Procedures ALLEGHENY HEALTH NETWORK 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 REMEDIATED 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 VIOLATIONS

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 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

2017

Open to Public Inspection

Name of the organization
Highmark Health Group

Employer identification number
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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ► \$

3 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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						► \$						

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

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	(e) Sharing of organization's revenues?	
				Yes	No
(1) EDWARD MARASCO	BOARD MEMBER	497,399	Business Transaction		No
(2) KEVIN SNIDER	BOARD MEMBER	121,206	Business Transaction		No
(3) Melissa Jorden DO	FAMILY OF BOARD MEMBER	180,213	EMPLOYMENT		No
(4) Katie Farah	FAMILY OF BOARD MEMBER	542,532	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference	Explanation
PART IV, LINE 1	MELISSA JORDEN, D O IS A CURRENT EMPLOYEE OF SAINT VINCENT MEDICAL GROUP AND IS THE SPOUSE OF PATRICK RECIO, D O , WHO SERVED ON THE BOARD OF THE ORGANIZATION DURING 2017 MR RECIO HAS NO DIRECT INVOLVEMENT IN THE DETERMINATION OF HIS SPOUSE'S COMPENSATION KATIE FARAH IS A CURRENT EMPLOYEE OF ALLEGHENY HEALTH NETWORK AND IS THE SPOUSE OF TONY FARAH, M D , WHO SERVED ON THE BOARD OF West Penn Allegheny Health System, Inc DURING 2017, MR FARAH HAD NO DIRECT INVOLVEMENT IN THE DETERMINATION OF HIS SPOUSE'S COMPENSATION 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)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Highmark Health Group

Employer identification number
82-1406555

Part I

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
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	28,220	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	2	276,161	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	2	348,369	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

1

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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.

Return Reference	Explanation
Schedule M, Part I, Column B	HIGHMARK HEALTH GROUP IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493313000148
SCHEDULE O (Form 990 or 990-EZ) <div>Department of the Treasury Internal Revenue Service Name of the organization Highmark Health Group</div>	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .		OMB No 1545-0047
			2017 Open to Public Inspection
		Employer identification number 82-1406555	

990 Schedule O, Supplemental Information

Return Reference	Explanation
INTRODUCTION TO AHN	<p>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 25,000 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 MEMORIAL HOSPITAL, WESTFIELD, NY). AHN WAS ESTABLISHED IN 2013, BUT ITS MEMBER HOSPITALS SHARE LEGACIES OF CHARITABLE CARE THAT DATE BACK 170 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 WELL AS JEFFERSON HOSPITAL, and SAINT VINCENT HOSPITAL. HIGHMARK HEALTH (HH), IN TURN, SERVES AS THE ULTIMATE PARENT OF AHN AND ITS AFFILIATES. IN 2017, THE HOSPITALS AND CLINICS OF AHN TOGETHER ADMITTED NEARLY 90,000 PATIENTS, LOGGED NEARLY 300,000 EMERGENCY ROOM VISITS AND DELIVERED NEARLY 7,500 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 AND THE CITIZENS SCHOOL OF</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
INTRODUCTION TO AHN	<p>NURSING IN 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 HEALTHCARRIERS, 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 HH ARE FULLY COMMITTED TO BUILDING A VALUE-BASED SYSTEM, REQUIRING A FULL-SCALE CULTURAL CHANGE IN THE WAY THAT CLINICAL SERVICES ARE DELIVERED. THIS INVOLVES MOVING CARE TO 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 HH BELIEVE THIS PATH HOLDS PROMISE OF CORRECTING MANY OF THE FUNDAMENTAL ISSUES AFFECTING THE HEALTH CARE INDUSTRY TODAY. TRANSITION TO THAT MODEL REQUIRES SUBSTANTIAL INVESTMENT TO BUILD THE CAPABILITIES AND NEW PROCESSES TO SUPPORT THE NECESSARY TYPE OF CARE, AND REQUIRES A NEW STRATEGY. CUSTOMER VALUE CREATION AHN AND HH ARE BUILDING SERVICES, CAPABILITIES AND PRODUCTS THAT ARE ALIGNED TO PATIENTS' DEMANDS FOR VALUE (ACCESS, EXPERIENCE, AND QUALITY AT AN AFFORDABLE COST). SUSTAINABLE GROWTH FOCUSING ON BUSINESSES AND CUSTOMERS WHERE HH/AHN'S COMMITMENT TO CUSTOMER VALUE MOST RESONATES. THAT INCLUDES BUILDING ON HH'S HISTORY OF INVESTING IN DIVERSIFIED HEALTHCARE BUSINESSES THAT CAN ADD JOBS AND VALUE TO THE COMMUNITY. CLINICIAN-LED CARE DELIVERY TRANSFORMATION 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. CORE BUSINESS PERFORMANCE IMPROVING THE CORE SYSTEMS THAT ARE REQUIRED FOR DELIVERING HEALTH CARE UNPARALLELED EXECUTION BUILDING THE RIGHT SYSTEMS, PROCESSES AND CARE TEAMS TO ENSURE TRANSFORMATIONAL EXECUTION ACROSS THE NETWORK. EVIDENCE OF THE SUCCESS OF THE TRANSFORMATION STRATEGY CAN BE FOUND IN AHN'S FINANCIAL RESULTS. IN 2017, FOR THE FIRST TIME SINCE THE CREATION OF AHN, THE NETWORK REPORTED POSITIVE OPERATING (\$31 MILLION) AND NET (\$51 MILLION) REVENUES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMMUNITY BENEFITS	<p>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 DIVERSE COMMUNITIES AND TO ALL WHO SEEK AHN'S CARE. AHN POSITIVE CLINIC: THE POSITIVE HEALTH CLINIC (PHC) IS A COMPREHENSIVE HIV PRIMARY CARE CLINIC PROVIDING STATE-OF-THE-ART CARE TO HIV-POSITIVE PERSONS. ITS SUPPORT STAFF INCLUDES PHYSICIANS, NURSES, MEDICAL ASSISTANTS, SOCIAL WORKERS, BEHAVIORAL HEALTH THERAPISTS, 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 An implementation 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 JOB 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</p>

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COMMUNITY BENEFITS	<p>DIAGNOSTIC CAPABILITIES SUCH AS X-RAY IMAGING AND BLOOD WORK 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 AND 2017, AHN CLINICIANS PROVIDED 2,700 SEPARATE SCREENINGS TO NEARLY 850 PATIENTS AT EVENTS THROUGHOUT THE AREA. THOSE WITH ABNORMAL SCREENINGS WERE REFERRED FOR FOLLOW-UP TREATMENT OR TESTING. THE SCREENINGS ARE ALL PERFORMED BY AHN HEALTH PROFESSIONALS, WHO VOLUNTEER THEIR TIME AT NO COST TO THE PATIENTS. PATIENT SURVEYS SHOW A HIGH RATE OF SATISFACTION AND APPRECIATION FOR THE AHN CANCER INSTITUTE CANCER SCREENING AND EDUCATION PROGRAM. CHARITY CARE, TOGETHER AS AN ENTERPRISE, AHN AND HIGHMARK HEALTH PROVIDED MORE THAN \$107 MILLION IN CHARITY AND UNCOMPENSATED CARE IN 2017.</p> <p>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 REGIONS 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. AND IN 2016, THE BOARDS OF AHN AND THE AHN HOSPITALS ADOPTED AN IMPLEMENTATION STRATEGY TO ROLL OUT THE</p>

