29493166009049

Form 990 Return of Organization Exempt From Income Tax

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018

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

C Name of organization
St Clair Health Corporation Group Return

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1000 Bower Hill Road

City or town, state or province, country, and ZIP or foreign postal code
Pittsburgh, PA 15243

F Name and address of principal officer James M. Collins
same as C above

D Employer identification number
61-1663540

E Telephone number
412-942-4000

G Gross receipts $ 439,906,295.

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 ▶ 5858

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.stclair.org

K Form of organization. ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation:

M State of legal domicile

SCANNED JUL 25 2019

Part I Summary

1 Briefly describe the organization's mission or most significant activities: St. Clair provides highly valued, service-oriented healthcare to the community.

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)	3	50
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	38
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	2749
6	Total number of volunteers (estimate if necessary)	6	400
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	638,672.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	20,838,783.	10,720,363.
9	Program service revenue (Part VIII, line 2g)	325,394,626.	341,117,011.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,819,797.	12,461,038.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-642,372.	-471,998.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	336,410,834.	363,826,414.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	122,860.	78,333.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	157,720,281.	164,189,409.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 502,018.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	148,060,878.	151,263,626.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	305,904,019.	315,531,368.
19	Revenue less expenses Subtract line 18 from line 12	30,506,815.	48,295,046.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	425,585,475.	474,735,178.
21	Total liabilities (Part X, line 26)	108,575,393.	98,345,454.
22	Net assets or fund balances Subtract line 21 from line 20	317,010,082.	376,389,724.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 5/13/2019

▶ Richard C. Chesnos, CPA, SVP, CFO, Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: James L. Ziesche	Preparer's signature	Date: 05/13/19	Check ☐ if self-employed	PTIN: P01264584
Firm's name ▶ Ernst & Young U.S. LLP			Firm's EIN ▶	34-6565596
Firm's address ▶ 2100 One PPG Place, Pittsburgh, PA 15222			Phone no.	412-644-7800

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

G108 H 5

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission
To provide highly valued, service-oriented healthcare to the community.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] 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 [X] 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 $ 247,217,190. including grants of $ 78,333.) (Revenue $ 341,009,841.)
St Clair Memorial Hospital's primary exempt purpose is to provide healthcare services to the community and operate a 24 hour Emergency Department to meet the medical needs of the community regardless of ability to pay. In the current year,the Hospital provided 64,377 inpatient days of care to the adult and pediatric population of the community, served 15,662 admissions, performed 266,677 occasions of outpatient services and treated 63,208 Emergency room visits. St Clair Memorial Hospital Foundation provides administrative and support functions associated with program services. St. Clair Medical Services, Inc. provides physician and other healthcare services to the community to support, provide assistance, and advance the interests of St. Clair Health Corporation. (Continued on Schedule O)

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)
(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e Total program service expenses ▶ 247,217,190.

ROMLKJIGABCDF

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
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		X
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	X	
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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	X	
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		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
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		X
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*	17		X
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	X	
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		X

Part IV Checklist of Required Schedules *(continued)*

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

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 [X]

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	118		
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		X	
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	2749		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X	
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		X	
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			X
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			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
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			X
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		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
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			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
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			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O				
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			X
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 line 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 [X]

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 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.	1a	50		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	38		
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		X	
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			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
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		X	
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		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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			X

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		X
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	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b	X	
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		X
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		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in 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 ▶

Richard C. Chesnos SR VP & CFO - 412-942-1250
1000 Bower Hill Road, Pittsburgh, PA 15243

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jodi M. Amos	2.00									
Board Member-SCH	2.00	X						0.	0.	0.
(2) Frank Arcuri, Esq.	2.00									
Board Member-SCH	1.00	X						0.	0.	0.
(3) Joseph B. Banko	2.00									
Board Member-SCH	3.00	X						0.	0.	0.
(4) Susan M. Bicket, Esq.	2.00									
Board Member-SCH	0.00	X						0.	0.	0.
(5) Stephanie Brown, MD	2.00									
Board Member-SCH	0.00	X						0.	0.	0.
(6) Karl E. Bushman, MD	2.00									
Board Member-SCH	60.00	X						0.	0.	0.
(7) James M. Collins	60.00									
President/CEO/Asst Secy -SCH	12.00	X		X				1,048,722.	0.	174,407.
(8) Robert Daley	2.00									
Board Member-SCH through 12/2017	0.00	X						0.	0.	0.
(9) Mario J. Fatigati, MD	2.00									
Board Member-SCH	45.00	X						0.	0.	0.
(10) Laura L. Freedman	2.00									
Board Member-SCH as of 9/2017	0.00	X						0.	0.	0.
(11) Gary G. Glausser	2.00									
Board Member-SCH	6.00	X						0.	0.	0.
(12) Scott Heeter	2.00									
Board Member-SCH	2.00	X						0.	0.	0.
(13) David R. Heilman	5.00									
Chairman-SCH	3.00	X		X				0.	0.	0.
(14) Thomas M. Medwig	2.00									
Board Member-SCH	7.00	X						0.	0.	0.
(15) John P. Meegan	2.00									
Board Member-SCH	5.00	X						0.	0.	0.
(16) Donald P. Orr, MD	5.00									
Board Member-SCH	2.00	X						10,000.	0.	0.
(17) Matthew G. Pesacreta, MD	2.00									
Board Member-SCH as of 4/2018	0.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) Harry E. Serene, MD	2.00									
Board Member-SCH	3.00	X						0.	0.	0.
(19) Douglas E. Shaffer	2.00									
Board Member-SCH	1.00	X						0.	0.	0.
(20) Joseph B. Smith	2.00									
Vice Chairman-SCH	3.00	X		X				0.	0.	0.
(21) John T. Sullivan, MD	60.00									
Sr VP/CMO-SCH as of 12/2017	2.00	X		X				25,592.	0.	3,697.
(22) Thomas D. Wright, Jr., Esq.	2.00									
Board Member-SCH as of 4/2018	2.00	X						0.	0.	0.
(23) G. Alan Yeasted, MD	60.00									
Board Member-SCH	5.00	X						356,467.	0.	45,371.
(24) Mark Zacur	2.00									
Board Member-SCH	1.00	X						0.	0.	0.
(25) Gary J. Zentner	2.00									
Board Member-SCH	6.00	X						0.	0.	0.
(26) Jodi M. Amos	2.00									
Board Member-SCF	2.00	X						0.	0.	0.
1b Sub-total							▶	1,440,781.	0.	223,475.
c Total from continuation sheets to Part VII, Section A							▶	7,831,659.	0.	1,128,134.
d Total (add lines 1b and 1c)							▶	9,272,440.	0.	1,351,609.

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 ▶ 171

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ALLSCRIPTS HEALTHCARE, LLC P.O BOX 8538-133, Philadelphia, PA 19171	SOFTWARE SUPPORT	9,561,386.
CARL WALKER CONSTRUCTION INC 935 VISTA PARK DRIVE, Pittsburgh, PA 15205	CONSTRUCTION	2,481,643.
IKM INCORPORATED, 11 STANWIX ST, SUITE 2200, PITTsburgh, PA 15222	ARCHITECT SERVICES	2,371,326.
VOLPATT CONSTRUCTION CORPORATION 100 CASTLEVIEW ROAD, PITTSBURGH, PA 15234	CONSTRUCTION	2,233,322.
G E HEALTHCARE SERVICES P.O. BOX 964830, CHICAGO, IL 60693	SERVICE CONTRACTS	1,650,869.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 77

