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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07-01-2021 , and ending 06-30-2022

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

D Employer identification number
61-1663540

E Telephone number
(412) 942-4000

G Gross receipts $ 494,590,084

F Name and address of principal officer:
Michael J Flanagan
1000 Bower Hill Road
Pittsburgh, PA 15243

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:

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**	53
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 2021 (Part V, line 2a)	**5**	2,816
6	Total number of volunteers (estimate if necessary)	**6**	119
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	500,231
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,122,572	3,902,350
9	Program service revenue (Part VIII, line 2g)	392,175,955	438,555,823
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,179,161	11,611,048
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,004,338	2,345,279
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	406,482,026	456,414,500
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	126,850	106,931
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)	187,913,232	193,111,129
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶504,958		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	186,034,101	244,852,241
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	374,074,183	438,070,301
19	Revenue less expenses. Subtract line 18 from line 12	32,407,843	18,344,199

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	808,105,796	729,469,026
21	Total liabilities (Part X, line 26)	264,254,988	234,022,748
22	Net assets or fund balances. Subtract line 21 from line 20	543,850,808	495,446,278

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

****** 2023-05-12
Signature of officer Date

Eric J Luttringer CPA CPA, SVP, CFO, Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P01641852

Firm's name ▶ Ernst & Young US 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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

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 ☑ No

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 356,989,467 including grants of $ 106,931) (Revenue $ 441,344,616)

See Additional Data

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 ▶** 356,989,467

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	105		
b	Enter the number of Forms W-2G included on 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			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

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**	2,816		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
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? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.			**15**	Yes
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . If "Yes," complete Form 6069.			**17**	

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	53		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	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			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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 Form 1023 (1024 or 1024-A, 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 ☑ 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: ▶Eric J Luttringer SR VP & CFO 1000 Bower Hill Road Pittsburgh, PA 15243 (412) 942-1250

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								13,809,731	0	1,693,057

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 ▶ 24

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PJ DICK 225 N SHORE DR PITTSBURGH, PA 15212	CONSTRUCTION	24,394,854
ALLSCRIPTS HEALTHCARE LLC PO BOX 8538-133 PHILADELPHIA, PA 19171	SOFTWARE SUPPORT	9,874,085
UPMC PO BOX 223270 PITTSBURGH, PA 15251	CONTRACTED EMPLOYEES	6,670,820
GE PRECISION HEALTHCARE LLC PO BOX 96483 CHICAGO, IL 60693	MEDICAL SUPPLY SUPPORT	3,555,238
NFMDYMUN 200 FIRST AVENUE PITTSBURGH, PA 15222	MARKETING AGENCY	2,425,113

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 ▶ 102

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					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e	1,117,603			
f All other contributions, gifts, grants, and similar amounts not included above	1f	2,784,747			
g Noncash contributions included in lines 1a - 1f:$	1g	271,058			
h **Total.** Add lines 1a-1f		3,902,350			
Program Service Revenue	Business Code				
2a Net patient service rev	622110	377,639,081	375,097,182		2,541,899
b Program service revenue	621990	58,159,593	58,159,593		
c Cafeteria/Cafe	722514	1,211,838			1,211,838
d Parking	812930	1,062,712			1,062,712
e Lablink	621500	482,599		482,599	
f All other program service revenue.					
g **Total.** Add lines 2a–2f.	438,555,823				
3 Investment income (including dividends, interest, and other similar amounts)		5,246,239			5,246,239
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
	(i) Real	(ii) Personal			
6a Gross rents 6a	945,155				
b Less: rental expenses 6b	1,431,116				
c Rental income or (loss) 6c	-485,961				
d Net rental income or (loss)		-485,961			-485,961
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory 7a	43,085,314	4,620			
b Less: cost or other basis and sales expenses 7b	36,725,125	0			
c Gain or (loss) 7c	6,360,189	4,620			
d Net gain or (loss)		6,364,809			6,364,809
Other Revenue 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b Less: direct expenses	8b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a	44,158			
b Less: cost of goods sold	10b	19,343			
c Net income or (loss) from sales of inventory		24,815			24,815
Miscellaneous Revenue	Business Code				
11a Clinical/Partnership Activities	561000	2,788,793	2,788,793		
b Telephone	561000	17,632		17,632	
c					
d All other revenue					
e **Total.** Add lines 11a–11d		2,806,425			
12 **Total revenue.** See instructions		456,414,500	436,045,568	500,231	15,966,351