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COMMUNITY BENEFITS	<p>INITIATIVES ACROSS THE NETWORK THE 2015 CHNA BUILDS UPON OUR HOSPITALS PREVIOUS CHNAs AND STRATEGY AND PROVIDES A COMPREHENSIVE GUIDE FOR ALLEGHENY HEALTH NETWORKS 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. BECAUSE NOT-FOR-PROFIT HOSPITALS ARE REQUIRED TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT EVERY THREE YEARS, IN EARLY 2018, AHN RE-LAUNCHED ITS CHNA TASK FORCE AND IS PRESENTLY REEVALUATING THE MOST PRESSING HEALTH NEEDS IN THE MANY COMMUNITIES IT SERVES. COMMUNITY SUPPORT, EVENTS AND SPONSORSHIPS THROUGHOUT 2017, ALLEGHENY HEALTH NETWORK'S COMMUNITY AFFAIRS PROVIDED OVER \$1 MILLION IN FUNDING TO SUPPORT COMMUNITY HEALTH AND ECONOMIC DEVELOPMENT INITIATIVES TO IMPROVE THE OVERALL WELL-BEING OF THE COMMUNITIES SERVED BY AHN. SOME OF THOSE INITIATIVES INCLUDE PITTSBURGH'S "HEALTHY RIDE" BIKE SHARE PROGRAM, VARIOUS COMMUNITY HEALTH INITIATIVES IN ALIGNMENT WITH THE AMERICAN HEART ASSOCIATION AND THE AMERICAN CANCER SOCIETY, THE BUILD ("BOLD, UPSTREAM, INTEGRATED, LOCAL AND DATA-DRIVEN") HEALTH CHALLENGE, AND NUMEROUS HEALTH-RELATED COMMUNITY EVENTS. HEALTHY FOOD CENTER A FIRST OF ITS KIND IN THE REGION, AHN'S NEW HEALTHY FOOD CENTER ACTS AS A "FOOD PHARMACY" WHERE PATIENTS WHO LACK ACCESS TO FOOD CAN RECEIVE NUTRITIOUS FOOD ITEMS, EDUCATION ON DISEASE-SPECIFIC DIETS, AND ADDITIONAL SERVICES FOR OTHER SOCIAL CHALLENGES THEY MIGHT FACE. ACCORDING TO THE GREATER PITTSBURGH COMMUNITY FOOD BANK, A PARTNER OF THE HEALTHY FOOD CENTER, FOOD INSECURITY AFFECTS MORE THAN 350,000 PEOPLE OR ONE IN SEVEN ADULTS IN THE PITTSBURGH REGION. FOOD INSECURITY REFERS TO A LACK OF AVAILABLE FINANCIAL RESOURCES FOR NUTRITIONALLY-ADEQUATE FOOD SUCH AS FRUITS, VEGETABLES, LEAN PROTEINS AND WHOLE GRAINS. THE HEALTHY FOOD CENTER IS PILOTING ITS PROGRAM AMONG PATIENTS WITH DIABETES WHO ARE SCREENED BY THE IR DOCTOR AS BEING FOOD INSECURE. PATIENTS RECEIVE A REFERRAL TO THE HEALTHY FOOD CENTER WHERE THEY INITIALLY MEET WITH AN ONSITE DIETITIAN TO DISCUSS THEIR DIETARY NEEDS BASED ON THEIR CONDITION. AFTER SHOPPING AT THE CENTER FOR THE RECOMMENDED FOOD ITEMS, PATIENTS GO HOME WITH TWO TO THREE DAYS WORTH OF FOOD FOR ALL MEMBERS OF THEIR HOUSEHOLD.</p>

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IMMIGRANT HEALTH PROGRAM THE IMMIGRANT HEALTH PROGRAM AT	<p>Allegheny Health Network, part of the AHN Center for Inclusion Health, works toward the delivery of a new community health model aimed at meeting the health care needs of immigrant women in our region. FROM 2005-2015, THE NUMBER OF FOREIGN-BORN AREA RESIDENTS GREW FROM 48,266 TO 72,265, MORE THAN HALF OF WHOM ARE WOMEN. OVER THE NEXT THREE YEARS, AHNS CENTER FOR INCLUSION HEALTH AND MORE THAN A DOZEN LOCAL COMMUNITY HEALTH AND SOCIAL SERVICE PROVIDERS WILL CONVEENE TO DELIVER THE "IMMIGRANT WOMEN COMMUNITY HEALTH MODEL" AIMED AT PROVIDING IMMIGRANT WOMEN ACCESS TO CULTURALLY-COMPETENT AND QUALITY PERINATAL SERVICES, AS WELL AS OTHER WOMENS HEALTH AND SOCIAL SERVICES. MEDICAL RESPITE PROGRAM IN 2016, AHN ESTABLISHED A NEW 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 (AHNS 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. OPEN HEART SURGERY OBSERVATION. SINCE 2008, HIGH SCHOOL STUDENTS FROM WESTERN PENNSYLVANIA, WEST VIRGINIA AND OHIO HAVE BEEN INVITED TO OBSERVE ALLEGHENY HEALTH NETWORKS CARDIOVASCULAR SURGEONS IN ACTION THROUGH THE CARDIO VASCULAR INSTITUTES (CVI) OPEN HEART SURGERY OBSERVATION PROGRAM. THE PROGRAM, WHICH HAS HOSTED MORE THAN 15,000 AREA STUDENTS FROM DOZENS OF SCHOOLS, IS SUPPORTED BY TWO PART-TIME POSITIONS, AND IS PART OF AHNS AND THE CVIS 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 WOMENS FOUNDATION OF GREATER PITTSBURGH. ADDITIONALLY, AHNS NEW WOMENS BEHAVIORAL HEALTH PROGRAM INCLUDES THE REGION'S FIRST INTENSIVE OUTPATIENT PROGRAM FOR WOMEN WITH PREGNANCY-RELATED DEPRESSION. SPECIAL OLYMPICS. FOR FOUR STRAIGHT YEARS, ALLEGHENY HEALTH NETWORKS SPORTS</p>

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<p>IMMIGRANT HEALTH PROGRAM</p> <p>THE IMMIGRANT HEALTH PROGRAM AT</p>	<p>MEDICINE TEAM PROVIDED ON-SITE MEDICAL SUPPORT TO ATHLETES COMPETING IN THE SPECIAL OLYMPICS PENNSYLVANIA (SOPA) WINTER GAMES. SPECIAL OLYMPICS PENNSYLVANIA PROVIDES YEAR-ROUND TRAINING AND COMPETITION IN 21 OLYMPIC-TYPE SPORTS TO NEARLY 20,000 CHILDREN AND ADULTS WITH INTELLECTUAL DISABILITIES.</p> <p>STOP THE BLEED: AS PART OF THIS ONGOING COMMUNITY AWARENESS CAMPAIGN, AHN TRAUMA CENTER REPRESENTATIVES PARTNER WITH EMS PROFESSIONALS TO PROVIDE SCHOOL OFFICIALS WITH TRAINING ON HOW TO HELP CONTROL BLEEDING FROM INJURIES IN THE EVENT OF A MASS CASUALTY INCIDENT. SIMILAR TO HOW HEALTH CARE PROVIDERS EDUCATE THE GENERAL PUBLIC IN CPR, THE "STOP THE BLEED" CAMPAIGN FOCUSES ON TRAINING THE GENERAL PUBLIC IN BLEEDING CONTROL TECHNIQUES. IN MASS CASUALTY INCIDENTS, INDIVIDUALS OFTEN SUFFER INJURIES THAT RESULT IN PREVENTABLE DEATHS. BY TRAINING THE GENERAL PUBLIC IN BASIC BLEEDING CONTROL TECHNIQUES, BYSTANDERS WILL BE ABLE TO INITIATE LIFESAVING MEASURES BEFORE THE FIRST RESPONDERS ARRIVE.</p> <p>SUMMER CAMP FOR BURN INJURED CHILDREN: IN 1986, WEST PENN BURN CENTER ESTABLISHED ITS SUMMER CAMP FOR BURN INJURED CHILDREN. THE CAMP GIVES CHILDREN WHO HAVE BEEN BURNED A CHANCE TO HEAL PHYSICALLY AND EMOTIONALLY IN A SUPPORTIVE ENVIRONMENT THAT OFFERED PLENTY OF OPPORTUNITIES FOR FUN. AT THE FREE, FIVE-DAY CAMP, KIDS AGES 7 TO 17 WHO HAVE BEEN TREATED AT THE WEST PENN BURN CENTER MEET TO SHARE THEIR STORIES AND ENJOY NEW EXPERIENCES. WITH THE GUIDANCE OF SKILLED PROFESSIONALS, CHILDREN ARE ENCOURAGED TO MEET NEW CHALLENGES AND TO TAKE POSITIVE RISKS BY PARTICIPATING IN ADVENTURES - SUCH AS ROPE CLIMBING - THAT HELP BUILD CONFIDENCE WHILE ALSO BUILDING STRONG BODIES.</p>