See Part VII, Section A Continuation sheets

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) Scott Heeter	2.00									
Board Member-SCF	2.00	X						0.	0.	0.
(28) Bryan Hondru	2.00									
Board Member-SCF	1.00	X						0.	0.	0.
(29) Vicki McKenna	2.00									
Board Member-SCF	0.00	X						0.	0.	0.
(30) Thomas M. Medwig	2.00									
Board Member-SCF	7.00	X						0.	0.	0.
(31) John P. Meegan	2.00									
Board Member-SCF	5.00	X						0.	0.	0.
(32) Jack B. Piatt	2.00									
Board Member-SCF	0.00	X						0.	0.	0.
(33) Stephen F. Reich	2.00									
Board Member-SCF through 12/2017	0.00	X						0.	0.	0.
(34) Andrew F. Rodgers	2.00									
Board Member-SCF	0.00	X						0.	0.	0.
(35) Harry E. Serene, MD	2.00									
Board Member-SCF	3.00	X						0.	0.	0.
(36) Robert N. Shogry MD	60.00									
Board Member-SCF	0.00	X						413,457.	0.	38,391.
(37) Vaughn Strimlan, MD	2.00									
Board Member-SCF	0.00	X						0.	0.	0.
(38) Thomas D. Wright, Jr., Esq.	2.00									
Board Member-SCF as of 4/2018	2.00	X						0.	0.	0.
(39) G. Alan Yeasted, MD	5.00									
Co-Chairman-SCF	60.00	X		X				0.	0.	0.
(40) Gary J. Zentner	5.00									
Co-Chairman-SCF	3.00	X		X				0.	0.	0.
(41) Joseph B. Banko	2.00									
Board Member-SCMS	3.00	X						0.	0.	0.
(42) James W. Barson	2.00									
Board Member-SCMS	1.00	X						0.	0.	0.
(43) Kevin Bordeau MD	60.00									
Board Member-SCMS	0.00	X						765,498.	0.	34,321.
(44) Karl E. Bushman, MD	60.00									
Board Member-SCMS	2.00	X						255,673.	0.	39,439.
(45) James M. Collins	2.00									
President/CEO/Asst Secy -SCMS	70.00	X		X				0.	0.	0.
(46) Mario J. Fatigati, MD	45.00									
Board Member-SCMS	2.00	X						330,934.	0.	39,074.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(47) Gary G. Glausser	5.00									
Chairman-SCMS	3.00	X		X				0.	0.	0.
(48) David R. Heilman	2.00									
Board Member-SCMS	6.00	X						0.	0.	0.
(49) Thomas M. Medwig	2.00									
Board Member-SCMS	7.00	X						0.	0.	0.
(50) John P. Meegan	2.00									
Board Member-SCMS as of 2/2018	5.00	X						0.	0.	0.
(51) Donald P. Orr, MD	2.00									
Board Member-SCMS	5.00	X						0.	0.	0.
(52) Joseph B. Smith	2.00									
Board Member-SCMS through 2/2018	3.00	X						0.	0.	0.
(53) John T. Sullivan, MD	2.00									
Board Member-SCMS as of 12/2017	60.00	X						0.	0.	0.
(54) Meredith Borst	60.00									
Director/Strategic Initiatives-SCH	0.00			X				88,583.	0.	5,021.
(55) Richard C. Chesnos	60.00									
Sr VP/CFO/Treasurer-SCH	12.00			X				486,158.	0.	108,461.
(56) Charles V. Dibello	60.00									
VP Fac Mgmt & Construction-SCH	0.00			X				164,008.	0.	24,581.
(57) Michael J. Flanagan	60.00									
Sr VP/COO/Secretary-SCH	0.00			X				484,590.	0.	100,884.
(58) Andrea L. Kalina	60.00									
Sr VP External Affairs/CHRO-SCH	0.00			X				328,207.	0.	72,744.
(59) Eric Luttringer	60.00									
Asst Treasurer-SCH	12.00			X				205,416.	0.	39,371.
(60) Elizabeth Pittman	60.00									
VP & COO-SCH through 12/2017	0.00			X				185,994.	0.	56,692.
(61) Diane L. Puccetti, R.N.	60.00									
Adm VP/CNO-SCH	0.00			X				223,186.	0.	61,765.
(62) Charles J. Rakaczky	60.00									
VP Phys Network-SCH through 12/2017	0.00			X				198,512.	0.	58,523.
(63) Richard J. Schaeffer	60.00									
VP & CIO-SCH	0.00			X				258,812.	0.	75,040.
(64) Barry S. Zaiser	60.00									
Sr VP/Chief Strategy Officer-SCH	10.00			X				397,038.	0.	81,072.
(65) Richard C. Chesnos	2.00									
Treasurer-SCF	70.00			X				0.	0.	0.
(66) James M. Collins	2.00									
Secretary-SCF	70.00			X				0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(67) Eric Luttringer	2.00									
Asst Treasurer-SCF	70.00			X				0.	0.	0.
(68) Richard Sieber	60.00									
Exec Dir Mkt/Devl-SCF	0.00			X				172,163.	0.	33,276.
(69) Richard C. Chesnos	2.00									
Treasurer-SCMS	70.00			X				0.	0.	0.
(70) Eric Luttringer	2.00									
Asst Treasurer-SCMS	70.00			X				0.	0.	0.
(71) Elizabeth Pittman	60.00									
VP & COO-SCMS as of 1/2018	0.00			X				185,994.	0.	56,692.
(72) Charles J. Rakaczky	60.00									
VP Phys Network-SCMS as of 1/2018	0.00			X				198,512.	0.	58,523.
(73) Barry S. Zaiser	2.00									
Secretary-SCMS	68.00			X				0.	0.	0.
(74) Shaka Walker, MD	60.00									
Physician	0.00					X		530,044.	0.	23,892.
(75) Richard Mitchell, MD	60.00									
Physician	0.00					X		515,144.	0.	22,048.
(76) Gerson Florez, MD	60.00									
Physician	0.00					X		503,818.	0.	27,417.
(77) Leigh Nadler, MD	60.00									
Physician	0.00					X		467,478.	0.	36,797.
(78) John Girod, MD	60.00									
Physician	0.00					X		472,440.	0.	34,110.
Total to Part VII, Section A, line 1c								7,831,659.	1,128,134.	

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	253,297.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	130,920.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,336,146.				
	g Noncash contributions included in lines 1a-1f $ 79,017.						
	h **Total.** Add lines 1a-1f			10,720,363.			
Program Service Revenue		Business Code					
	2 a Net patient service rev	622110		300,321,211.	297,692,443.	0.	2,628,768.
	b Program service revenue	621990		36,914,471.	36,914,471.	0.	0.
	c Cafeteria/Cafe	722514		2,003,825.	0.	0.	2,003,825.
	d Parking	812930		1,252,169.	0.	0.	1,252,169.
	e Lablink	621500		625,335.	0.	625,335.	0.
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			341,117,011.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,088,954.			4,088,954.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross rents	1,063,952.					
	b Less rental expenses	1,480,809.					
	c Rental income or (loss)	-416,857.					
	d Net rental income or (loss)			-416,857.			-416,857.
		(i) Securities	(ii) Other				
	7 a Gross amount from sales of assets other than inventory	82,699,916.					
	b Less cost or other basis and sales expenses	74,327,832.					
	c Gain or (loss)	8,372,084.					
	d Net gain or (loss)			8,372,084.			8,372,084.
	8 a Gross income from fundraising events (not including $ 253,297. of contributions reported on line 1c). See Part IV, line 18	a	111,341.				
	b Less direct expenses	b	153,967.				
	c Net income or (loss) from fundraising events			-42,626.			-42,626.
	9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a	198,591.				
	b Less cost of goods sold	b	117,273.				
	c Net income or (loss) from sales of inventory			81,318.			81,318.
	Miscellaneous Revenue	Business Code					
	11 a Telephone	561000		13,337.		13,337.	
	b Clinical/Partnership Activities	561000		-107,170.	-107,170.		
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			-93,833.			
	12 **Total revenue.** See instructions.			363,826,414.	334,499,744.	638,672.	17,967,635.

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	33,578.	33,578.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	44,755.	44,755.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	8,883,135.	6,614,713.	2,166,922.	101,500.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	127,318,127.	104,415,416.	22,802,113.	100,598.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,459,967.	2,875,339.	582,183.	2,445.
9 Other employee benefits	15,287,736.	12,294,036.	2,984,176.	9,524.
10 Payroll taxes	9,240,444.	7,588,609.	1,644,685.	7,150.
11 Fees for services (non-employees)				
a Management	975,950.		975,950.	
b Legal	586,777.		586,777.	
c Accounting	242,900.		242,900.	
d Lobbying	26,066.		26,066.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	19,763.		19,763.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	21,347,035.	7,605,889.	13,610,951.	130,195.
12 Advertising and promotion	1,805,650.	101,755.	1,703,895.	
13 Office expenses	1,754,354.	1,145,289.	546,362.	62,703.
14 Information technology	7,855,781.	5,913,044.	1,937,495.	5,242.
15 Royalties				
16 Occupancy	5,884,439.	3,467,814.	2,416,624.	1.
17 Travel	373,261.	147,483.	222,600.	3,178.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	145,792.	86,679.	58,863.	250.
20 Interest	1,046,952.	1,040,594.	6,358.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,896,708.	10,835,321.	9,032,848.	28,539.
23 Insurance	4,059,181.	3,298,441.	760,740.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Patient Care Supplies	67,653,702.	67,372,036.	281,666.	
b PA Quality Care Assessm	4,813,978.	4,813,978.		
c Food Service	2,543,457.	1,092,401.	1,450,317.	739.
d Equipment Rental & Main	2,278,718.	1,983,197.	295,521.	
e All other expenses	7,953,162.	4,446,823.	3,456,385.	49,954.
25 **Total functional expenses.** Add lines 1 through 24e	315,531,368.	247,217,190.	67,812,160.	502,018.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	16,508.	1	16,695.
	2	Savings and temporary cash investments	19,890,761.	2	21,319,654.
	3	Pledges and grants receivable, net	987,546.	3	8,365,801.
	4	Accounts receivable, net	31,320,008.	4	32,775,469.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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 instr) Complete Part II of Sch L		6	
	7	Notes and loans receivable, net	477,405.	7	40,420.
	8	Inventories for sale or use	6,713,467.	8	7,353,238.
	9	Prepaid expenses and deferred charges	6,359,732.	9	6,415,721.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 347,894,213.			
	b	Less accumulated depreciation — 10b: 216,469,168.	122,107,476.	10c	131,425,045.
	11	Investments - publicly traded securities	217,386,002.	11	243,965,364.
	12	Investments - other securities. See Part IV, line 11	9,618,778.	12	11,085,165.
	13	Investments - program-related See Part IV, line 11	4,499,161.	13	3,928,607.
	14	Intangible assets	1,043,040.	14	970,179.
	15	Other assets See Part IV, line 11	5,165,591.	15	7,073,820.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	425,585,475.	16	474,735,178.
Liabilities	17	Accounts payable and accrued expenses	27,489,114.	17	28,644,473.
	18	Grants payable		18	
	19	Deferred revenue	3,553,419.	19	2,802,821.
	20	Tax-exempt bond liabilities	39,829,585.	20	41,007,032.
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	37,703,275.	25	25,891,128.
	26	**Total liabilities.** Add lines 17 through 25	108,575,393.	26	98,345,454.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	297,227,169.	27	350,027,249.
	28	Temporarily restricted net assets	10,446,256.	28	17,036,532.
	29	Permanently restricted net assets	9,336,657.	29	9,325,943.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	317,010,082.	33	376,389,724.
	34	Total liabilities and net assets/fund balances	425,585,475.	34	474,735,178.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	363,826,414.
2	Total expenses (must equal Part IX, column (A), line 25)	2	315,531,368.
3	Revenue less expenses Subtract line 2 from line 1	3	48,295,046.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	317,010,082.
5	Net unrealized gains (losses) on investments	5	
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	11,084,596.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	376,389,724.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII [ ]

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2a		X
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 [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis	2b	X	
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	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization	Employer identification number
St Clair Health Corporation Group Return	61-1663540

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.)

13

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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university _____

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 **1**

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
St Clair Memorial Hospital	25-1010303	3	X		0.	0.
Total					0.	0.

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 ")	2,093,727.	1,111,634.	1,380,441.	2,161,478.	3,631,649.	10,378,929.
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	2,093,727.	1,111,634.	1,380,441.	2,161,478.	3,631,649.	10,378,929.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,857,633.
6 **Public support.** Subtract line 5 from line 4						7,521,295.