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	9,559	9,559		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	97,372	97,372		
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	10,731,109	8,067,932	2,415,218	247,959
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	146,614,600	120,816,484	25,742,972	55,144
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	7,730,547	6,321,631	1,405,448	3,468
9 Other employee benefits	17,640,376	14,251,149	3,383,685	5,542
10 Payroll taxes	10,394,497	8,552,545	1,837,692	4,260
11 Fees for services (non-employees):				
a Management	1,129,946		1,129,946	
b Legal	505,678		505,678	
c Accounting	259,199		259,199	
d Lobbying	29,989		29,989	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	28,950		28,950	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	56,144,662	40,368,649	15,679,874	96,139
12 Advertising and promotion	2,220,461	159,821	2,060,640	
13 Office expenses	1,478,591	1,287,056	168,398	23,137
14 Information technology	10,008,942	7,415,440	2,580,768	12,734
15 Royalties				
16 Occupancy	8,129,731	4,388,254	3,741,477	
17 Travel	188,850	79,133	107,526	2,191
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	148,041	112,176	35,461	404
20 Interest	3,603,762	3,596,750	7,012	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,126,452	13,364,683	13,745,876	15,893
23 Insurance	5,819,543	4,793,598	1,025,945	
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	106,974,815	106,731,864	242,951	
b PA Quality Care Assessm	6,778,390	6,778,390		
c Equipment Rental & Main	4,014,403	3,707,701	306,702	
d Food Serivce	2,144,293	1,290,924	853,347	22
e All other expenses	8,117,543	4,798,356	3,281,122	38,065
25 **Total functional expenses.** Add lines 1 through 24e	438,070,301	356,989,467	80,575,876	504,958
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 IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		20,474	1	19,681
	2	Savings and temporary cash investments		55,396,285	2	22,454,991
	3	Pledges and grants receivable, net		4,184,345	3	2,774,473
	4	Accounts receivable, net		53,921,339	4	62,944,486
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		9,482,637	8	9,664,322
	9	Prepaid expenses and deferred charges		25,003,617	9	6,589,780
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 501,250,765			
	b	Less: accumulated depreciation	10b 248,861,716	263,125,848	10c	252,389,049
	11	Investments—publicly traded securities		335,521,548	11	325,801,084
	12	Investments—other securities. See Part IV, line 11		25,602,979	12	14,736,927
	13	Investments—program-related. See Part IV, line 11		6,023,927	13	4,413,639
	14	Intangible assets		1,214,822	14	1,487,234
	15	Other assets. See Part IV, line 11		28,607,975	15	26,193,360
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		808,105,796	16	729,469,026
Liabilities	17	Accounts payable and accrued expenses		60,915,161	17	56,723,036
	18	Grants payable			18	
	19	Deferred revenue		10,470,846	19	8,362,333
	20	Tax-exempt bond liabilities		116,885,554	20	115,001,496
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			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		75,983,427	25	53,935,883
	26	**Total liabilities.** Add lines 17 through 25		264,254,988	26	234,022,748
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		523,013,897	27	478,245,475
	28	Net assets with donor restrictions		20,836,908	28	17,200,803
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		543,850,808	32	495,446,278
	33	Total liabilities and net assets/fund balances		808,105,796	33	729,469,026

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	456,414,500
2	Total expenses (must equal Part IX, column (A), line 25)	2	438,070,301
3	Revenue less expenses. Subtract line 2 from line 1	3	18,344,199
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	543,850,808
5	Net unrealized gains (losses) on investments	5	-52,858,322
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	-13,890,407
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	495,446,278

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 ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☑ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Software ID:

Software Version:

EIN: 61-1663540

Name: St Clair Health Corporation Group Return

Form 990, Part III, Line 4a:

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 70,833 inpatient days of care to the adult and pediatric population of the community, served 14,608 admissions, performed 243,790 occasions of outpatient services and treated 53,960 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 (Cont. on Schedule O) advance the interests of St. Clair Health Corporation. 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 VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
James M Collins President/CEO-SCH through 6/30/22	60.00 12.00	X		X				2,225,620	0	203,496
Kevin Bordeau MD Physician	60.00 0.00					X		1,128,855	0	41,634
Andy C Kiser MD Board Member-SCMS	60.00 0.00	X						1,082,732	0	40,133
John T Sullivan MD Sr VP/CMO-SCH	60.00 2.00	X						745,896	0	129,685
Michael J Flanagan Sr VP/COO/Asst Secretary-SCH	60.00 8.00			X				790,264	0	135,767
Richard C Chesnos Sr VP/CFO/Treas.-SCH through 4/2022	60.00 12.00			X				715,291	0	127,583
Muhammad Salman MD Physician	60.00 0.00					X		597,168	0	32,804
Barry S Zaiser Sr. VP/CSO/Asst Secretary-SCMS	60.00 8.00			X				573,580	0	97,447
Ryan Zuzek MD Physician	60.00 0.00					X		547,195	0	36,856
Robert N Shogry MD Board Member-SCF	60.00 0.00	X						487,229	0	49,051

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jay Lutins MD Physician	60.00 0.00					X		530,793	0	23,387
Shailen Sehgal MD Physician	60.00 0.00					X		529,783	0	19,495
Andrea L Kalina SrVP Ext Affrs & CHRO/Asst Sec-SCF	60.00 0.00			X				451,349	0	98,903
Paula L Hooper Esq Sr. VP/CLO/Secretary-SCH	60.00 12.00			X				473,831	0	95,311
Richard J Schaeffer Former Officer-SCH	0.00 0.00						X	366,268	0	90,771
Diane L Puccetti RN VP Nursing & CNO-SCH as of 1/2022	60.00 0.00	X						346,957	0	77,708
Karl E Bushman MD Board Member-SCMS through 9/2021	51.00 2.00	X						248,654	0	27,677
Antonio M Riccelli MD Board Member-SCMS as of 1/2022	60.00 0.00	X						355,678	0	42,112
Eric Luttringer Sr VP/CFO/Treasurer-SCH as of 4/2022	60.00 12.00			X				329,300	0	85,536
Mario J Fatigati MD Board Member-SCMS	45.00 3.00	X						315,419	0	45,082