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HOSPITAL PROFILES AND HEALTH SYSTEM COMPONENTS	<p>ALLEGHENY GENERAL HOSPITAL FOUNDED IN 1885, ALLEGHENY GENERAL HOSPITAL (AGH) IS A HNS FLAG SHIP HOSPITAL, SERVING AS A HNS PRIMARY TEACHING HOSPITAL, ITS PREMIER 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 2017 REPORTING PERIOD, TOTAL INPATIENT DISCHARGES WERE APPROXIMATELY 24,000, EMERGENCY DEPARTMENT VISITS WERE 54,000, AND OUTPATIENT VISITS WERE 330,000. ALLEGHENY VALLEY HOSPITAL ALLEGHENY VALLEY HOSPITAL (AVH) HAS SERVED NATRONA HEIGHTS, PA, AND THE SURROUNDING COMMUNITY FOR OVER 100 YEARS. AVH HAS 190 LICENSED BEDS AND PROVIDES EMERGENCY CARE, SURGICAL CARE, REHABILITATION CARE AND OTHER QUALITY HEALTH CARE SERVICES FOR ITS PATIENTS. FOR THE 2017 REPORTING PERIOD, TOTAL INPATIENT DISCHARGES WERE APPROXIMATELY 5,500, EMERGENCY DEPARTMENT VISITS WERE 37,000, AND OUTPATIENT VISITS WERE 181,000. 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 2017 REPORTING PERIOD, TOTAL INPATIENT DISCHARGES WERE APPROXIMATELY 2,200, EMERGENCY DEPARTMENT VISITS WERE 17,000 AND OUTPATIENT VISITS WERE 63,000. FORBES HOSPITAL SINCE 1978, FORBES HOSPITAL (FH) HAS BEEN PROVIDING HIGH-QUALITY CARE FOR THE COMMUNITIES OF EASTERN ALLEGHENY AND WESTMORELAND COUNTIES. FORBES 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 14,600 INPATIENT DISCHARGES, 40,000 EMERGENCY DEPARTMENT VISITS, 147,000 OUTPATIENT VISITS AND 1,200 BIRTHS IN THE 2017 REPORTING PERIOD. JEFFERSON HOSPITAL JEFFERSON HOSPITAL (JH) WAS ORGANIZED IN 1973. LOCATED JUST SOUTH OF PITTSBURGH, THE 341-BED HOSPITAL 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 2017 REPORTING PERIOD, TOTAL INPATIENT DISCHARGES WERE APPROXIMATELY 14,400, EMERGENCY DEPARTMENT VISITS WERE 50,000, OUTPATIENT VISITS WERE 255,000 AND BIRTHS TOTALED NEARLY 1,000. SAINT VINCENT HOSPITAL SAINT VINCENT HOSPITAL (SVH) IS A 371-BED FACILITY THAT PROVIDES INPATIENT, OUTPATIENT AND EMERGENCY CARE SERVICES FOR RESIDENTS OF NORTHWESTERN PENNSYLVANIA AND ADJACENT AREAS OF NEW YORK AND OHIO. FOUNDED</p>

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HOSPITAL PROFILES AND HEALTH SYSTEM COMPONENTS	<p>BY THE SISTERS OF ST JOSEPH IN 1875, SVH CONTINUES TO EXEMPLIFY THE VALUES OF THE SISTERS IN PROVIDING COMPASSIONATE CARE TO ALL. ADDITIONALLY, SVHS 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 2017 REPORTING PERIOD, SVHS TOTAL INPATIENT DISCHARGES WERE APPROXIMATELY 14,000, EMERGENCY DEPARTMENT VISITS WERE 64,000, OUTPATIENT VISITS WERE 195,000, AND BIRTHS WERE NEARLY 1,000.</p> <p>WESTFIELD MEMORIAL HOSPITAL. WESTFIELD MEMORIAL HOSPITAL IS A HOSPITAL FACILITY WHICH IS PART OF THE SAINT VINCENT HEALTH SYSTEM, AN INTEGRATED HEALTH SYSTEM CONSISTING OF SAINT VINCENT HEALTH CENTER (SVHC), SAINT VINCENT FOUNDATION FOR HEALTH AND HUMAN SERVICES, PHYSICIAN PRACTICE SITES, VARIOUS ANCILLARY SERVICES, OVER ONE HUNDRED EMPLOYED PHYSICIANS AND A VARIETY OF OTHER HEALTH-RELATED PROVIDERS.</p> <p>WEST PENN HOSPITAL. SERVING THE BLOOMFIELD AREA OF PITTSBURGH AND ITS SURROUNDING COMMUNITIES SINCE 1848, WEST PENN HOSPITAL (WPH) IS A 327-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.</p> <p>FOR THE 2017 REPORTING PERIOD, WPHS TOTAL INPATIENT DISCHARGES WERE APPROXIMATELY 13,200, EMERGENCY DEPARTMENT VISITS WERE 23,000, OUTPATIENT VISITS WERE 106,000, AND BIRTHS WERE 4,200.</p>

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<p>OUTPATIENT CARE FACILITIES IN ADDITION TO ITS HUNDREDS OF</p>	<p>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) ANOTHER HEALTH + WELLNESS PAVILION IS NOW UNDER CONSTRUCTION IN ERIE 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 DISCOVERING CURES, DEVELOPING THE NEXT CLINICAL "BEST PRACTICES," 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 ORGANIZATIONS MISSION THE NETWORKS RESEARCH INSTITUTE COORDINATES PRIVATE AND FEDERALLY FUNDED INTERDISCIPLINARY PROGRAMS DESIGNED TO BETTER UNDERSTAND, TREAT AND PREVENT DISEASE, AND THE NETWORKS 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 FOUNDATIONS IN ADDITION TO THE AFOREMENTIONED ENTITIES, AHN ALSO INCLUDES A NUMBER OF AFFILIATED PHILANTHROPIC ORGANIZATIONS THE ALLE-KISKI MEDICAL CENTER TRUST (AKMC TRUST), FORBES HEALTH FOUNDATION (FHF), SUBURBAN HEALTH FOUNDATION (SHF), AND THE WESTERN PENNSYLVANIA HOSPITAL FOUNDATION</p>

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KEY INSTITUTES AND SERVICE LINES	<p>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 HH WILL INVEST MORE THAN \$225 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 AGRH CAMPUS AS WELL AS SEVERAL NEW COMMUNITY-BASED CANCER CENTERS ADDITIONALLY, AHN COLLABORATES WITH JOHNS HOPKINS KIMMEL CANCER CENTER, TO OFFER MORE STREAM-LINED 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 (CVI) 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, FIND 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 T</p>

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KEY INSTITUTES AND SERVICE LINES	<p>HE SYMPTOMS OF PARKINSONS DISEASE, TRIGEMINAL NEURALGIA, STROKE COMPLICATIONS, CONGENITAL SPINAL CONDITIONS, AND MORE. ADDITIONALLY, AGH HAS EARNED A "COMPREHENSIVE STROKE CENTER" DESIGNATION, THE HIGHEST DISTINCTION OF STROKE CARE AWARDED BY THE AMERICAN HEART ASSOCIATIONS 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 INSTITUTES 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, ORTHOPAEDIC SURGERY, 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 MUSCULOSKELETAL INJURIES AND CONDITIONS. AHN'S SPORTS MEDICINE TEAM IS THE 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 OFFERS SPORTS MEDICINE SERVICES FOR LOCAL COLLEGE S AND DISTRICTS. 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 OFFERS HEART, KIDNEY, PANCREAS AND LIVER TRANSPLANTATION SERVICES, WITH A LEGACY OF 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</p>