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	2,093,727.	1,111,634.	1,380,441.	2,161,478.	3,631,649.	10,378,929.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	318,522.	360,007.	364,451.	359,123.	411,677.	1,813,781.
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						12,192,710.
12 Gross receipts from related activities, etc. (see instructions)					12	1,480,190.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	61.69 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	65.70 %

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 ▶ ☒

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 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 ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

Section A. All Supporting Organizations

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

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?	11a		X
b	A family member of a person described in (a) above?	11b		X
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* **Part VI.**	11c		X

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally Integrated Supporting Organizations

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

a ☐ The organization satisfied the Activities Test *Complete* **line 2** *below*

b ☐ The organization is the parent of each of its supported organizations *Complete* **line 3** *below*

c ☐ The organization supported a governmental entity *Describe in* **Part VI** *how you supported a government entity (see instructions)*

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (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		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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

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

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

Schedule A, Part II

Reason for Public Charity Status

St Clair Health Corp Group Return is comprised of

- St Clair Memorial Hospital EIN# 25-1010303 - #3
- St Clair Memorial Hospital Foundation EIN# 25-1407399 - #7
- St Clair Professional Services, Inc EIN# 25-1691194 - #12 Type II
- St Clair Anesthesiology Associates, Inc EIN# 71-0875076 - #12, Type II
- St Clair Medical Services, Inc EIN# 25-1876056 - #12, Type II

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2017

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 organization	Employer identification number
St Clair Health Corporation Group Return	61-1663540

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

2 Political campaign activity expenditures ▶ $

3 Volunteer hours for political campaign activities

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-

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		
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-		

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

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) Yes	(a) No	(b) 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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		26,066.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		26,770.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total Add lines 1c through 1i			52,836.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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?			

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 campaign activity 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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

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

Part II-B, Line 1, Lobbying Activities:

Form 990, Part IV, Line 4

St. Clair Hospital is engaged in lobbying activities through membership dues paid to the American Hospital Association, The Hospital & Healthsystem Association of Pennsylvania, Healthcare Council of Western PA, and through legal fees paid to Buchanan Ingersoll & Rooney.

Part IV **Supplemental Information** *(continued)*

Additionally, any time spent by paid employees and / or management in lobbying activities are tracked internally and reported.

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
St Clair Health Corporation Group Return

Employer identification number
61-1663540

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" 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 ▶ $ _____

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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	10,343,723.	10,036,805.	10,776,099.	11,373,246.	10,398,985.
b Contributions	6,068.		6,136.	6,321.	
c Net investment earnings, gains, and losses	498,013.	855,742.	-179,895.	-54,711.	1,358,625.
d Grants or scholarships	100.	100.	100.	100.	100.
e Other expenditures for facilities and programs	526,240.	548,724.	565,435.	548,657.	384,264.
f Administrative expenses					
g End of year balance	10,321,464.	10,343,723.	10,036,805.	10,776,099.	11,373,246.

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

a Board designated or quasi-endowment ▶ 9.65 %
b Permanent endowment ▶ 90.35 %
c Temporarily restricted endowment ▶ .00 %

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		9,810,635.		9,810,635.
b Buildings		106,238,464.	61,051,052.	45,187,412.
c Leasehold improvements		23,037,680.	13,302,397.	9,735,283.
d Equipment		120,589,193.	86,269,541.	34,319,652.
e Other		88,218,241.	55,846,178.	32,372,063.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				131,425,045.

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. (Col. (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. (Col. (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Due to Third Parties	1,328,270.
(3) Accrued Retirement Benefits	7,047,968.
(4) Accrued Professional Liability	16,209,196.
(5) Other Liabilities	1,305,694.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	25,891,128.

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 [X]

Schedule D (Form 990) 2017

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

Part V, line 4:

Endowments are designated by donors and/ or the Board.

Part X, Line 2:

The Corporation, the Hospital, the Foundation, and SCMS are Pennsylvania nonprofit corporations that are described in Section 501(c)(3) of the Internal Revenue Code and are therefore exempt from federal income tax under Section 501(a) and are not subject to the Pennsylvania Corporate Net Income Tax or Pennsylvania Capital Stock Tax.

The Corporation and its subsidiaries have adopted Accounting Standards Codification Subtopic 740-10, Accounting for Uncertainty in Income Taxes -

Part XIII Supplemental Information *(continued)*

an Interpretation of FASB Statement No. 109 (ASC 740-10). ASC 740-10 addresses the determination of how tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under ASC 740-10, the Corporation may recognize the tax benefit from an uncertain tax position only if its more likely than not that the tax position will be sustained upon examination by the taxing authorities, based on the technical merits of the position. As of June 30, 2018 and 2017, the Corporation does not have any uncertain tax positions.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

St Clair Health Corporation Group Return

Employer identification number

61-1663540

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 Activities 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
Central America and Caribbean			Investments		19,112,701.
3 a Sub-total	0	0			19,112,701.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			19,112,701.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2017**

732071 10-06-17

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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 ▶

3 Enter total number of other organizations or entities ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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, don't 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, don't file with Form 990)*	☐ Yes	☒ No

Schedule F (Form 990) 2017

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

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

▶ Go to *www.irs.gov/Form990* **for the latest instructions.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

St Clair Health Corporation Group Return

Employer identification number

61-1663540

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
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a 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 10 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? Yes	(iii) No	(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
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 Golf Outing and Dinner (event type)	(b) Event #2 None (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col (c))
Revenue	1 Gross receipts	364,638.			364,638.
	2 Less Contributions	253,297.			253,297.
	3 Gross income (line 1 minus line 2)	111,341.			111,341.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	24,241.			24,241.
	6 Rent/facility costs	12,597.			12,597.
	7 Food and beverages	61,077.			61,077.
	8 Entertainment				
	9 Other direct expenses	56,052.			56,052.
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	153,967.
	11 Net income summary Subtract line 10 from line 3, column (d)			▶	-42,626.

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ 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? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	13a	%
b An outside facility	13b	%

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 to be 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

Part IV **Supplemental Information** *(continued)*

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization St Clair Health Corporation Group Return

Employer identification number 61-1663540

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %	3a	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
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		X
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	6b	X	

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)			3,203,844.		3,203,844.	1.00%
b Medicaid (from Worksheet 3, column a)			24,893,223.	16,721,682.	8,171,541.	2.60%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			28,097,067.	16,721,682.	11,375,385.	3.60%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			562,540.		562,540.	.18%
f Health professions education (from Worksheet 5)			548,467.		548,467.	.17%
g Subsidized health services (from Worksheet 6)			1,327,429.		1,327,429.	.42%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			145,044.		145,044.	.05%
j **Total.** Other Benefits			2,583,480.		2,583,480.	.82%
k **Total.** Add lines 7d and 7j			30,680,547.	16,721,682.	13,958,865.	4.42%

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			879,600.		879,600.	.30%
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	Total			879,600.		879,600.	.30%

Part III Bad Debt, Medicare, & Collection Practices

				Yes	No
Section A. Bad Debt Expense					
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?		1	X	
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 4,721,836.			
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			
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)	5 136,786,648.			
6	Enter Medicare allowable costs of care relating to payments on line 5	6 162,177,828.			
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7 -25,391,180.			
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6				
	Check the box that describes the method used ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other 2				
Section C. Collection Practices					
9a	Did the organization have a written debt collection policy during the tax year?		9a	X	
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	X	

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

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	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 St Clair Memorial Hospital 1000 Bower Hill Road Pittsburgh, PA 15243	X	X					X			

Part V | Facility Information *(continued)*

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

St Clair Memorial Hospital, Line 1:

Part V, Section B, Line 5: St. Clair completed all phases of its Community Health Needs Assessment (CHNA), publicizing its findings from the most recent assessment in June 2016 (Tax Year 2015). Using primary and secondary data sources, interviews with public health experts, stakeholder input and guidance, and community member feedback, a priority index was developed in order to establish an implementation plan. Key areas of focus included: improving access to care for seniors and underserved populations (underserved defined as those located within federally qualified designated areas; those without health insurance; the foreign-born population with limited english-speaking skills; and those at or below the poverty threshold); better education for behavioral and mental health patients; combating health behaviors, such as addiction, with the implementation of a Narcan program; improving the quality of prenatal care available in the region; reducing the incidence of prevalent cancers such as skin, prostate and breast cancer; and better education and management of chronic lifestyle conditions and lack of community. Additional and expanded program development is currently underway resulting in new programs being delivered directly in community neighborhoods.

St. Clair gathered information through interviews and surveys of dozens of persons who are invested in healthcare in the community. Also, St. Clair Hospital interviews were conducted in August 2015. The web-based survey was conducted from October - December of 2015. These included external stakeholders - those not affiliated with St. Clair - as well as members of our medical and Hospital staff. These persons shared their perspectives and experience on community health needs and their ideas for interventions

Part V | Facility Information *(continued)*

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

and innovative programs to meet those needs. St. Clair Hospital acknowledges the following leaders for their valuable feedback and ideas:

ST. CLAIR HOSPITAL COMMUNITY BENEFIT COMMITTEE MEMBERS at that time:

Joseph B. Smith
Senior Vice President, Marketing,
Dollar Bank Chairman,
Community Benefit Committee
Board of Directors, St. Clair Hospital

Frank Arcuri, Esq.
Law Office of Frank Arcuri
Board of Directors, St. Clair Hospital

Karl E. Bushman, M.D.
Mt. Lebanon Internal Medicine
Board of Directors, St. Clair Hospital

James M. Collins
President & Chief Executive Officer,
St. Clair Hospital
Board of Directors, St. Clair Hospital

Andrew R. Hays
Senior Director, Elk Lake Capital
Emeritus, Board of Directors, St. Clair Hospital

David R. Heilman

Part V | **Facility Information** *(continued)*

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

Chairman, St. Clair Hospital Board of Directors

Andrea L. Kalina

Executive Liaison,

Community Benefit Committee

Senior VP and Chief Human Resources Officer,

St. Clair Hospital

Joan R. Massella

Former Administrative Vice President

and Chief Nursing Officer, St. Clair Hospital

Board of Directors, St. Clair Hospital

John P. Meegan

Executive Vice President

and Chief Operating Officer,

Heffren-Tillotson, Inc.