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Charles V Dibello Former Officer-SCH	0.00 0.00						X	268,803	0	52,105
Elizabeth Pittman Former Officer-SCMS	0.00 0.00						X	267,030	0	67,571
Meredith Dieffenbach Former Officer-SCH	0.00 0.00						X	243,376	0	51,098
Donna M Shipley Exc Dir Fin/Ast Trs-SCH as of 4/2022	60.00 12.00			X				163,230	0	21,845
G Alan Yeasted MD Chair-SCF	30.00 2.00	X		X				25,430	0	0
Frank Arcuri Esq Chair-SCH	5.00 3.00	X		X				0	0	0
Frank Arcuri Esq Board Member-SCMS	2.00 6.00	X						0	0	0
Joseph B Banko Board Member-SCH through 4/2022	2.00 3.00	X						0	0	0
Joseph B Banko Board Member-SCMS through 4/2022	2.00 3.00	X						0	0	0
Susan M Bicket Esq Board Member-SCH	2.00 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael Blehar Board Member-SCF	2.00 0.00	X						0	0	0
Rachel Brecht Board Member-SCF	2.00 0.00	X						0	0	0
Stephanie Brown MD Board Member-SCH	2.00 0.00	X						0	0	0
Karl E Bushman MD Board Member-SCH through 12/2021	2.00 51.00	X						0	0	0
James M Collins President/CEO-SCMS through 6/30/22	2.00 70.00	X		X				0	0	0
Mario J Fatigati MD Board Member-SCH	2.00 46.00	X						0	0	0
Laura L Freedman Board Member-SCH	2.00 1.00	X						0	0	0
Ann B Garbin Board Member-SCF as of 12/2021	2.00 0.00	X						0	0	0
Tricia Hammel Board Member-SCF	2.00 0.00	X						0	0	0
Scott Heeter Board Member-SCF	2.00 2.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Scott Heeter Board Member-SCH	2.00 2.00	X						0	0	0
David R Heilman Chair-SCMS	5.00 3.00	X		X				0	0	0
David R Heilman Board Member-SCH	2.00 6.00	X						0	0	0
Christopher D Howard Board Member-SCH through 1/2022	2.00 0.00	X						0	0	0
Amy M Kuntz Board Member-SCF as of 2/2022	2.00 0.00	X						0	0	0
Deborah M Lee Board Member-SCF	2.00 0.00	X						0	0	0
Dan L Long Board Member-SCF	2.00 0.00	X						0	0	0
Vicki McKenna Board Member-SCF	2.00 0.00	X						0	0	0
Thomas M Medwig Board Member-SCF	2.00 7.00	X						0	0	0
Thomas M Medwig Board Member-SCH	2.00 7.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Thomas M Medwig Board Member-SCMS	2.00 7.00	X						0	0	0
John P Meegan Board Member-SCH	2.00 3.00	X						0	0	0
John P Meegan Board Member-SCMS	2.00 3.00	X						0	0	0
Edward A Nicholson Ph D Board Member-SCF	2.00 0.00	X						0	0	0
Donald P Orr MD Board Member-SCH	2.00 3.00	X						0	0	0
Donald P Orr MD Board Member-SCMS through 3/2022	2.00 3.00	X						0	0	0
Christopher Passodelis Jr Esq Board Member-SCH as of 4/2022	2.00 0.00	X						0	0	0
Brett C Perricelli MD Board Member-SCH	4.00 0.00	X						0	0	0
Matthew G Pesacreta MD Board Member-SCH	2.00 0.00	X						0	0	0
Lucas B Piatt Board Member-SCF as of 4/2022	2.00 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Louis D Pietragallo Board Member-SCF as of 12/2021	2.00 0.00	X						0	0	0
Jeffrey A Rex Board Member-SCH as of 1/2022	2.00 1.00	X						0	0	0
Harry E Serene MD Board Member-SCF	2.00 1.00	X						0	0	0
Douglas E Shaffer Vice Chair-SCH	2.00 1.00	X						0	0	0
Joseph B Smith Board Member-SCH	2.00 3.00	X						0	0	0
Joseph B Smith Board Member-SCMG as of 6/2022	2.00 3.00	X						0	0	0
John T Sullivan MD Board Member-SCMS	2.00 60.00	X						0	0	0
Dena Haritos Tsamitis Board Member-SCF	2.00 0.00	X						0	0	0
Teresa Whalen Board Member-SCH	2.00 1.00	X						0	0	0
Eric M Wright Board Member-SCH as of 9/2021	2.00 1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Thomas D Wright Jr Esq Board Member-SCH	2.00 2.00	X						0	0	0
Thomas D Wright Jr Esq Board Member-SCF	2.00 2.00	X						0	0	0
G Alan Yeasted MD Board Member-SCH	2.00 30.00	X						0	0	0
Mark Zacur Board Member-SCH	2.00 3.00	X						0	0	0
Mark Zacur Board Member-SCMG as of 6/2022	2.00 3.00	X						0	0	0
Richard C Chesnos Treasurer-SCF through 4/2022	2.00 70.00			X				0	0	0
Richard C Chesnos Treasurer-SCMS through 4/2022	2.00 70.00			X				0	0	0
James M Collins President/CEO-SCF through 6/30/22	2.00 70.00			X				0	0	0
Paula L Hooper Esq Secretary-SCF	2.00 70.00			X				0	0	0
Paula L Hooper Esq Secretary-SCMS	2.00 70.00			X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Eric Luttringer Treasurer-SCF	2.00 70.00			X				0	0	0
Eric Luttringer Treasurer-SCMS	2.00 70.00			X				0	0	0
Donna M Shipley Asst Treasurer-SCF as of 4/2022	2.00 70.00			X				0	0	0
Donna M Shipley Asst Treasurer-SCMS as of 4/2022	2.00 70.00			X				0	0	0

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SCHEDULE A (Form 990)

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

2021

Open to Public Inspection

Name of the organization
St Clair Health Corporation Group Return

Employer identification number
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.)