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KEY INSTITUTES AND SERVICE LINES	<p>E CALENDAR YEAR EMERGENCY MEDICINE AND TRAUMA CARE IN 2017, ALLEGHENY HEALTH NETWORKS HOSPITALS RECORDED NEARLY 300,000 EMERGENCY DEPARTMENT VISITS AND AHNS AFFILIATED TRAUMA CENTERS PROVIDE LIFE-SAVING CARE TO 5,000 PATIENTS ANNUALLY AHNS 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 AHNS EMERGENCY DEPARTMENTS HAVE SOME OF THE SHORTEST WAIT TIMES IN THE STATE AHNS 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, AHNS LIFEFLIGHT, WHICH PROVIDES 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) AHN WOMEN'S & CHILDREN'S INSTITUTE 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 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 IN 2017, AHNS HOSPITALS DELIVERED MORE THAN 7,400 BABIES</p>

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ACCOMPLISHMENTS	<p>OVER THE YEARS, ALLEGHENY HEALTH NETWORK HAS BEEN RECOGNIZED FOR ITS ADVANCED TECHNOLOGIES , CLINICAL QUALITY, AND THE DEPTH AND BREADTH OF ITS PROFESSIONAL AND CLINICAL PROGRAMMING IT HAS RECEIVED THE FOLLOWING AWARDS, RECOGNITIONS AND ACCREDITATIONS, AMONG OTHERS ALL IANCE FOR CLINICAL TRIALS IN ONCOLOGY AND NATIONAL MARROW DONOR PROGRAM AHN CANCER INSTIT UTES BLOOD AND BONE MARROW TRANSPLANT PROGRAM IS APPROVED BY BOTH THE ALLIANCE FOR CLINICA L TRIALS IN ONCOLOGY FOR CONDUCTING RESEARCH AND BY THE NATIONAL MARROW DONOR PROGRAM, GIV ING PATIENTS THE BEST CHANCE OF BEING MATCHED WITH A DONOR ALS ASSOCIATION IN 2014, THE ALS ASSOCIATION, ALONG WITH ITS WESTERN PENNSYLVANIA CHAPTER, DESIGNATED THE ALS CENTER AT ALLEGHENY HEALTH NETWORK AS A CERTIFIED TREATMENT CENTER OF EXCELLENCE THE ALS ASSOCIATI ON OFFERS THIS DESIGNATION FOR INSTITUTIONS THAT MEET RIGOROUS ELIGIBILITY CRITERIA, INCLU DING DIVERSITY OF PROFESSIONAL EXPERTISE IN ALS, ACCESS TO COORDINATED, MULTIDISCIPLINARY CARE, A STRONG, ONGOING RELATIONSHIP WITH THE LOCAL ALS ASSOCIATION CHAPTER, AND EVIDENCE OF ACTIVE PARTICIPATION IN ALS RESEARCH IT IS THE ONLY ALS ASSOCIATION CERTIFIED TREATMEN T CENTER OF EXCELLENCE IN WESTERN PENNSYLVANIA AMERICAN COLLEGE OF RADIOLOGY AND AMERICAN SOCIETY FOR THERAPEUTIC RADIATION ONCOLOGY AHN CANCER INSTITUTE IS ACCREDITED BY BOTH TH E AMERICAN COLLEGE OF RADIOLOGY (ACR) AND THE AMERICAN SOCIETY FOR THERAPEUTIC RADIATION O NCOLOGY (ASTRO), AND IS THE COUNTRYS LARGEST ACR ACCREDITED NETWORK AMERICAN HEART ASSOCI ATION IN 2016, JEFFERSON HOSPITAL RECEIVED AN ACCREDITATION AND HONORS THAT RECOGNIZE ITS COMMITMENT TO AND SKILL IN TREATING PATIENTS WHO SUFFER THE MOST SEVERE KIND OF HEART ATT ACK, KNOWN AS AN ST-ELEVATION MYOCARDIAL INFARCTION OR STEMI THE AMERICAN HEART ASSOCIATI ONS "MISSION LIFELINE" STEMI ACCREDITATION PROGRAM NAMED JEFFERSON A MISSION LIFELINE HE ART ATTACK RECEIVING CENTER THROUGH JULY 2019 JEFFERSON WAS THE FIRST HOSPITAL IN WESTERN PENNSYLVANIA TO EARN THIS ACCREDITATION AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOC IATION IN 2017, FIVE ALLEGHENY HEALTH NETWORK HOSPITALS RECEIVED NATIONAL RECOGNITION FOR THEIR COMMITMENT AND SUCCESS IN DELIVERING EXCELLENT, EVIDENCE-BASED CARE FOR STROKE PATI ENTS ALLEGHENY GENERAL, ALLEGHENY VALLEY, FORBES, JEFFERSON AND SAINT VINCENT HOSPITALS E ACH EARNED THE STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD IN THE AHAS / ASAS "GET WITH THE GUIDELINES ACHIEVEMENT AWARDS " AMERICAN HOSPITAL ASSOCIATION IN 2017, ALLEGHENY GENERAL HOSPITAL, FORBES HOSPITAL, SAINT VINCENT HOSPITAL, AND WEST PENN HOSPITAL, ALL PART OF AH N, WERE RECOGNIZED AS "MOST WIRED 2017 WINNERS" BY THE AMERICAN HOSPITAL ASSOCIATIONS HEAL TH FORUM AMERICAN HOSPITAL ASSOCIATION IN 2017, AHAS "MISSION LIFELINE" STEMI RECOGNITI ON PROGRAM NAMED SAINT VINCENT HOSPITAL IN ERIE A "MISSION LIFELINE" RECEIVING CENTER SIL VER STEMI AWARD WINNER FOR TREATMENT OF PATIENTS SUFFERING FROM THE MOST SEVERE KIND OF HE ART ATTACK, KNOWN AS AN ST-ELE</p>