Board of Directors, St. Clair Hospital

Melvin D. Rex

Former Chairman, St. Clair Hospital Board of Directors

G. Alan Yeasted, M.D.

Sr. Vice President & Chief

Medical Officer, St. Clair Hospital

Board of Directors, St. Clair Hospital

Part V | **Facility Information** *(continued)*

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

Mark Zacur

Vice President and General Manager

Thermo Fisher Scientific,

Fisher Healthcare

Board of Directors, St. Clair Hospital

COMMUNITY LEADERS AND EXPERTS WHO CONTRIBUTED THEIR EXPERTISE:

Michael Bowersox, LPC

Program Director, Our Clubhouse

Rachael Burdette

Outreach Specialist,

Greenbriar Treatment Center

Venard Campbell

EMS and Emergency

Communications Coordinator, St. Clair Hospital

Richard Chesnos

Senior Vice President and Chief Financial Officer,

St. Clair Hospital

Susan Coyle

Chief Executive Officer,

Chartiers Community Mental Health

Katie Devine

Part V | Facility Information *(continued)*

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

Director of Human Resources, Mt. Lebanon School District

Mary Duranti

Librarian, Heritage Public Library

Michael Flanagan

Senior Vice President

and Chief Operating Officer, St. Clair Hospital

Harry Fruecht

Police Chief, Peters Township Police

Jim Guffey

Executive Director, South Hills Interfaith Movement

Nora Helfrich

EMS Director, Tri-Community South EMS

Christina Hostutler, LCSW

Clinical Director, Outreach Teen and Family Services

David Kish

Executive Director, Emergency Services,

St. Clair Hospital

Janice Klein

Director of Business, Mt. Lebanon School District

Part V | **Facility Information** *(continued)*

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

Michelle Kurta, PhD, MPH

Epidemiology Research Associate,

Allegheny County Health Department

Tracy Lahew

Public Health Nurse, Washington County

Aaron Lauth

Chief of Police, Mt. Lebanon Police

Heather Martorella

Oncology Nurse Specialist, St. Clair Hospital

Linda McIntyre

Director, Women and Children's Services,

St. Clair Hospital

Casey Monroe, MSW

Executive Policy Advisor,

Allegheny County Health Department

Grace Muller

Navigator, Casa San Jose

Kathe Niznik

Director, Psychiatry and Mental Health,

Part V | Facility Information *(continued)*

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

St. Clair Hospital

Marianne Olschesky

Community Outreach & Marketing Specialist, St. Clair Hospital

Todd R. Pritchard

Operations Director, Medical Rescue Team South Authority

Casey Rich

Service Coordinator, South Hills Interfaith Movement

Tom Salerno Jr.

Director of Operations/EMS Chief,

Scott Township EMS

Stephanie Samolovitchm, MSW

Director of Support Services, Cancer Caring Center

James Secrete

Police Chief, Scott Township Police

Richard Sieber

Executive Director, Marketing & Development,

St. Clair Hospital

Liz Style

Project Coordinator for Safer Together,

Part V | **Facility Information** *(continued)*

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

City of Pittsburgh

Denis Valentine

Director, Southbridge EMS

Brian White

Superintendent, Chartiers Valley School District

Rebecca Whitlinger

Executive Director, Cancer Caring Center

Joseph Wissel Jr.

EMS Chief, Kirwan Heights EMS

St Clair Memorial Hospital, Line 1:

Part V, Section B, Line 11: See Part VI and the CHNA Implementation Strategy (attached). Implementation progress is reported quarterly to the Community Benefit Committee and Board of Directors. There are two primary health needs identified in the 2016 (Tax Year 2015) CHNA that St. Clair will not address in its implementation strategy. Specifically, St. Clair Hospital will not address the physical environment or social and economic factors. The Hospital does not have sufficient resources to effectuate a significant change in these areas, and believes resources devoted to its implementation strategy should focus on the other identified pervasive community health needs.

Part V **Facility Information** *(continued)*

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

St Clair Memorial Hospital, Line 1

Part V, line 16a, FAP website:

https://www.stclair.org/billing-insurance/financial-assistance/

St Clair Memorial Hospital, Line 1:

Part V, Section B, Line 16j: St. Clair has a service for Limited English Proficiency (LEP) patients where patients can call and have the St. Clair Financial Assistance Policy translated. A simplified PLS for FAP and Collections is provided on the back of every statement and is available on our website https://wwww.stclair.org/billing-insurance/financial-assistance/. This simplified FAP listed on St. Clair website also applies for lines 16C (plain language FAP widely available on the St. Clair Website) as well as for line 16F (Plain language FAP is available upon request and without charge).

St Clair Memorial Hospital, Line 1:

Part V, Section B, Line 20e: and 20f: St. Clair's Financial Assistance/Charity Care policy includes presumptive charity care as an addition to the regular financial assistance discount process. Patients that do not complete a formal charity care application are screened for presumptive charity care prior to being placed in the regular collection process and qualify for charity care if the patient's credit score is below St. Clair's threshold credit score or their estimated income is

Part V | **Facility Information** *(continued)*

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

within the policy guidelines. Presumptive charity care is extended to a single account. Line 20 is left blank because none of the actions in Line 19 are permitted under St. Clair's policy.

Part V, Section B, Line 13

All patients without insurance are billed services at a discount regardless of income. Inpatient and outpatient services are discounted to a level approximating the average of Medicare and all commercial payment rates. In addition to Federal Poverty Guidelines, St. Clair utilizes a presumptive charity care determination process. Patients that do not complete a formal charity care application qualify for presumptive charity care if the patients' credit score is below St. Clair's threshold credit score or their estimated income is within the policy guidelines. Presumptive charity care is extended to a single account.

Part V, Section B, Line 10b

See attached copy of St. Clair's CHNA Implementation Strategy

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? 40

	Name and address	Type of Facility (describe)
1	SCMS So Hills Cardiology Associates 2000 Oxford Drive, Suite 305 Bethel Park, PA 15102	Physician Office
2	SCMS So Hills Cardiology Associates 3928 Washington Road, Suite 270 McMurray, PA 15317	Physician Office
3	SCMS Fatigati Nalin Associates 733 Washington Rd, Suite 401 Pittsburgh, PA 15228	Physician Office
4	SCMS Fatigati Nalin Associates 1025 Washington Pike Bridgeville, PA 15017	Physician Office
5	SCMS Fatigati Nalin Associates 5187 Library Road Bethel Park, PA 15102	Physician Office
6	SCMS Fatigati Nalin Associates 3928 Washington Road, Suite 280 McMurray, PA 15317	Physician Office
7	SCMS Fatigati Nalin Associates 601 McMillan Street Bridgeville, PA 15017	Physician Office
8	SCMS Fatigati Nalin Associates 5482 Campbell's Run Road Pittsburgh, PA 15205	Physician Office
9	SCMS Sholder and Bordeau Urologic Aso 1145 Bower Hill Road, Suite 105 Mt Lebanon, PA 15243	Physician Office
10	SCMS St. Clair Orthopedic Associates 1050 Bower Hill Road, Suite 105 Pittsburgh, PA 15243	Physician Office

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? 40

Name and address	Type of Facility (describe)
11 SCMS St. Clair Orthopedic Associates 3928 Washington Road, Suite 270 McMurray, PA 15317	Physician Office
12 SCMS Mt Lebanon Internal Medicine 2000 Oxford Drive, Suite 420 Bethel Park, PA 15102	Physician Office
13 SCMS Zubritzky & Christy, OG/GYN 1050 Bower Hill Road, POB Suite 205 Pittsburgh, PA 15243	Physician Office
14 SCMS Zubritzky & Christy, OG/GYN 1767 Pine Hollow Road McKees Rocks, PA 15136	Physician Office
15 SCMS Zubritzky & Christy, OG/GYN 6000 Steubenville Pike, Suite 105 McKees Rocks, PA 15136	Physician Office
16 SCMS Zubritzky & Christy, OG/GYN 2000 Oxford Drive, Suite 415 Bethel Park, PA 15102	Physician Office
17 SCMS Urgent Care Center 2000 Oxford Drive Bethel Park, PA 15102	Urgent Care Center
18 SCMS Colorectal Surgical Associates 1050 Bower Hill Road, Suite 208 Pittsburgh, PA 15243	Physician Office
19 SCMS DeGiovanni & Montini Associates 717 Washington Road Pittsburgh, PA 15228	Physician Office
20 SCMS Dobkin & Ricelli Associates 250 Mt Lebanon Boulevard, Suite 306 Pittsburgh, PA 15234	Physician Office

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? 40

Name and address	Type of Facility (describe)
21 SCMS Dobkin & Ricelli Associates 5301 Grove Road Pittsburgh, PA 15236	Physician Office
22 SCMS Ripepi Surgical Associates 2000 Oxford Drive, Suite 216 Bethel Park, PA 15102	Physician Office
23 SCMS Ripepi Surgical Associates 3928 Washington Road, Suite 270 McMurray, PA 15317	Physician Office
24 SCMS Budway Surgical Associates 2000 Oxford Drive, Suite 301 Bethel Park, PA 15102	Physician Office
25 SCMS Budway Surgical Associates 3928 Washington Road, Suite 270 McMurray, PA 15317	Physician Office
26 SCMS Evron Endocrinology Associates 2000 Oxford Drive, Suite 302 Bethel Park, PA 15102	Physician Office
27 SCMS West Hills Medical 27 Heckel Road, Suite 212 McKees Rocks, PA 15136	Physician Office
28 SCMS Basheda Pulmonary Associates 1050 Bower Hill Road, Suite 304 Pittsburgh, PA 15243	Physician Office
29 SCMS Basheda Pulmonary Associates 3928 Washington Road, Suite 270 McMurray, PA 15317	Physician Office
30 SCMS Basheda Pulmonary Associates 27 Heckel Road, Suite 104 McKees Rocks, PA 15136	Pysician Office

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? 40

Name and address	Type of Facility (describe)
31 SCMS Maley Thoracic Surgery Associate 1050 Bower Hill Road, POB Suite 204 Pittsburgh, PA 15243	Physician Office
32 SCMS Maley Thoracic Surgery Associate 3928 Washington Road, Suite 270 McMurray, PA 15317	Physician Office
33 SCMS Maley Thoracic Surgery Associate 27 Heckel Road, Suite 106 McKees Rocks, PA 15136	Physician Office
34 SCMS Popovich Internal Medicine 2000 Oxford Drive, Suite 302 Bethel Park, PA 15102	Physician Office
35 SCMS Gobao Internal Medicine 1145 Bower Hill Road, Suite 206 Pittsburgh, PA 15243	Physician Office
36 SCMS John E. Love Family Practice 1626 Potomac Avenue Dormont, PA 15216	Physician Office
37 SCMS Plastic Surgery 1050 Bower Hill Road, Suite 101 Pittsburgh, PA 15243	Physician Office
38 SCMS Plastic Surgery 3928 Washington Road, Suite 270 McMurray, PA 15317	Physician Office
39 SCMS St. Clair Family Practice Associ 2000 Oxford Drive, Suite 302 Bethel Park, PA 15102	Physician Office
40 SCMS St. Clair Cardiovascular Surgery 1050 Bower Hill Road, POB Suite 204 Pittsburgh, PA 15243	Physician Office