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).)

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

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

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 331/3% 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 on 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)
(A) St Clair Memorial Hospital	251010303	3	Yes		0	0
Total 1					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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	3,631,649	4,111,052	5,201,987	2,154,282	2,784,747	17,883,717
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	3,631,649	4,111,052	5,201,987	2,154,282	2,784,747	17,883,717
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) . .						5,931,116
6 **Public support.** Subtract line 5 from line 4.						11,952,601

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. .	3,631,649	4,111,052	5,201,987	2,154,282	2,784,747	17,883,717
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	411,677	326,525	399,259	235,461	180,659	1,553,581
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						19,437,298

12 Gross receipts from related activities, etc. (see instructions) 12 1,147,588

13 **First 5 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 2021 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 61.490 %

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . 15 90.880 %

16a **33 1/3% support test—2021.** 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—2020.** 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—2021.** 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—2020.** 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2021** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2020** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2021.** 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—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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	Yes	
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		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *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 box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		No
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 lines 5b and 5c 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		No
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		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined on 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		No
c	Did a disqualified person (as defined on 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		No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		No
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 on lines 11b and 11c below, the governing body of a supported organization?	**11a**		**No**
b	A family member of a person described on 11a above?	**11b**		**No**
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		**No**

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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**	**Yes**	

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 line 2 above, 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 year **(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)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
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 on line 2a, above 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 lines 3a and 3b 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? *If "Yes" or "No", 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):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in* ***Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035	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)

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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2021 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2021**	**(iii) Distributable Amount for 2021**
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2022.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part II	Reason for Public Charity Status St Clair Health Corp Group is comprised of - St Clair Mem orial Hospital EIN# 25-1010303 - #3 - St Clair Memorial Health Foundation EIN# 25-1407399 - #7 - St Clair Professional Services, Inc EIN# 25-1691194 - #12 Type II - St Clair Anesth esiology Associates, Inc EIN# 71-0875076 - #12 Type II - St Clair Medical Group, Inc EIN# 25-1876056 - #12 Type II

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SCHEDULE C (Form 990)

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

2021

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	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. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ $

3 Volunteer hours for political campaign activities. See instructions

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
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)** 2018	**(b)** 2019	**(c)** 2020	**(d)** 2021	**(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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		20,626
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		9,363
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			29,989
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
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.

Return Reference	Explanation
Part II-B, Line 1:	Form 990, Part IV, Line 4 St. Clair Hospital is engaged in lobbying activities through membership dues paid to The Hospital & Healthsystem Association of Pennsylvania, Healthcare Council of Western PA, and through legal fees paid to Buchanan Ingersoll & Rooney. Additionally, any time spent by paid employees and / or management in lobbying activities are tracked internally and reported.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

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 an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	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 FASB 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 FASB 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 FASB 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 in Part XIII . . . . ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	15,538,359	12,836,624	10,063,464	10,321,464	10,343,723
b Contributions			3,218,225		6,068
c Net investment earnings, gains, and losses	-2,027,577	3,217,203	86,397	254,312	498,013
d Grants or scholarships			100		100
e Other expenditures for facilities and programs	543,487	515,468	531,362	512,312	526,240
f Administrative expenses					
g End of year balance	12,967,295	15,538,359	12,836,624	10,063,464	10,321,464

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

a Board designated or quasi-endowment ▶ 5.750 %

b Permanent endowment ▶ 68.070 %

c Term endowment ▶ 26.180 %

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
3a(i) (i) Unrelated organizations		No
3a(ii) (ii) Related organizations		No
3b b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?		