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ACCOMPLISHMENTS	<p>VATION MYOCARDIAL INFARCTION, OR STEMI AMERICAN HOSPITAL ASSOCIATION IN 2017, AGH AND JEFFERSON EARNED SPOTS ON THE TARGET HEART FAILURE HONOR ROLL, AN AHA INITIATIVE THAT REQUIRES HOSPITALS TO MEET CRITERIA THAT IMPROVES MEDICATION ADHERENCE, PROVIDES EARLY FOLLOW-UP CARE AND COORDINATION, AND ENHANCES PATIENT EDUCATION HOSPITALS ON THE HONOR ROLL RECEIVE EDUCATIONAL TOOLS, PREVENTION PROGRAMS, AND TREATMENT GUIDELINES FOR HEART FAILURE PATIENTS AMERICAN MEDICAL GROUP ASSOCIATION IN 2016, ALLEGHENY HEALTH NETWORKS PREMIER MEDICAL ASSOCIATES RECEIVED THE AMERICAN MEDICAL GROUP ASSOCIATIONS PRESTIGIOUS ACCLAIM AWARD IN RECOGNITION OF ITS INNOVATIVE CARE MODELS THE AWARD, SUPPORTED BY THE ASSOCIATIONS AMGA FOUNDATION, IS DESIGNED TO RECOGNIZE AND CELEBRATE THE SUCCESSES THAT MEDICAL GROUPS AND OTHER ORGANIZED SYSTEMS OF CARE HAVE ACHIEVED IN IMPROVING THE VALUE OF THE HEALTHCARE SERVICES THEY PROVIDE TO THEIR COMMUNITIES AMERICAN NURSES CREDENTIALING CENTER IN 2017, AHN WEST PENN HOSPITAL FOR THE THIRD TIME EARNED THE MAGNET RECOGNITION DESIGNATION, THE NATIONS MOST PRESTIGIOUS HONOR FOR NURSING EXCELLENCE WEST PENN IS THE FIRST HOSPITAL IN SOUTHWESTERN PENNSYLVANIA TO EARN THE MAGNET DESIGNATION, IN 2006, AND IS NOW THE REGIONS FIRST TO EARN THE DESIGNATION THREE TIMES THE HONOR PUTS WEST PENN AMONG AN ELITE GROUP OF JUST 8 PERCENT OF ALL HOSPITALS IN THE UNITED STATES AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE IN 2018, AHN CENTER FOR REPRODUCTIVE MEDICINE WAS NAMED A NURSING CENTER OF EXCELLENCE BY THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE, A NATIONALLY AND INTERNATIONALLY RECOGNIZED LEADER FOR MULTIDISCIPLINARY INFORMATION, EDUCATION, ADVOCACY AND STANDARDS IN THE FIELD OF REPRODUCTIVE MEDICINE AHN IS ONE OF ONLY 42 FERTILITY PRACTICES NATIONWIDE TO BE RECOGNIZED AS A NURSING CENTER OF EXCELLENCE EXTRACORPOREAL LIFE SUPPORT ORGANIZATION IN 2015, ALLEGHENY GENERAL HOSPITAL WAS ONE OF JUST 20 ADULT-ONLY MEDICAL CENTERS IN THE U.S. TO RECEIVE INTERNATIONAL RECOGNITION FOR AN ADVANCED PROGRAM TO CARE FOR PEOPLE WITH FAILING HEARTS AND LUNGS THE EXTRACORPOREAL LIFE SUPPORT ORGANIZATION (ELSO), AN INTERNATIONAL CONSORTIUM OF HEALTH INSTITUTIONS DEDICATED TO THE DEVELOPMENT AND EVALUATION OF NOVEL THERAPIES TO SUPPORT FAILING ORGAN SYSTEMS, SELECTED AGHS EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) PROGRAM AS AN ELSO-DESIGNATED CENTER OF EXCELLENCE FACT (FOUNDATION FOR A CREDITATION IN CELLULAR THERAPY) AHN STEM CELL TRANSPLANT PROGRAM IS ACCREDITED BY FACT, DEMONSTRATING EXCEPTIONAL PATIENT CARE, MEDICAL AND LABORATORY PRACTICES PATIENTS WITH LEUKEMIA, LYMPHOMA OR OTHER LIFE-THREATENING BLOOD DISEASES NEED THE MOST EFFECTIVE CARE TO IMPROVE AND PROLONG THEIR LIVES FACT ACCREDITATION IS THE THRESHOLD FOR EXCELLENCE IN CELLULAR THERAPY INCLUDING BONE MARROW OR CORD BLOOD TRANSPLANT (BMT) HIGHMARK, INC. IN 2016, HIGHMARK BLUE CROSS BLUE SHIELD AWARDED FIVE AHN FACILITIES THE BLUE DISTINCTION CENTER+ DESIGNATION FOR KNEE AND H</p>

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ACCOMPLISHMENTS	IP REPLACEMENT, PART OF THE NATIONAL BLUE DISTINCTION SPECIALTY CARE PROGRAM BLUE DISTINC TION CENTERS ARE HEALTHCARE FACILITIES SHOWN TO DELIVER IMPROVED PATIENT SAFETY AND BETTER HEALTH OUTCOMES, BASED ON OBJECTIVE MEASURES THAT WERE DEVELOPED WITH INPUT FROM THE MEDI CAL COMMUNITY

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<p>HIGHMARK, INC AHN CANCER INSTITUTE IS A BLUE DISTINCTION CENTER</p>	<p>FOR CANCER CARE, A DESIGNATION THAT RECOGNIZES PHYSICIANS, PHYSICIAN PRACTICES, CANCER CENTERS, AND HOSPITALS FOR THEIR EFFORTS IN COORDINATING ALL TYPES OF CANCER CARE, IMPROVING QUALITY OF CARE AND SAFETY AS WELL AS AFFORDABILITY HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA IN 2017, THE HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA AWARDED AHNS ALLEGHENY GENERAL HOSPITAL'S ITS HIGHEST-LEVEL "TITANIUM" AWARD, WHICH RECOGNIZES HOSPITALS AND HEALTH SYSTEMS THAT ENGAGE IN UNPRECEDENTED LEVELS OF OUTREACH ACTIVITIES IN ORDER TO RAISE AWARENESS FOR ORGAN DONATION AND ENCOURAGE NEW DONOR REGISTRATIONS JEWISH HEALTHCARE FOUNDATION / THE FINE FOUNDATION IN 2017, ALLEGHENY HEALTH NETWORK'S CENTER FOR INCLUSION HEALTH WAS RECOGNIZED WITH A FINE AWARD FOR ITS MEDICAL RESPITE PROGRAM TO BETTER MEET THE HEALTHCARE NEEDS OF THE HOMELESS AND UNSTABLY-HOUSED POPULATION, THE RESPITE PROGRAM PROVIDES PATIENTS RECOVERING FROM ILLNESSES WITH A SAFE PLACE TO RECUPERATE AND RECEIVE ONGOING NON-ACUTE CARE AND SUPPORT FOLLOWING A HOSPITAL STAY IT IS THE FIRST AND ONLY PROGRAM OF ITS KIND IN THE TRI-STATE REGION MYELODYSPLASTIC SYNDROMES FOUNDATION AHN CANCER INSTITUTE IS AN MDS (MYELODYSPLASTIC SYNDROMES) FOUNDATION CENTER OF EXCELLENCE TO BE RECOGNIZED AS A CENTER OF EXCELLENCE, AN INSTITUTION MUST HAVE AN ESTABLISHED UNIVERSITY PROGRAM, RECOGNIZED EXPERTISE IN MDS, AVAILABLE CYTOGENETICS OR MOLECULAR GENETICS TESTING, ONGOING RESEARCH, INCLUDING IRB-APPROVED CLINICAL TRIALS AND DOCUMENTED PEER-REVIEWED PUBLICATIONS AHN IS ALSO A TRANSPLANT CENTER OF EXCELLENCE FOR AETNA, CIGNA (LIFESOURCE), UNITED HEALTHCARE (OPTUM) AND HUMANA NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS ALLEGHENY GENERAL HOSPITAL AND THE WEXFORD HEALTH + WELLNESS PAVILION, BOTH PART OF THE ALLEGHENY HEALTH NETWORK (AHN), HAVE BEEN DESIGNATED AS ACCREDITED BREAST CENTERS FOR A THREE-YEAR TERM BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC) ACCREDITATION IS GRANTED ONLY TO BREAST CENTERS THAT ARE COMMITTED TO PROVIDING THE HIGHEST QUALITY CARE FOR DISEASES OF THE BREAST NATIONAL PANCREAS FOUNDATION ALLEGHENY HEALTH NETWORK IS DESIGNATED AS A NATIONAL PANCREAS FOUNDATION CENTER FOR THE TREATMENT AND CARE OF PATIENTS WITH PANCREATIC CANCER, ONE OF JUST 28 SUCH CENTERS NATIONWIDE NPF CENTERS ARE BASED AT PREMIER HEALTHCARE FACILITIES THAT FOCUS ON MULTIDISCIPLINARY TREATMENT OF PANCREATIC CANCER, TREATING THE "WHOLE PATIENT" WITH A FOCUS ON THE BEST POSSIBLE OUTCOMES AND AN IMPROVED QUALITY OF LIFE, ACCORDING TO THE NPF NATIONAL RESEARCH CORPORATION IN 2017, ALLEGHENY GENERAL HOSPITAL WAS NAMED A 2017 CONSUMER CHOICE AWARD WINNER BY THE NATIONAL RESEARCH CORPORATION (NRC) BASED SOLELY ON THE VIEWS OF HEALTHCARE CONSUMERS, THE AWARD IDENTIFIES HOSPITALS THAT HAVE THE HIGHEST QUALITY AND IMAGE IN THEIR RESPECTIVE MARKETS, AGH WAS ONE OF APPROXIMATELY 300 U.S. MEDICAL CENTERS CITED BY THE NRC FOR OVERALL EXCELLENCE PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES</p>