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group St Clair Memorial Hospital, Line 1

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
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		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j [ ] Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		X
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		X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a [X] Hospital facility's website (list url) https://www.stclair.org/community			
b [ ] Other website (list url)			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [ ] Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		X
a If "Yes," (list url)			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X	
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		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group St Clair Memorial Hospital, Line 1

			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?	13	X	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	[X] 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 300 %			
b	[X] Income level other than FPG (describe in Section C)			
c	[ ] Asset level			
d	[ ] Medical indigency			
e	[X] Insurance status			
f	[ ] Underinsurance status			
g	[X] Residency			
h	[X] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	[X] The FAP was widely available on a website (list url) See Part V, Page 8			
b	[X] The FAP application form was widely available on a website (list url) See Part V, Line 16a			
c	[X] A plain language summary of the FAP was widely available on a website (list url) See Part V, Line 16a			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] 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	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	[X] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group St Clair Memorial Hospital, Line 1

		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?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	☐ Actions that require a legal or judicial process		
e	☐ Other similar actions (describe in Section C)		
f	☒ 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?		X
	If "Yes," check all actions in which the hospital facility or a third party engaged		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	☐ Actions that require a legal or judicial process		
e	☐ 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 ☐ 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 ☐ Made a reasonable effort to orally notify individuals about the FAP and FAP application process
- c ☐ Processed incomplete and complete FAP applications
- d ☐ Made presumptive eligibility determinations
- e ☐ Other (describe in Section C)
- f ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group St Clair Memorial Hospital, Line 1

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☒	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
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?		X
	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?		X
	If "Yes," explain in Section C		

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

Part I, Line 3c:

In addition to Federal Poverty Guidelines, St. Clair utilizes a presumptive charity care determination process. Patients that do not complete a formal charity care application qualify for presumptive charity care if the patients' credit score is below St. Clair's threshold credit score or their estimated income is within the policy guidelines. Presumptive charity care is extended to a single account. Additionally, all patients without insurance are billed services at a discount regardless of income. Inpatient and outpatient services are discounted to a level approximating the average of Medicare and all commercial payment rates.

Part I, Line 7:

The Hospital's ratio of cost to charges was applied to the total charges for accounts written off to charity care of $3,502,191 in order to determine a reasonable approximation of the cost of providing services for those patients. Costs were then prorated between payments and charity care write-offs on the accounts to calculate the cost amount disclosed.

The cost of Medicaid accounts utilized to calculate the Medicaid Community Benefit expense was derived from St. Clair's internal cost accounting system.

All other items in Part I, Line 7 represents actual costs.

Part I, Ln 7 Col(f):
Actual Provision for Bad Debts expense totaling $6,152,608 have been excluded from the denominator in the calculation of percentage of total expense.

Part II, Community Building Activities:
St. Clair Hospital, St. Clair Medical Services and St. Clair Hospital Foundation are Pennsylvania non-profit corporations, exempt from taxes under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), which own and operate an acute care hospital providing a comprehensive range of general and specialized care along with physician practices supporting the hospital and surrounding communities and a Foundation, the purpose of which is to support health and welfare initiatives.

St. Clair Hospital is a national leader in quality care, patient safety, patient satisfaction, and value. In 2016, the Hospital became the exclusive Western Pennsylvania member of the Mayo Clinic Care Network. This clinical collaboration provides St. Clair's outstanding physicians with direct access to the world-renowned expertise of Mayo Clinic. Physicians can easily consult directly with Mayo Clinic specialists at no

additional cost to the patient. The Hospital recently earned its twelfth consecutive A grade for Hospital Safety, placing St. Clair in the top 3% in the nation. The Hospital has been honored by IBM Watson (formerly Truven Health Analytics) for excellent culture, an award that signifies we deliver higher quality, higher satisfaction and lower cost to patients. St. Clair has also been recognized by independent evaluators as having the highest patient satisfaction in the Pittsburgh region and among the top 10% in the nation.

The Hospital is committed to improving the health status of patients in our region without regard to their ability to pay. A comprehensive offering of programs and services is made available on and off campus (to include partnering with other local healthcare agencies) and encompasses health education and screenings, prenatal education, smoking cessation, psychiatry and mental health services, cancer care, nutrition and weight control, and the management of chronic diseases such as diabetes, congestive heart failure, COPD and asthma. In most cases these programs are provided at no cost to participants, and are generally fully subsidized. Among its other charitable works, St. Clair supports numerous community based programs including a subsidized cardiac rehabilitation program, well-baby programs, CPR training for schools and non-profit organizations, provision of Narcan supplies and training to first responders on usage, flu and pneumonia vaccinations for local EMS workers, a needle disposal program for diabetics and other individuals who self administer medications, and mentoring opportunities for young adults interested in healthcare careers.

The Foundation funds the Hospital's courtesy van-service transportation

program, a free need-based service available to local residents who require rides to and from the Hospital and its affiliate locations. During the year ended June 30, 2018 the van service provided over 13,000 trips to area residents in need. In addition nearly 150 community outreach education programs were sponsored by St. Clair, encompassing nearly every clinical service.

St. Clair has established a coordinated program with the nursing schools of surrounding communities and St. Clair's nursing staff serves as preceptors to the nursing students. As many as 285 nursing students were served and more than 5,000 hours were spent on this program in the nurturing of the future healthcare givers of the region. Additionally, St. Clair serves as a clinical site for post-secondary advanced clinical degree programs for medical imaging students in multiple modalities, CRNA students and 5th and 6th year doctoral students in Pharmacy. Its medical school preceptor program hosts between 6 to 8 students for 8 week rotations throughout the year. Job shadowing programs are also coordinated for high-school students.

St. Clair is actively involved with the clinical training of over 160 Emergency Medical Technicians and Paramedics. Approximately 3,000 hours of training were devoted for their education in order to strengthen the quality of care given by these professionals.

The following is a sample of other ways in which St. Clair supports the community:

Since its inception, St. Clair Hospital has remained focused on the needs

of the community. St. Clair envisions our community as a place where healthful lifestyles are the norm, where residents of any neighborhood have access to health education, disease prevention, screening and primary care. By engaging in partnerships with established nonprofit agencies and charitable organizations who share our values and goals, St. Clair expands its reach into the community, building on existing strengths and enhancing services to improve health and quality of life.

St. Clair June 2016 CHNA (Tax Year 2015) identified five key areas the Hospital will build programs and initiatives around:access,behavioral health,health behaviors,health conditions,infant and maternal health and mortality rates.

Access - When access is problematic for residents, health problems go untreated; chronic conditions worsen and complications develop, leading to emergencies and hospital admissions. To address the lack of access to care, St. Clair will continue to provide free van transportation services to the hospital and its outpatient centers. It will market the van to seniors and areas of high need. Additionally, St. Clair is also collaborating with other nonprofits in the region that provide health and human services. St. Clair will help to facilitate coordination to ensure residents' health needs are being met.

Behavioral Health - With the closing of mental health facilities over the past two decades, families are turning to police and the emergency department to respond to mental health crises. To combat this, St. Clair will continue to provide community-based mental health support groups in collaboration with other nonprofit mental health providers. The Hospital

is also integrating mental health services into primary care and obstetrics and gynecology physician offices. Lastly, to better meet the demand for more mental health services, St. Clair recruited additional clinical providers.

Health Behaviors - Substance abuse and addiction have reached epidemic proportions across St. Clair Hospital's service area. To address this need, St. Clair will continue to provide training and funding for the Narcan opioid reversal program. The Hospital developed resource cards listing the contact information for drug and rehab partners in the region. St. Clair is also collaborating with first responders in a forum setting to discuss the best way to address this issue.

Health Conditions - St. Clair Hospital will continue to participate in community health fairs and senior expos, providing free health education and screenings to the community. Additionally, St. Clair Hospital is expanding its efforts, by doing monthly outreach at the South Hills Interfaith Movement and Salvation Army Carnegie food pantries.

Infant and Maternal Health - Insufficient access to prenatal care was shown to be a key concern for St. Clair Hospital's service area. To address the need, St. Clair Hospital created prenatal education videos, posted them on its YouTube channel and promotes them regularly via social media and digital marketing. St. Clair is currently writing curriculum to add to this online education video collection. Additionally, St. Clair is subsidizing prenatal education classes for low-income families.

Mortality Rates - In St. Clair Hospital's service area, high mortality

exists for prostate, breast, ovarian, and colon cancers. Realizing that early detection provides the best chances for survival, St. Clair is providing free cancer screenings to the community for prostate, breast and skin cancer. The Hospital is also providing information to the community on the HPV vaccination, which prevents the deadly forms of ovarian, head and neck cancers associated with HPV.

In addition to CHNA initiatives, St. Clair also expands its reach into the community in the following ways:

-St. Clair regularly makes donations to partnering agencies in the form of monetary donations and in-kind contributions.

-In the interest of safety and disease prevention, St. Clair has a needle disposal program for those who utilize needles, syringes and other sharps in managing conditions such as diabetes. This free service enables people to exchange containers of contaminated needles for new empty ones.

-St. Clair opens its doors to health professions students from the region's many training programs and universities, who come to the Hospital to gain clinical experience. Medical students, residents, nursing students and others rotate through our clinical departments as they prepare for careers in healthcare, and often times, returning to communities in need.

See Additional Information for other services.

Part III, Line 2

The Hospital's ratio of cost to charges was applied to the total

charges for accounts written off in order to determine a reasonable approximation of the cost of providing services for those patients. Costs were then prorated between payments and bad debt write-offs on the accounts to calculate the cost amount disclosed in Part III section A.

Part III, Line 3

St. Clair's Financial Assistance/Charity Care policy includes presumptive charity care as an addition to the regular financial assistance discount process. Patients that do not complete a formal charity care application are screened for presumptive charity care prior to being placed in the regular collection process and qualify for charity care if the patients' credit score is below St. Clair's threshold credit score or their estimated income is within the policy guidelines. Presumptive charity care is extended to a single account. As such, St. Clair expects the amount of bad debt expense attributable to patients eligible under the financial assistance policy to be negligible.

Part III, Line 4:

St. Clair's audited financial statements, Note 2, pages 14-17 describe bad debt expense and uncompensated care.

Part III, Line 8:

The Hospital provides services regardless of the level of reimbursement to be received from the patient or its insurer. Reimbursement from the government-sponsored programs including Medicare and state Medical

Assistance and indigent care programs are often less than the cost of providing these services and therefore should be treated as community benefit. The Hospital's ratio of cost to charges was utilized to estimate this shortfall.