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		9,809,341		9,809,341
b Buildings		184,767,012	72,538,138	112,228,874
c Leasehold improvements		26,993,029	19,218,247	7,774,782
d Equipment		152,302,094	101,846,365	50,455,729
e Other		127,379,289	55,258,966	72,120,323
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				252,389,049

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)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments - Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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	4,430,318
(3) Medicare Advances	4,114,727
(4) Accrued Retirement Benefits	4,099,576
(5) Accrued Professional Liability	20,966,120
(6) Operating Lease ROU Assets	17,437,982
(7) Other Liabilities	2,887,160
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	53,935,883

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** ***(continued)***

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 61-1663540
Name: St Clair Health Corporation Group Return

Supplemental Information

Return Reference	Explanation
Part V, Line 4:	Endowments are designated by donors and/ or the Board.

Supplemental Information

Return Reference	Explanation
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 - 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, 2022 and 2021, the Corporation does not have any uncertain tax positions.

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2021

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in 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
(1) Central America and Caribbean			Investments		14,703,647
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			14,703,647
b Total from continuation sheets to Part I . . .	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			14,703,647

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)
(1)									
(2)									
(3)									
(4)									

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

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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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

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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part III Accounting Method:	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132077943

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/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2021

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	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
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	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,531,570		3,531,570	0.810 %
b Medicaid (from Worksheet 3, column a)			38,286,018	22,777,374	15,508,644	3.540 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			41,817,588	22,777,374	19,040,214	4.350 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			373,556		373,556	0.090 %
f Health professions education (from Worksheet 5)			682,550		682,550	0.160 %
g Subsidized health services (from Worksheet 6)			7,725,895		7,725,895	1.760 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			205,821		205,821	0.050 %
j **Total.** Other Benefits			8,987,822		8,987,822	2.060 %
k **Total.** Add lines 7d and 7j			50,805,410	22,777,374	28,028,036	6.410 %

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			213,139		213,139	0.050 %
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			213,139		213,139	0.050 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	7,162,756		
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	155,157,249		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	185,018,313		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-29,861,064		
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

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(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 %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? **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	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

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		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ 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 21			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): https://www.stclair.org/community			
b	☐ Other website (list url):			
c	☑ 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	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 21			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url):			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

St Clair Memorial Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a ☑	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of 300.000000000000 %			
b ☑	Income level other than FPG (describe in Section C)			
c ☑	Asset level			
d ☐	Medical indigency			
e ☑	Insurance status			
f ☑	Underinsurance discount			
g ☑	Residency			
h ☑	Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15	Explained the method for applying for financial assistance?	**15**	Yes	
	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 ☑	Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑	Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑	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**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a ☑	The FAP was widely available on a website (list url): https://www.stclair.org/billing-insurance/financial-assistance/			
b ☑	The FAP application form was widely available on a website (list url): See Part V, Line 16a			
c ☑	A plain language summary of the FAP was widely available on a website (list url): See Part V, Line 16a			
d ☑	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑	The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑	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 ☑	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 ☑	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☑	Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

St Clair Memorial Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a ☐ 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?	**19**		No
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 (if not, describe in Section C)			
b ☐ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☐ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☐ Made presumptive eligibility determinations (if not, describe in Section C)			
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**	Yes	
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)

St Clair Memorial Hospital

Name of hospital facility or letter of facility reporting group

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

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, 20a, 20b, 20c, 20d, 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.