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<p>HIGHMARK, INC AHN CANCER INSTITUTE IS A BLUE DISTINCTION CENTER</p>	<p>ERVICES (DHS) IN 2017, ALLEGHENY HEALTH NETWORK ESTABLISHED A CENTER OF EXCELLENCE FOR OP IOID USE DISORDER TO HELP PATIENTS WITH OPIOID-RELATED SUBSTANCE USE DISORDERS RECEIVE THE HEALTH AND COMMUNITY-BASED CARE AND SUPPORT THEY NEED IT IS ONE OF 45 PROGRAMS IMPLEMENT ED ACROSS PENNSYLVANIA, ALL OF WHICH ARE SUPPORTED BY A GRANT FROM THE STATES DEPARTMENT O F HUMAN SERVICES ACCORDING TO DHS, HEALTH CARE PROVIDERS SELECTED TO RECEIVE THE GRANT WE RE CHOSEN FOR BEING AHEAD-OF-THE-CURVE WHEN IT COMES TO SUBSTANCE USE DISORDER TREATMENT PULMONARY HYPERTENSION ASSOCIATION IN 2015, ALLEGHENY GENERAL HOSPITAL EARNED AN ACCREDIT ATION THAT PLACES IT IN EXCLUSIVE COMPANY AS ONE OF JUST 29 HEALTHCARE FACILITIES IN THE U S AND THE ONLY ONE IN WESTERN PENNSYLVANIA TO BE RECOGNIZED FOR THE QUALITY OF ITS PULMO NARY HYPERTENSION (PH) PROGRAM AGH JOINS THE UNIVERSITY OF PENNSYLVANIA AS THE ONLY MEDIC AL CENTERS IN THE STATE TO RECEIVE PULMONARY HYPERTENSION CARE CENTER (PHCC) ACCREDITATION QUALITY ONCOLOGY PRACTICE INITIATIVE AHN CANCER INSTITUTE IS PART OF THE QUALITY ONCOLO GY PRACTICE INITIATIVE (QOPI), A QUALITY PROGRAM DESIGNED FOR OUTPATIENT-ONCOLOGY PRACTICE S TO FOSTER A CULTURE OF SELF-EXAMINATION AND IMPROVEMENT PARTICIPATING PRACTICES CAN REP ORT ON OVER 190 EVIDENCE-BASED QUALITY MEASURES AND RECEIVE INDIVIDUAL PERFORMANCE SCORES BY PRACTICE, SITE, AND PROVIDER, AS WELL AS BENCHMARKED SCORES AGGREGATED FROM ALL PARTICIPATING PRACTICES QUANTROS IN 2017, ALLEGHENY GENERAL HOSPITAL WAS RANKED #1 IN WESTERN P ENNSYLVANIA FOR OVERALL ORGAN TRANSPLANT QUALITY, ACCORDING TO QUANTROS INC S 2017 CARECHE X NATIONAL QUALITY RATING DATABASE FOR 2013-2015 THOSE MARKET CLAIMS ARE BASED ON THE CAR ECHEX 2017 COMPOSITE QUALITY SCORES AND RATINGS FOR ACUTE CARE HOSPITALS SERVING THE COMBI NED STATISTICAL AREA (CSA) OF PITTSBURGH-NEW CASTLE-WEIRTON RADIATION INJURY TREATMENT NE TWORK AHN CANCER INSTITUTES WEST PENN HOSPITAL SITE IS A RADIATION INJURY TREATMENT NETWO RK (RITN) SITE, ONE OF ONLY TWO IN WESTERN PENNSYLVANIA THAT WOULD PROVIDE CARE IN CASE OF A MASS RADIATION EXPOSURE INCIDENT U S NEWS AND WORLD REPORT FOUR HOSPITALS AFFILIATED WITH ALLEGHENY HEALTH NETWORK WERE RECOGNIZED AS BEING AMONG THE COUNTRYS BEST HOSPITALS BY U S NEWS AND WORLD REPORT THE 2014-2015 BEST HOSPITALS GUIDE RECOGNIZED ALLEGHENY GEN ERAL HOSPITAL, FORBES HOSPITAL, SAINT VINCENT HOSPITAL AND WEST PENN HOSPITAL AS "HIGH PER FORMING" MEDICAL CENTERS</p>

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VOTING MEMBERS OF GOVERNING BOARD	FORM 990, PART I, LINE 3 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

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INDIVIDUALS EMPLOYED	FORM 990, PART I, LINE 5 AND PART V, LINE 2A TOTAL NUMBER OF INDIVIDUALS EMPLOYED IN 2017 OF 24,480 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

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CONTRIBUTIONS, GRANTS, AND SIMILAR AMOUNTS RECEIVED	FORM 990, PART I, LINE 8 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, 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

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Return Reference	Explanation
MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, SECTION A, 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 - 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 - Westfield Memorial Hospital CANONSBURG GENERAL HOSPITAL IS THE SOLE MEMBER OF - CANONSBURG GENERAL HOSPITAL AMBULANCE SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
MEMBERS OR STOCKHOLDERS WHO MAY ELECT	FORM 990, PART VI, SECTION A, 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

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Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL	<p>FORM 990, PART VI, SECTION A, LINE 7B For the following entities that comprise the group, Highmark Health, as the direct or indirect sole member, holds certain reserve powers pursuant to the bylaws - 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 - 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</p> <p>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 CORPORATIONS ARTICLES OF INCORPORATION AND BYLAWS AND APPROVE ALL AMENDMENTS OR REVISIONS OF THE CORPORATIONS 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 CORPORATIONS OR THE RELEVANT SUBSIDIARIES 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 CORPORATIONS 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 CORPORATIONS OR ITS SUBSIDIARIES ASSETS, OTHER THAN</p>

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Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL	N TO THE MEMBER OR TO THE CORPORATION BY ITS SUBSIDIARIES, IN EXCESS OF \$10,000,000, UNLES S SPECIFICALLY AUTHORIZED IN THE CORPORATIONS 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 C LOSURE OR RELOCATION OF A LICENSED HEALTHCARE FACILITY OF THE CORPORATION AND ITS SUBSIDIA RIES, 12) TO APPROVE THE FORMATION OF SUBSIDIARY CORPORATIONS, PARTNERSHIPS AND JOINT VENT URES OR TO MAKE NEW INVESTMENTS IN EXISTING SUBSIDIARY CORPORATIONS, PARTNERSHIPS AND JOIN T VENTURES, IF THE NEW INVESTMENTS OF THE CORPORATION AND THE SUBSIDIARIES IN SUCH SUBSIDI ARIES CORPORATIONS, PARTNERSHIPS, AND JOINT VENTURES DURING ANY FISCAL YEAR WOULD, IN THE AGGREGATE, EXCEED 1% OF THE CORPORATIONS CONSOLIDATED TOTAL ASSETS AT THE END OF THE PRIOR FISCAL YEAR OF THE CORPORATION, 13) TO ESTABLISH AND MANAGE THE CORPORATIONS PROGRAM FOR COMPLIANCE WITH ALL LEGAL REQUIREMENTS APPLICABLE TO THE CORPORATION, ALL ACCREDITATION AN D LICENSING REQUIREMENTS AND THE CONDITIONS OF PARTICIPATION IN ALL GOVERNMENTAL PAYER PRO GRAMS APPLICABLE TO THE CORPORATION, AND 14) TO SELECT AND APPOINT AUDITORS AND TO DESIGNA TE THE FISCAL YEAR OF THE CORPORATION AND THE SUBSIDIARIES 15) TO GIVE SUCH OTHER APPROVA LS AND TAKE SUCH OTHER ACTIONS AS ARE SPECIFICALLY RESERVED TO MEMBERS OF PENNSYLVANIA NON PROFIT CORPORATIONS UNDER THE NONPROFIT CORPORATION LAW

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Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 11B 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 Boards of Directors

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Return Reference	Explanation
CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT	<p>FORM 990, PART VI, SECTION B, LINE 12C Highmark Health (HH) has a corporate compliance department that monitors and oversees compliance 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.</p> <p>Conflict of interest disclosure forms are completed upon hire/appointment and on an annual basis by all board members, officers, 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, the Integrity and Compliance Department reviews the information to determine whether a real or potential conflict of interest exists. As applicable, Legal and Senior Management are consulted to determine whether a real or potential conflict of interest exists. When a conflict requires a mitigation plan, the mitigation plan is developed and approved in coordination with the respective responsible senior management. The senior managers are responsible for discussing the mitigation plan with the individual and monitoring compliance with the mitigation plan. A Conflict of Interest/Independence Disclosure Summary Report of all board members, officers, and executive management with reportable disclosures is provided to the Audit and Compliance committee of the Board of Highmark Health as well as the Board of Directors of Highmark Health, Allegheny Health Network and any applicable hospital.</p>