Part III, Line 9b:

St. Clair provides quality medical health care regardless of race, creed, sex, national origin, age, sexual orientation, or the ability to pay. The care include both inpatient and outpatient services as well as maintaining an emergency department that is available twenty-four (24) hours a day and treats approximately 63,000 patients annually. St. Clair provides free or discounted care to patients who meet certain criteria under St. Clair's Financial Assistance and Charity Care Program. St. Clair ensures that its financial assistance program is easily accessible to patients in need and the policy is posted in all key public areas, all registration areas and in all ancillary departments. The policy extends free or discounted services to low-income, uninsured or underinsured, patients with extraordinary medical expenses and indigent individuals who do not otherwise have the ability to pay fully for medically necessary health care. All patients without insurance are billed services at a discount regardless of income. Inpatient and outpatient services are discounted to a level approximating the average of Medicare and all commercial payment rates. Once St. Clair determines that a patient has qualified for formal charity care or free care, based on a sliding scale of 200%, 250% or 300% of federal poverty guidelines an additional adjustment of 100%, 30% or 20%, respectively, is applied to all accounts reviewed in the charity care/financial assistance application process. Those patients that do not complete a formal charity care application are screened for presumptive

charity care prior to being placed in the regular collection process and qualify for charity care if the patients' credit score is below St. Clair's threshold credit score or if their estimated income is within the policy guidelines. Presumptive charity care is extended to a single account. No further collection efforts are made on those qualifying for the 100% discount. For the patients qualifying for the 20% or 30% discount, the balance due is adjusted by the applicable percentage and the remaining balance continues through the regular collection process. During the year ended June 30, 2018, $8,709,000 of uninsured discounts were provided.

Part VI, Line 2:

St. Clair completed all phases of its Community Health Needs Assessment (CHNA), publicizing its findings from the most recent assessment in June 2016 (Tax Year 2015). Using primary and secondary data sources, interviews with public health experts, stakeholder input and guidance, and community member feedback, a priority index was developed in order to establish an implementation plan. Key areas of focus included: improving access to care for seniors and the underserved; better education for behavioral and mental health patients; combating health behaviors, such as addiction, with the implementation of a Narcan program; improving the quality of prenatal care available in the region; reducing the incidence of prevalent cancers such as skin, prostate and breast cancer; and better education and management of chronic lifestyle conditions and lack of community. Additional and expanded program development is currently underway resulting in new programs being delivered directly in community neighborhoods. St. Clair has regular dialogue with regional healthcare experts, government officials, partnering agencies and community members

regarding the health status of the community. That feedback is used to supplement the CHNA action plan as appropriate.

Part VI, Line 3:

The Hospital's process for educating patients about the Charity Care/Financial Assistance Policy is as follows:

All uninsured patients who are registered through the emergency department are given a handout with information about the Hospital's Charity Care/Financial Assistance Policy.

All patients who are admitted as inpatients receive a Patient Handbook and one section of the Handbook describes the Charity Care/Financial Assistance Policy.

All self-pay patients are mailed the charity care letter and application.

The Hospital's customer service representatives discuss the charity care policy when patients call the customer service line.

All Self-pay patients who are admitted are seen by an outside consulting firm for a Medical Assistance qualification screening process. The firm also handles high-dollar outpatient accounts. The Hospital strives to be as helpful as possible in discussing charity care for our scheduled and unscheduled patient population.

All patient statements notify patients that the hospital offers financial assistance/charity care, the customer service phone number, and hours of

operation for additional information.

The hospital's website notifies patients that the hospital offers financial assistance and provides access to the financial assistance/charity care application.

Financial assistance notification is posted in all registration and other high volume patient areas.

Part VI, Line 4:

St. Clair is located in the municipality of Mt. Lebanon, in the southwest suburban quadrant of metropolitan Pittsburgh, Pennsylvania, approximately six miles from the downtown proper. St. Clair considers its service area to include thirty-four zip codes within six regions in southwestern Allegheny and northern Washington County, with a population of nearly 500,000 and 17% of all households having incomes below $25,000. St. Clair also maintains a comprehensive outpatient center located in Bethel Park, approximately three miles from the main hospital, and a second outpatient center located in Peters Township, Washington County, approximately ten miles from the Hospital, as well as two smaller outpatient centers within similar proximity. The Hospital is licensed for 329 beds of which 302 were set up and staffed during the year ended June 30, 2018.

Part VI, Line 5:

St. Clair is the region's leading healthcare provider, excelling in quality, service and value. St. Clair's values are demonstrated through performance,. integrity, compassion, pride and innovation. With more than 2,500 employees, St. Clair is the largest employer in southern Allegheny

County. St. Clair's board of directors is comprised of members of the local community so that community needs can be properly determined and addressed.

Subsidized Health Services

In addition to charity care and costs not covered by Medicaid payments, another community benefit provided by St. Clair is subsidized health services. These services yield low or negative margins, but are necessary to serve the community. $1,327,429 of subsidized health services were provided for the year ended June 30, 2018.

Healthcare Services

St. Clair offers a comprehensive array of inpatient and outpatient services, including: advanced cardiovascular services; specialized care for women, children and infants; diabetes treatment; oncology services; emergency care; general surgery services; primary care; psychiatry and mental health services; and pulmonary care. In addition to the high quality, broad range of clinical services offered, St. Clair is equally committed to capital improvements and purchases of new technology to enhance its services to meet the community's health needs. To that end,the Hospital has invested, approximately $115,000,000 over the past five years.

Each of these areas is staffed by a team of skilled physicians, nurses and other clinicians. St. Clair considers requests for clinical privileges and medical staff membership based upon the needs of the community and Medical Staff Development Plan.

Part VI Supplemental Information *(Continuation)*

St. Clair provides an array of advanced and highly specialized services. The Hospital is focused on continuously enhancing its services and technologies to ensure that the community's health needs are met. A description of key services follows:

Cardiovascular Services - From diagnosis to treatment to rehabilitation and wellness, multidisciplinary teams of caregivers at St. Clair offer a full range of cardiac care services. St. Clair achieves industry-leading treatment times for heart attack victims arriving at our Emergency Department, resulting in best practice outcomes. St. Clair's average time from hospital door to first balloon inflation of 65 minutes exceeds the 50th percentile mark of 90 minutes for the national standard set by The American College of Cardiology. Additionally, St. Clair was named a Blue Distinction Center for Cardiac Care for its best practices and standards of care. Cardiologists and cardiac surgeons are available 24 hours a day, seven days a week to provide scheduled and emergency cardiac care, seamlessly delivered with a goal of high quality, compassionate, and personalized care. Additionally, St. Clair's cardiovascular program provides comprehensive services including screening, prevention, cardiac rehabilitation and educational programs to the community. St. Clair's Cardiac Rehabilitation program received more than 24,000 annual visits. St. Clair offers a full range of cardiac diagnostic testing, including ECG, holter monitoring, event recording, echocardiogram, cardiac CT angiography, and stress tests at multiple locations.

Psychiatry and Mental Health Services - St. Clair provides comprehensive diagnosis, treatment and follow-up care for persons suffering from mental illness though an Inpatient unit, Outpatient Services, Electroconvulsive

Therapy, Mental Health Consultation-Liaison, and Community Outreach. The Psychiatry and Mental Health Services program offers a safe compassionate treatment environment where the recovery process begins or continues. The program engages a multi-disciplinary team of caring professionals (physicians, nurses, therapists and social workers) to develop individual treatment plans to meet the specific needs of each patient. St. Clair provides mental health care services to nearly 4,000 patients annually.

Orthopedics/Spine - St. Clair's Orthopedics program includes a variety of services focused on the prevention, diagnosis and treatment of disorders of the musculoskeletal system. From diagnostic testing to arthroscopic and minimally invasive surgery to major joint replacement and spinal procedures to rehabilitation, St. Clair provides access to orthopedic care in a compassionate setting. The multidisciplinary team of physicians, therapists, and nurses, including an orthopedic nurse navigator, develop coordinated treatment plans for each patient with personalized attention and comprehensive care with the ultimate goals of better results and fewer complications. St. Clair also offers orthopedic education and prevention programs to the community. In a recent Press Ganey survey, the dedicated orthopedic nursing unit ranked in the 99th percentile nationally for patient satisfaction. St. Clair's rate of complications of care for hip and knee replacement and the 90 day readmission rate for spinal fusion both rank in the top decile nationally. St. Clair has the 4th largest joint replacement program in the Pittsburgh market (IBM Watson Health).

Women's and Children's Services - Women's and Children's Services provides a comprehensive continuum of care, spanning from pre-natal, obstetrics, newborn and pediatric services to complete gynecological and urological

services. The Family Birth Center includes 11 Labor, Delivery Recovery beds and 21 Post-Partum beds, a Level II neonatal intensive care unit and an 9 bed Pediatric unit. As 3rd busiest obstetric program in the Pittsburgh market (per IBM Watson Health), St. Clair performed 1,525 deliveries during the year ended June 30, 2018. Additionally, it provides education and support programs including a team of certified lactation specialists. A board-certified or board eligible pediatrician is on-site 24 hours a day. There is also a team of perinatologists available for consults, ultrasounds and shared management of high risk patients.

Cancer Care - The St. Clair Hospital Cancer Care program provides comprehensive inpatient and outpatient services to patients diagnosed with cancer. The program is accredited by the American College of Surgeons Commission on Cancer. The focus is to treat not only the physical needs of patients but also their emotional, spiritual and psychosocial needs throughout all stages of the cancer care continuum. Additionally the Cancer Center Program provides community cancer screenings, educational programs on cancer prevention and wellness, and cancer support groups. St. Clair operates the 2nd busiest prostate and breast cancer programs in the Pittsburgh market (Pennsylvania Health Care Cost Containment Council, FY 17).

St. Clair's Sipe Infusion Center is an outpatient clinic located within the hospital. Members of the Infusion Center Team provide skilled nursing care, education and emotional support to patients with various conditions, including those with cancer and benign hematologic disorders, autoimmune disorders (such as Crohn's Disease, Arthritis, and Multiple Sclerosis), and Osteoporosis. The Center provides administration services for

intravenous and injectable treatments such as chemotherapies and biologics; immunotherapies; intravenous Immune Globulin (IVIG); antibiotics; hydration; blood products; therapeutic phlebotomy; and vaccinations. The Sipe Infusion Center provides services 7 days/week, 365 days/year.