Form and Line Reference	Explanation
See Add'l Data	

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? **47**

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

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 $4,175,518 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.Covid-19, while challenging, also provided us the opportunity to connect even further with the communities we serve. St Clair established a vaccine clinic at the Hospital to first ensure our staff was vaccinated, protecting themselves, patients, and the community while they continued to deliver healthcare to all patients. We then started administering vaccines to the most vulnerable populations both onsite and by conducing 15 vaccination clinics at senior congregate living facilities. We provided free transportation for those who otherwise wouldn't be able to get the vaccine. Our outreach followed state guidelines and opened to all eligible Pennsylvanians as approved by the FDA and CDC. Additional vaccination clinics were conducted at churches, schools and community centers. St. Clair continues to provide vaccines and boosters as made available.St. Clair has undertaken extensive efforts to respond to the COVID-19 pandemic to ensure the safety and well-being of our employees, our patients and the community. In addition to the aforementioned COVID-19 screening clinic for the community, these efforts include ensuring an ample supply of personal protective equipment (PPE) for staff and patients; segregating COVID-19 patients into separate negative pressure infectious disease units of the Hospital; developing a five phase plan to accommodate patients during coronavirus surges; established a COVID-19 workforce triage line and increased employee education; and restricting building access, limiting visitor access and screening all employees and patients to minimize contact and exposure from infected individuals. St. Clair maintained an engaged workforce by implementing job-sharing instead of a reduction in force; providing employees with an additional PTO to assist with the financial burden of reduced hours; enabling employee assistance grants from the Foundation for those experiencing hardships and providing an employee meals program. St. Clair also received a great level of support from the community and dozens of corporations including donations of PPE, contributions to our employee assistance programs and providing meals for the staff.Subsidized health services cost includes $362,000 of support for physician psychiatrics losses provided to the Hospital. Mental and Substance abuse was one of the four categories of community needs as identified in St Clair's 2022 Community Needs Assessment discussed later in Schedule H, Part II, Community Building Activities. All other items in Part I, Line 7 represents actual costs.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Ln 7 Col(f):	Actual Provision for Bad Debts expense totaling $9,633,764 have been excluded from the denominator in the calculation of percentage of total expense.

Form and Line Reference	Explanation
Part II, Community Building Activities:	St. Clair Hospital, St. Clair Medical Services and St. Clair HospitalFoundation are Pennsy lvania non-profit corporations, exempt from taxesunder Section 501(c)(3) of the Internal R evenue Code of 1986, as amended(the "Code"), which own and operate an acute care hospital providing acomprehensive range of general and specialized care along with physicianpractic es supporting the hospital and surrounding communities and aFoundation, the purpose of whi ch is to support health and welfareinitiatives.St. Clair Hospital is a national leader in quality care, patient safety, patient satisfaction, and value. In 2016, the Hospital becam e 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 Clini c specialists at no additional cost to the patient. The Hospital has been recognized for t wenty consecutive A grade for Hospital Safety, making St. Clair one of only 33 in the nati on to achieve that record of sustained excellence. The Hospital has been honored by IBM Wa tson (formerly Truven Health Analytics) for excellent culture for four consecutive years, an award that signifies we deliver higher quality, higher satisfaction and lower cost to p atients. St. Clair has also been recognized by independent evaluators as having the highes t patient satisfaction in the Pittsburgh region and among the top 10% in the nation.The Ho spital is committed to improving the health status of patients in our region without regar d to their ability to pay. A comprehensive offering of programs and services is made avail able on and off campus (to include partnering with other local healthcare agencies) and en compasses health education and screenings, prenatal education, smoking cessation, psychiat ry and mental health services, cancer care, nutrition and weight control, and the manageme nt of chronic diseases such as diabetes, congestive heart failure, COPD and asthma. In mos t cases these programs are provided at no cost to participants, and are generally fully su bsidized. Among its other charitable works, St. Clair supports numerous community based pr ograms including a subsidized cardiac rehabilitation program, well-baby programs, CPR trai ning for schools and non-profit organizations, provision of Narcan supplies and training t o first responders on usage, flu and pneumonia vaccinations for local EMS workers, a needl e disposal program for diabetics and other individuals who self administer medications, an d mentoring opportunities for young adults interested in healthcare careers.The Foundation funds the Hospital's courtesy van-service transportation program, a free need-based servi ce available to local residents who require rides to and from the Hospital and its affilia te locations. During the year ended June 30, 2022 the van service provided approximately 1 1,000 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. Clai r has established a coordinated program with the nursing schools of surrounding communitie s and St. Clair's nursing staff serves as preceptors to the nursing students. As many as 3 56 nursing students were served and more than 5,000 hours were spent on this program in th e 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 imagin g 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 r otations throughout the year. Job shadowing programs are also coordinated for high-school students.St. Clair is actively involved with the clinical training of over 41 Emergency Me dical Technicians and Paramedics. Although lower due to COVID, approximately 700 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 suppor ts thecommunity: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 nonp rofit agencies and charitable organizations who share our values and goals, St. Clair expa nds its reach into the community, building on existing strengths and delivering on our pro mise to be a regional resource. We aim to create a healthier region by providing excellent care and improving the quality of life for our neighbors. In keeping with its commitment to the community, St. Clair initiated a 2022 Commu