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Return Reference	Explanation
PROCESS FOR DETERMINING EXECUTIVE COMPENSATION	<p>FORM 990, PART VI, SECTION B, LINES 15A AND 15B Allegheny Health Network follows a process for determining compensation for executive positions, (including officers, key employees and other management positions), and is covered by the Highmark Health 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 Highmark Health personnel and compensation committee (P&C) of the Board of Directors 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 reasonableness for all offers made to new executives that report to the AHN CEO. Each P&C 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 practices, taking into account organizational performance and the skills, experience, qualifications and performance of each executive. AHN generally targets the median of the relevant market with reasonable variation based on each executive's skills, experience, performance and current positioning relative to market. Highmark Health management, in coordination with the independent consultant to the P&C committee obtains appropriate market comparability data for each position, 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</p>

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Return Reference	Explanation
PROCESS FOR DETERMINING EXECUTIVE COMPENSATION	<p>other contributions Incentive compensation is used to provide variable, or "at risk" compensation, based on the performance of both the executive and the organization Typically, Allegheny Health Network and hospital executives can earn incentive compensation only if the organization achieves certain pre-determined goals as approved by the Board of Directors The plans are intended to hold executives accountable for achieving performance that is consistent with the long-term goals and objectives of the organization All entities within the filing follow the requirement in the regulations to comply with the rebuttable presumption of the reasonableness of compensation THE COMPENSATION COMMITTEE COMPLETED A REVIEW AND APPROVAL OF COMPENSATION IN JULY 2017</p>

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Return Reference	Explanation
HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC	FORM 990, PART VI, SECTION C, LINE 19 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 REPORTABLE COMPENSATION Part VII, Section A, Line 2 The total on line 2 includes the total number of individuals receiving over \$100,000 of reportable compensation from the organization WPAHS 1,595 SV 172 AHN Corporate 71 JRMC 54 INDEPENDENT CONTRACTORS PART VII, SECTION B, LINE 2 LISTED IN THIS FORM 990, PART VII ARE THE FIVE HIGHEST PAID INDEPENDENT CONTRACTORS THAT PROVIDED SERVICES THE HIGHMARK HEALTH GROUP THE AMOUNT OF INDEPENDENT CONTRACTORS REPORTED ON LINE 2 INCLUDES THE TOTAL AMOUNT OF VENDORS PAID OVER \$100,000

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Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 9 EQUITY TRANSFERS 657,727,728 PENSION LIABILITY ADJUSTMENTS 8,325,340 OTHER -76,681,399 ----- TOTAL 589,371,669

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As Filed Data -

DLN: 93493313000148

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Highmark Health Group

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
82-1406555

Part I Identification of Disregarded Entities

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

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

Part II Identification of Related Tax-Exempt Organizations

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

See Additional Data Table							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

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

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

1a Yes

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

1b Yes

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

1c Yes

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

1d Yes

e Loans or loan guarantees by related organization(s)

1e Yes

f Dividends from related organization(s)

1f Yes

g Sale of assets to related organization(s)

1g No

h Purchase of assets from related organization(s)

1h No

i Exchange of assets with related organization(s)

1i No

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

1j Yes

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

1k Yes

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

1l Yes

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

1m Yes

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

1n Yes

o Sharing of paid employees with related organization(s)

1o Yes

p Reimbursement paid to related organization(s) for expenses

1p Yes

q Reimbursement paid by related organization(s) for expenses

1q Yes

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

1r Yes

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

1s No

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

See Additional Data Table

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

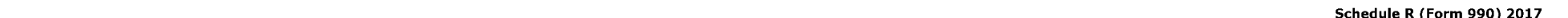
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART V, LINE 2	HIGHMARK HEALTH GROUP TRANSACTS BUSINESS WITH THE LISTED RELATED ORGANIZATIONS IN THE MANNER IDENTIFIED IN COLUMN 2(B) HIGHMARK HEALTH GROUP HAS CHOSEN TO REFLECT THESE TRANSACTIONS COMBINED FOR PURPOSES OF DISCLOSURE ON SCHEDULE R, PART V, LINE 2