The St. Clair Hospital Radiation Oncology Center, in affiliation with UPMC Hillman Cancer Center, is located on the Hospital's main campus and offers area residents access to convenient, advanced, comprehensive, and high-quality care close to home. The Center provides a full spectrum of radiation treatment services, including Intensity-Modulated Radiation Therapy (IMRT) capabilities. IMRT gives radiation oncologists the ability to more precisely "custom sculpt" the shape of a tumor, delivering the right amount of radiation with more accuracy and helping to preserve healthy tissue around the tumor.

Emergency Services - St. Clair has the largest Emergency Department in its total service area, with more than 63,000 annual visits in the year ended June 30, 2018. The Emergency Department is open 24 hours a day, providing emergency care ranging from minor injuries and illness to life-threatening accidents or illnesses. The Emergency Department's rate for patients-left-without-being-seen of 0.3%, is well below the national average of approximately 3.0%. Door-to-room times averaged six minutes and door-to-doctor times averaged 21 minutes during the year ended June 30, 2018. Patient satisfaction scores from Press Ganey surveys for St. Clair's Emergency Department were in the 92nd percentile nationwide for the same year.

See Additional Information for other services.

Part VI, Line 7, List of States Receiving Community Benefit Report:

PA

Additional Information

Surgical Services - St. Clair's Surgical Services Department (13 operating rooms in the main suite and two operating rooms located in the Mt. Lebanon Surgical Center on the hospital campus) performs a wide range of operative procedures, including: minimally-invasive laparoscopy surgery; gynecological surgery; ear, nose and throat surgery; orthopedic and spine surgery; pediatric surgery; oral/maxillofacial surgery; podiatry surgery; open chest (heart) surgery; urological surgery; ophthalmologic surgery; pain control services; laser surgery; general surgery; vascular surgery; plastic and reconstructive surgery; lithotripsy; and thoracic surgery. Since 2011, St. Clair provided minimally invasive surgical procedures through the use of the da Vinci Si robotic surgical system.

Medical Imaging - St. Clair runs a full-service Medical Imaging Department, offering a variety of diagnostic and interventional studies at the Hospital campus and three outpatient centers using the modalities of general radiology, fluoroscopy, nuclear medicine, ultrasound, obstetrical ultrasound, screening and diagnostic mammography, CT scanning, MRI, PET/CT (a joint venture with UPMC Hillman Cancer Center) and interventional and endovascular services.

Laboratory Services - St. Clair's full-service Laboratory operates 24

Part VI Supplemental Information *(Continuation)*

hours a day, seven days a week to provide quick and accurate test results. The Lab offers comprehensive testing in the specialities of Hematology, Chemistry, Microbiology, Histology, Cytology and Blood Banking. In addition to the main campus, St. Clair provides laboratory services at the two outpatient centers and outreach facilities.

Physical and Occupational Therapy - St. Clair's Physical Therapy Department offers comprehensive rehabilitation services to inpatients and outpatients. Licensed Physical Therapists and Physical Therapist Assistants provide exercise, mobility training, thermal and cryo modalities, and tissue mobilization. The health care professionals within St. Clair's Occupational Therapy Department treat patients to improve function in their day-to-day activities, including personal hygiene, mobility, vocational and leisure activities. The outpatient therapy department, located at the Village Square Outpatient Center, ranks in the top decile nationally for patient satisfaction (Press Ganey).

Part II, Community Building Activities

-St. Clair Hospital regularly sponsors Youth Programs in the community, including those offered by the 14 school districts within our service area. These programs provide opportunities for children and teens to socialize with their peers and participate in arts and sports.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
St Clair Health Corporation Group Return

Employer identification number
61-1663540

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? [X] 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

1 (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

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Employee Assistance - expenses	25	30,384.	0.		
Patient Assistance	12	14,271.	0.		
Scholarship - Nursing Student	1	100.	0.		

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

Part I, Line 2:

Funds are budgeted and approved by St. Clair Memorial Foundation Board on an annual basis. St. Clair Memorial Hospital Social Service department identifies employees and patients in need, from a care perspective and makes recommendations to senior management. Based on established criteria and need senior management forwards approved recommendations to St. Clair Memorial Foundation for disbursement of approved funding.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

St Clair Health Corporation Group Return

Employer identification number

61-1663540

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☒ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☒ Compensation committee ☒ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed 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		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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		X
b	Any related organization?	5b		X
	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		X
b	Any related organization?	6b		X
	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 on lines 5 and 6? If "Yes," describe in Part III	7		X
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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

(A) Name and Title		(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				
(1) James M. Collins	(i)	598,722.	450,000.	0.	150,704.	23,703.	1,223,129.	0.
President/CEO/Asst Secy -SCH	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) G. Alan Yeasted, MD	(i)	276,467.	80,000.	0.	25,918.	19,453.	401,838.	0.
Board Member-SCH	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Robert N. Shogry MD	(i)	247,610.	165,847.	0.	18,900.	19,491.	451,848.	0.
Board Member-SCF	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Kevin Bordeau MD	(i)	765,498.	0.	0.	16,200.	18,121.	799,819.	0.
Board Member-SCMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Karl E. Bushman, MD	(i)	222,108.	33,565.	0.	18,236.	21,203.	295,112.	0.
Board Member-SCMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Mario J. Fatigati, MD	(i)	268,891.	62,043.	0.	21,600.	17,474.	370,008.	0.
Board Member-SCMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Richard C. Chesnos	(i)	328,742.	150,000.	7,416.	81,870.	26,591.	594,619.	0.
Sr VP/CFO/Treasurer-SCH	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Charles V. Dibello	(i)	164,008.	0.	0.	22,858.	1,723.	188,589.	0.
VP Fac Mgmt & Construction-SCH	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Michael J. Flanagan	(i)	327,174.	150,000.	7,416.	77,530.	23,354.	585,474.	0.
Sr VP/COO/Secretary-SCH	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Andrea L. Kalina	(i)	228,332.	88,125.	11,750.	60,035.	12,709.	400,951.	0.
Sr VP External Affairs/CHRO-SCH	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Eric Luttringer	(i)	175,770.	19,348.	10,298.	12,635.	26,736.	244,787.	0.
Asst Treasurer-SCH	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) Elizabeth Pittman	(i)	154,732.	28,800.	2,462.	34,103.	22,589.	242,686.	0.
VP & COO-SCH through 12/2017	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) Diane L. Puccetti, R.N.	(i)	187,378.	28,500.	7,308.	41,917.	19,848.	284,951.	0.
Adm VP/CNO-SCH	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) Charles J. Rakaczky	(i)	176,902.	18,125.	3,485.	35,043.	23,480.	257,035.	0.
VP Phys Network-SCH through 12/2017	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) Richard J. Schaeffer	(i)	200,125.	54,785.	3,902.	51,587.	23,453.	333,852.	0.
VP & CIO-SCH	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) Barry S. Zaiser	(i)	287,092.	105,850.	4,096.	67,065.	14,007.	478,110.	0.
Sr VP/Chief Strategy Officer-SCH	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(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				
(17) Richard Sieber	(i)	163,027.	5,837.	3,299.	12,253.	21,023.	205,439.	0.
Exec Dir Mkt/Devl-SCF	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) Elizabeth Pittman	(i)	154,732.	28,800.	2,462.	34,103.	22,589.	242,686.	0.
VP & COO-SCMS as of 1/2018	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) Charles J. Rakaczky	(i)	176,902.	18,125.	3,485.	35,043.	23,480.	257,035.	0.
VP Phys Network-SCMS as of 1/2018	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) Shaka Walker, MD	(i)	530,044.	0.	0.	5,400.	18,492.	553,936.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) Richard Mitchell, MD	(i)	515,144.	0.	0.	5,400.	16,648.	537,192.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) Gerson Florez, MD	(i)	503,818.	0.	0.	5,400.	22,017.	531,235.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) Leigh Nadler, MD	(i)	467,478.	0.	0.	18,900.	17,897.	504,275.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) John Girod, MD	(i)	472,440.	0.	0.	16,200.	17,910.	506,550.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

Part I, Line 1a:

Duquesne Club: Membership dues are paid for James M. Collins at the Duquesne Club. The Duquesne Club is a social club where local leaders meet to conduct business and accepts only individual memberships. The Hospital conducts business meetings at the facility. The accountable plan rules are met.

Part I, Line 3:

A subcommittee of the Board of Directors of St. Clair Health Corporation (whose Board members are also members of the St Clair Memorial Hospital Board), the parent of St. Clair Memorial Hospital, St. Clair Memorial Foundation and St. Clair Medical Services, serves as the executive compensation committee and is charged annually with evaluating, determining and approving the annual compensation of executives. Salary survey information and 990 comparative evaluations are considered along with the written performance evaluation for each executive. In addition, data provided by an independent compensation consultant is used to validate and support executive compensation.

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

Part I, Line 4b:

These officers participated in the Hospital's Supplemental Nonqualified Retirement Plan

Richard Chesnos	$ 60,270
James M. Collins	$129,104
Michael Flanagan	$ 58,630
Andrea Kalina	$ 38,435
Charles Dibello	$ 19,593
Elizabeth Pittman	$ 22,702
Charles J. Rakaczky	$ 23,769
Richard Schaeffer	$ 30,765
Alan Yeasted	$ 4,318
Barry S. Zaiser	$ 48,165
John T. Sullivan	$ 3,081
Diane L. Puccetti	$ 26,266

SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization: St Clair Health Corporation Group Return

Employer identification number: 61-1663540

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pooled financing Yes	(i) Pooled financing No
A	Mt Lebanon Hosp Authority	25-6189519	000000000	12/23/10	20,000,000.	Finance Capital Improvements		X		X		X
B	Mt Lebanon Hosp Authority	25-6189519	621820CS6	08/22/12	24,746,452.	2002 Bond Refinancing		X		X		X
C	Mt Lebanon Hosp Authority	25-6189519	000000000	10/04/17	10,000,000.	2007 Note Refi & Fina Cap Improv		X		X		X
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	7,581,211.	4,115,000.	214,143.	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	20,139,725.	24,746,452.	10,000,000.	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	29,457.	510,468.		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	20,110,268.		3,750,000.	
11	Other spent proceeds		24,235,984.	6,250,000.	
12	Other unspent proceeds				
13	Year of substantial completion	2013	2013		

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?		X	X		X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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		X		X			
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X			X		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		X		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		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		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 ▶	.00 %		.00 %		.00 %			%
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 ▶	.00 %		.00 %		.00 %			%
6 Total of lines 4 and 5	.00 %		.00 %		.00 %			%
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%			%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
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		X		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		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X	X			
b Exception to rebate?	X		X		X			
c No rebate due?		X		X		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		X	X			
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider								
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		X		X		
b Name of provider								
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		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		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 isn't available under applicable regulations?	X		X		X			

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

Part II, Line 3, column B
The Series 2010 Revenue Note Project Fund variance between the issue price and the total proceeds of issue represents investments earnings on the project fund. Project Fund was established to fund costs over construction period.