Additional Data

Software ID:
Software Version:
EIN: 82-1406555
Name: Highmark Health Group

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
AHN Surgery Center - Bethel Park LLC 1000 Higbee Drive Bethel Park, PA 15102 47-3690355	Healthcare	PA	1,434,052	158,124	AHN
West Penn Allegheny Foundation LLC 4800 Friendship Avenue Pittsburgh, PA 15224 20-1107650	Capital Acq	PA	3,296,286	30,802,786	WPAHS
Peters Township ASC LLC 160 Gallery Drive McMurray, PA 15317 27-3982341	Healthcare	PA	4,400,624	5,032,216	WPAHS
West Penn ASC LLC 4800 Friendship Avenue Pittsburgh, PA 15224 27-2344847	Inactive	PA	0	0	WPAHS
JRMC Diagnostic Services LLC 565 Coal Valley Road Pittsburgh, PA 15025 80-0069336	Healthcare	PA	1,188,435	315,128	JRMC
SV Shared Savings Program ACO LLC 232 West 25th Street Erie, PA 16544 45-5550348	Inactive	PA	0	0	SVHC
SVEC LLC 232 West 25th Street Erie, PA 16544 20-8572620	Inactive	PA	0	0	SVHC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
100 Medical Boulevard Canonsburg, PA 15317 25-1818505	Inactive	PA	501(c)(3)	12a-TYPE I	NA		No
1526 Peach Street Erie, PA 16501 25-1528055	Healthcare	PA	501(c)(3)	3	SVHC		No
232 West 25th Street Erie, PA 16544 25-1181389	Healthcare	PA	501(c)(3)	12a-TYPE I	SVHC		No
232 West 25th Street Erie, PA 16544 25-1430922	Healthcare	PA	501(c)(3)	9	SVHC		No
444 Liberty Avenue Pittsburgh, PA 15222 81-1343916	Fundraising	PA	501(c)(3)	12a-TYPE I	Gateway LP		No
100 Medical Boulevard Canonsburg, PA 15317 25-1488089	Inactive	PA	501(c)(3)	12a-TYPE I	NA		No
120 Fifth Avenue Suite 922 Pittsburgh, PA 15222 45-3674900	Healthcare	PA	501(c)(3)	12a-TYPE I	NA		No
232 West 25th Street Erie, PA 16544 25-1385705	Healthcare	PA	501(c)(3)	3	SVHS		No
232 West 25th Street Erie, PA 16544 25-1856341	Healthcare	PA	501(c)(3)	3	SVHC		No
232 West 25th Street Erie, PA 16544 83-0371265	Healthcare	PA	501(c)(3)	9	SVHS		No
100 South Jackson Ave Pittsburgh, PA 15202 25-1472073	Fundraising	PA	501(c)(3)	12a-TYPE I	WPAHS INC		No
232 West 25th Street Erie, PA 16544 25-1498145	Healthcare	PA	501(c)(3)	3	SVHC		No
100 Medical Boulevard Pittsburgh, PA 15317 25-1054206	Inactive	PA	501(c)(3)	3	NA		No
500 University Drive Hershey, PA 17033 47-3769205	Healthcare	PA	501(c)(3)	12a-TYPE I	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
5148 Liberty Assoc 5989 Centre Avenue Pittsburgh, PA 15206 25-1689871	Property Rental	PA	WPAHS Inc	EXCLUDED	372,595	927,518		No			No	50 000 %
AHN Emerus LLC 30 Isabella St Pittsburgh, PA 15212 82-3655381	Medical Practice	PA	AHN	RELATED	0	0		No			No	51 000 %
AHN Home Infusion 312 West 25th Street Erie, PA 16502 25-1736527	Medical Practice	PA	SVHS	RELATED	6,290,369	789,706		No			No	80 000 %
Celtic Hospice 30 Isabella St Pittsburgh, PA 15212 20-5661063	Medical Practice	PA	WPAHS Inc	RELATED	0	0		No			No	80 000 %
JV Holdco LLC 30 Isabella St Pittsburgh, PA 15212 47-2368587	Holding Company	PA	WPAHS Inc	RELATED	31,092,124	30,783,383		No			No	60 000 %
Mccandles Endoscopy 4800 Friendship Ave Pittsburgh, PA 15224 26-1284448	Medical Practice	PA	WPAHS Inc	RELATED	1,341,130	503,720		No			No	50 000 %
N Shore Endoscopy 4800 Friendship Ave Pittsburgh, PA 15224 25-1880238	Medical Practice	PA	WPAHS Inc	RELATED	1,221,997	423,534		No			No	50 000 %
Provider PPI LLC 120 Fifth Avenue Suite 922 Pittsburgh, PA 15222 32-0429947	Group Purchasing	PA	HMPG	RELATED	26,188,436	41,611,551		No			No	99 000 %
ST VINC PROF BLDG 312 West 25th Street Erie, PA 16502 25-1578290	Property Mgmt	PA	SVHC	RELATED	429,996	334,121		No			No	97 000 %
Vantage HLDNG COMP 312 West 25th Street Erie, PA 16502 03-0477182	Capital Mgmt	PA	CSI	RELATED	542,905	1,064,651		No			No	51 000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
Clinical Services Inc 232 West 25th Street Erie, PA 16544 25-1403846	Holding Company	PA	SVHS	C Corp	5,002,292	14,046,879	100 000 %	Yes	
Family Practice Medical Associates South 2414 Lytle Rd Ste 300 Bethel Park, PA 15102 25-1684735	Medical Practice	PA	JRMC	C Corp	8,251,700	2,538,692	100 000 %	Yes	
Grandis Rubin Shanahan & Assoc 565 Coal Valley Rd Jefferson Hills, PA 15025 45-3355906	Medical Practice	PA	JRMC	C Corp	5,615,703	1,471,282	100 000 %	Yes	
Health System Services Corp & Subs 565 Coal Valley Rd Jefferson Hills, PA 15025 25-1403745	Real Estate Opera	PA	JRMC	C Corp	3,094,817	21,722,342	100 000 %	Yes	
HMPG Inc 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 45-3444325	Holding Company	PA	AHN	C Corp	6,606,183	130,738,303	100 000 %	Yes	
JRMC Physician Service Corp 565 Coal Valley Rd Jefferson Hills, PA 15025 86-1159658	Medical Practice	PA	JRMC	C Corp	227,365	199,056	100 000 %	Yes	
Lake Erie Medical Group PC 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 45-3444157	Medical Practice	PA	AC	C Corp	1,663,439	303,506	100 000 %	Yes	
Palladium Risk Retention Group 409 Broad St Ste 270 Sewickley, PA 15143 46-3476730	Insurance	VT	WPAHS Inc	C Corp	28,631,737	89,507,827	100 000 %	Yes	
Physician Landing Zone PC 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 45-3913973	Health Care	PA	AC	C Corp	10,185,783	926,881	100 000 %	Yes	
Pittsburgh Pulmonary & Critical Care 1200 BROOKS LN STE 130 Clairton, PA 15025 46-3274101	Medical Practice	PA	JRMC	C Corp	4,033,364	1,109,782	100 000 %	Yes	
Premier Medical Associates PC 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 25-1742869	Medical Practice	PA	AC	C Corp	62,051,141	29,985,117	100 000 %	Yes	
Premier Women's Health 120 Fifth Ave Suite 922 Pittsburgh, PA 15222 46-4682160	Medical Practice	PA	AC	C Corp	6,395,236	1,358,177	100 000 %	Yes	
Primary Care Group 2 Inc 6011 Baptist Rd Ste 220 Pittsburgh, PA 15236 90-0451375	Medical Practice	PA	JRMC	C Corp	0	0	100 000 %	Yes	
Primary Care Group 4 Inc 1907 Lebanon Church Rd West Mifflin, PA 15122 80-0403090	Medical Practice	PA	JRMC	C Corp	631,316	64,611	100 000 %	Yes	
Primary Care Group 5 Inc 624 Monongahela Ave Glassport, PA 15045 80-0403100	Medical Practice	PA	JRMC	C Corp	551,882	84,558	100 000 %	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
Primary Care Group 6 Inc PO Box 333 West Mifflin, PA 15122 90-0503600	Medical Practice	PA	JRMC	C Corp	431,489	68,379	100 000 %	Yes	
Primary Care Group 8 Inc 803 Miller Ave Clairton, PA 15025 01-0927360	Medical Practice	PA	JRMC	C Corp	164,735	330,920	100 000 %	Yes	
Primary Care Group 10 Inc 3726 Brownsville Rd Pittsburgh, PA 15227 38-3807173	Medical Practice	PA	JRMC	C Corp	385,138	122,869	100 000 %	Yes	
Primary Care Group 12 Inc 17 Arentzen Blvd Ste 101 Charleroi, PA 15022 90-0614054	Medical Practice	PA	JRMC	C Corp	1,280,530	301,030	100 000 %	Yes	
Specialty Group Practice 1 Inc 575 Coal Valley Rd Ste 365 Clairton, PA 15025 35-2367818	Medical Practice	PA	JRMC	C Corp	67,015	1,018,657	100 000 %	Yes	
West Penn Corporate Medical ServicesInc 4800 Friendship Avenue Pittsburgh, PA 15224 25-1437405	Inactive	PA	WPAHS Inc	C Corp	0	89,483	100 000 %	Yes	
West Penn Neurosurgery PC 4800 Friendship Avenue Pittsburgh, PA 15224 25-1630719	Inactive	PA	WPAHS Inc	C Corp	0	0	100 000 %	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Allegheny Clinic	P	389,665,764	FMV
Wexford Medical Mall LLC	P	3,210,024	FMV
Allegheny Health Network Home Infusion LLC	P	1,509,041	FMV
Allegheny Clinic Medical Oncology	P	1,033,673	FMV
Monroeville Ambulatory Surgery Center LLC	P	1,013,335	FMV
Peters Township Surgery Center LLC	P	519,715	FMV
Gold Mist Advisors LLC	P	259,340	FMV
Jefferson Regional Medical Center	P	254,419	FMV
AHN Surgery Center Bethel Park LLC	P	217,245	FMV
Saint Vincent Foundation for HHS	P	65,009	FMV
West Penn Hospital Foundation	P	54,878	FMV
PDL Distribution Services LLC	P	52,829	FMV
West Penn Allegheny Health System	Q	415,865,391	FMV
Wexford Medical Mall LLC	Q	6,247,979	FMV
Saint Vincent Health Center	Q	5,641,481	FMV
Allegheny Clinic	Q	3,902,889	FMV
Saint Vincent Medical Group	Q	1,043,213	FMV
Allegheny Singer Research Institute	Q	586,341	FMV
Alle-Kiski Medical Center	Q	402,666	FMV
Osiris Properties LLC	Q	379,995	FMV
HMPG Properties North LLC	Q	347,097	FMV
Physician Partners of Western PA LLC	Q	291,685	FMV
Summer Wind Management LLC	Q	168,535	FMV
Promedix LLC	Q	131,648	FMV
Provider PPI LLC	Q	66,489	FMV

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Saint Vincent Professional Building Assn	Q	63,825	FMV
Westfield Memorial Hospital	Q	63,525	FMV
Regional Home Health and Hospice	Q	59,462	FMV
Saint Vincent CIC Disease LLC	Q	53,230	FMV
Saint Vincent Health Center	B	695,714	FMV
Westfield Memorial Hospital Foundation	B	50,000	FMV
St Vincent Foundation	C	838,400	FMV
Jefferson Regional Foundation	C	241,000	FMV
Highmark Foundation	C	140,000	FMV
Jefferson Auxiliary Hospital	C	89,000	FMV
Forbes Medical Staff	C	62,000	FMV
Highmark Inc	C	838,400	FMV