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, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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2017

Open To Public Inspection

Name of the organization

St Clair Health Corporation Group Return

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61-1663540

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	(d) Corrected? No

2 Enter the amount of tax incurred by the 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? To	(d) From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) No	(h) Approved by board or committee? Yes	(h) No	(i) Written agreement? Yes	(i) 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
SH Radiology (D. Orr, Pre	Brd Mbr-SCH, SCMS	1,052,067.	Interpretat		X
Nina Fatigati	Daughter of Board M	295,900.	Physician S		X

Part V Supplemental Information

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

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: SH Radiology (D. Orr, Pres. SHR)

(b) Relationship Between Interested Person and Organization:

Brd Mbr-SCH, SCMS

(c) Amount of Transaction $ 1,052,067.

(d) Description of Transaction: Interpretation of Radiology Exams

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Nina Fatigati

(b) Relationship Between Interested Person and Organization:

Daughter of Board Member

(c) Amount of Transaction $ 295,900.

(d) Description of Transaction: Physician Salary

(e) Sharing of Organization Revenues? = No

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.
▶ Go to www.irs.gov/Form990 for the latest information.

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Name of the organization: St Clair Health Corporation Group Return

Employer identification number: 61-1663540

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				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	5	79,017.	Market Value sale da
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				
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

			Yes	No
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 isn't required to be used for exempt purposes for the entire holding period?	30a		X
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	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II			
33	If the organization didn't 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.

SCHEDULE O
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

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Name of the organization: St Clair Health Corporation Group Return

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Form 990, Part III, Line 4a, Program Service Accomplishments:

St. Clair Professional Services, Inc., a non-profit subsidiary of St. Clair Medical Services, Inc., provides physician and other healthcare services to the community, regardless of ability to pay, including, but not limited to, pediatric and certain hospitalists and intensivists services to support, assist, and advance the interests of St. Clair Memorial Hospital(exempt) and other corporations or organizations that are affiliated with St. Clair Health Corporation which are exempt from federal income tax under Sections 501 (c) (3) and public charities exempt under 509 (a) (1) or (2) of the Code. St. Clair Anesthesiology Associates, Inc., a non-profit subsidiary of St. Clair Medical Services, Inc. employs Certified Nurse Anesthetists who provide healthcare services to the community, regardless of ability to pay, including, but not limited to, anesthesia services to support, assist, and advance the interests of St. Clair Memorial Hospital(exempt) and other corporations or organizations that are affiliates with St. Clair Health Corporation which are exempt from federal income tax under Sections 501 (c) (3) and public charities exempt under 509 (a) (1) or (2) of the Code.

Form 990, Part VI, Section A, line 2:

Board members Gary Zentner and Bryan Hondru each hold greater than 10% of interest in the same non-St Clair related real estate investment partnership.

Form 990, Part VI, Section A, line 6:

Name of the organization: St Clair Health Corporation Group Return

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- St. Clair Memorial Hospital, St. Clair Memorial Hospital Foundation, and St. Clair Medical Services do not have members or stockholders. St. Clair Medical Services is the sole member of St. Clair Anesthesiology Associates and St. Clair Professional Services.

Form 990, Part VI, Section A, line 7a:

- According to the governing documents of St. Clair Memorial Hospital, St. Clair Memorial Hospital Foundation, and St. Clair Medical Services, St. Clair Health Corporation, as the parent company, has the power to approve the election or nomination of the board of directors of such organizations. St. Clair Anesthesiology Associates and St. Clair Professional Services are governed by the board of directors of St. Clair Medical Services.

Form 990, Part VI, Section A, line 7b:

According to the governing documents of St. Clair Memorial Hospital and St. Clair Memorial Hospital Foundation, St. Clair Medical Service, St. Clair Health Corporation, as the parent company of such organizations, has the power to make or approve certain decisions of such organizations including approval of the sale or encumberance of a substantial amount of assets, the approval of annual operating and capital budgets, and the approval of strategic plans. St. Clair Anesthesiology Associates and St. Clair Professional Services are governed by the board of directors of St. Clair Medical Services.

Form 990, Part VI, Section B, line 11b:

(b) - This Form 990 is prepared internally, reviewed by management, and reviewed by a third-party accounting firm, Ernst & Young LLP. The draft Form 990 is provided to each board member for review via a secure website

Name of the organization: St Clair Health Corporation Group Return

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prior to filing.

Form 990, Part V, Line 3a

St. Clair Memorial Hospital recorded more than $1,000 in unrelated gross business income.

Form 990, Part V, Line 3b

St. Clair Memorial Hospital has filed a 990-T to report all unrelated gross business income.

Form 990, Part V, Line 7a

St. Clair Memorial Hospital Foundation provided goods or services in exchange for a contribution more than $75. The Foundation notified the donor of the value.

Form 990, Part VI, Section B, Line 12c:

Conflicts are monitored through an annual survey completed by Board Members and Officers. Enforcements of the corporations policies are managed by the CEO and Board Members, to whom all conflicts are reported. The Corporate Compliance Officer also manages enforcement of St. Clair Hospital policies. To the extent any conflicts are identified, such Board members or Officers are excluded from participating in the relative decision making process.

Form 990, Part VI, Section B, Line 15:

(a & b) - A subcommittee of the Board of Directors of St. Clair Health Corporation, the parent of St. Clair Memorial Hospital, St. Clair Memorial Foundation and St. Clair Medical Services, serves as the executive

Name of the organization: St Clair Health Corporation Group Return

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compensation committee and is charged with annually evaluating, determining and approving the annual compensation of executives. Salary survey information and 990 comparative evaluations are considered along with the written performance evaluations for each executive. In addition, data provided by an independent compensation consultant is used to validate and support executive compensation.

Form 990, Part VI, Section C, Line 19:

Governing documents, conflict of interest policy and financial statements are made available to the public upon request.

Form 990, Part XI, line 9, Changes in Net Assets:

Change in pension liability	8,696,000.
Transfer (to)/from affiliates	5,611,733.
Investment income	12,171.
Contributions	96,216.
Grants received	1,270,350.
Assets released from restriction for operations	-13,641.
Other increases / (decreases)	-4,588,233.
Total to Form 990, Part XI, Line 9	11,084,596.

Form 990, Part IV, Line 2

St. Clair Memorial Hospital and St. Clair Medical Services receives and reports amounts exceeding $5,000 from any one contributor, and St. Clair Memorial Hospital Foundation receives and reports amounts exceeding the 2% special rule threshold from any one contributor.

Form 990, Part IV, Line 4

Name of the organization: St Clair Health Corporation Group Return

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St. Clair Hospital is engaged in lobbying activities and has properly reported the allowable costs on Schedule C.

Form 990, Part IV, Line 10

St. Clair Memorial Hospital and St. Clair Memorial Hospital Foundation hold assets in term, permanent, or endowments and have properly reported on Schedule D, Part V.

Form 990, Part IV, Line 18

St. Clair Foundation's gross receipts from fundraising events exceeded $15,000 and have been properly included in Schedule G, Part II.

Form 990, Part IV, Line 20

St. Clair Memorial Hospital operates one hospital and has properly completed Schedule H.

Form 990, Part IV, Line 24a

St. Clair Hospital has tax-exempt bond issues exceeding $100,000 issued after December 31, 2002 and have properly reported on Schedule K.

Schedule B, Contributions covered by General or Special Rule

The organizations comprising St. Clair Health Corp Group return are covered by both the General Rule and Special Rule.

- St. Clair Memorial Hospital - General Rule
- St. Clair Professional Services, Inc. - General Rule
- St. Clair Anesthesiology Associates, Inc. - General Rule
- St. Clair Medical Services, Inc. - General Rule
- St. Clair Memorial Hospital Foundation - Special Rule

Name of the organization	Employer identification number
St Clair Health Corporation Group Return	61-1663540

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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Name of the organization

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
St Clair Hospital/UPMC Cancer Center PET/CT - 20-2814053, 1000 Bower Hill Road, Pittsburgh, PA 15243	Community Healthcare Provider	Pennsylvania	501(c)(3)	12(A) Type I	St. Clair Health Corporation	X	

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

Schedule R (Form 990) 2017

732161 09-11-17 LHA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
St. Clair Professional Office Building - 25-1545786, 1050 Bower Hill Road, Pittsburgh, PA 15243	Real Estate	PA						X	N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
SCNSC Properties - 26-2004682 1000 Bower Hill Road Pittsburgh, PA 15243	Real Estate	PA	N/A	C CORP					X

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)	St Clair Professional Services, Inc.	Q	761,542.	Actual
(8)	St Clair Professional Services, Inc.	S	2,984,150.	Actual
(9)	St Clair Anesthesiology Associates, Inc.	O	6,414,663.	Actual
(10)	St Clair Anesthesiology Associates, Inc.	Q	565,824.	Actual
(11)	St Clair Anesthesiology Associates, Inc.	S	2,897,771.	Actual
(12)	St Clair Medical Services, Inc.	O	30,977,004.	Actual
(13)	St Clair Medical Services, Inc.	Q	7,479,441.	Actual
(14)	St Clair Medical Services, Inc.	J	1,061,963.	actual
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	St Clair Hospital/UPMC Cancer Center PET/CT	C	1,052,100.	Actual
(2)	St Clair Hospital/UPMC Cancer Center PET/CT	O	175,564.	Actual
(3)	St Clair Hospital/UPMC Cancer Center PET/CT	Q	777,713.	Actual
(4)	St Clair Memorial Hospital Foundation	O	496,002.	Actual
(5)	St Clair Memorial Hospital Foundation	Q	706,830.	Actual
(6)	St Clair Professional Services, Inc.	O	4,874,220.	Actual

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs ? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R See instructions