Form and Line Reference	Explanation
Part II, Community Building Activities:	nity Health Needs Assessment (Tax Year 2021) and thereafter published a comprehensive acti on plan. Results of the study identified four broad categories of health needs in which St . Clair would develop programs, deploy resources and partner with other local agencies to positively impact the health of those we serve: access to care; healthy environment and co nditions; chronic disease and cancer; mental health and substance abuse. Access to care - Access is instrumental in ensuring quality health care for the community. However, there a re people in our community who may not be able to afford to see a doctor, don't have healt h insurance, lack transportation, or can't make appointments during regular office hours. This lack of affordable and convenient access means people may be waiting too long to seek the treatment they need, which can lead to chronic conditions worsening, complications de veloping, and even emergencies and hospital admissions. To address this community health n eed, St. Clair Health will continue to provide free van transportation services to the hos pital and outpatient centers, and continue providing healthcare and wellness fairs to prov ide medical education. St. Clair provided approximately 11,000 free van transportation rid es to the hospital, outpatient centers, and private physician offices within our six regio ns. In addition, St. Clair will continue providing virtual and in-person support/health ed ucation classes and explore expanding primary care services throughout all six of our serv ice regions. Healthy Environment and Conditions - Eating well requires a combination of bo th having enough to eat as well as having food with the right nutrients. This can be a cha llenge for many in the community facing poverty and unemployment, and they can experience food insecurity. Unfortunately, the absence of healthy eating leads to a chain of problems including diabetes, heart disease, high blood pressure, obesity, and major depression. To address this community health need, St. Clair Health will continue its partnership with S outh Hills and South Hills Interfaith Movement (SHIM) and Pete Donati & Sons Florist to he lp with the hospital's rooftop garden and distribute produce to SHIM's community/clients. St. Clair will also work to expand our flu vaccine clinic throughout St. Clair's six servi ce regions served, and connect with local municipalities and community partners to identif y areas of need. In addition, St. Clair plans to explore developing small gardens at senio r living facilities to provide healthy food choices and on-site activities.Chronic disease s - Heart disease, stroke, diabetes, and cancer cost billions of dollars in medical expens es every year, not to mention the emotional and mental toll they can take on patients and their families. Therefore, a large focus of our care is actively preventing diseases in th e first place or alleviating conditions with a healthy lifestyle. To address this communit y health need, St. Clair Health will continue providing annual free preventative screening s (prostate, mammography, and skin) and continue to offer the Diabetes Center as a resourc e to the community, assisting with the needs of newly diagnosed patients and those dealing with the condition long-term. In addition, St. Clair will launch an oncology speaker seri es from our Cancer Committee that will educate the community about cancer-related informat ion and what St. Clair has to offer. St. Clair will also explore a partnership with the Am erican Heart Association to offer blood pressure machines to the community to help track b lood pressure over a period of time and come up with simple healthy lifestyle changes.Cont inued in Additional Information

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2	The Hospital and St. Clair Medical Services individual ratios 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 4:	St. Clair's audited financial statements, Note 2, pages 17-18 describe bad debt expense and uncompensated care.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 includes both inpatient and outpatient services as well as maintaining an emergency department that is available twenty-four (24) hours a day and treats approximately 54,000 (reduced post-pandemic volumes) 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 are 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, 2022, $12,060,000 of uninsured discounts were provided.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 2022 (Tax Year 2021). The CHNA process considered and assessed a wide range of primary and secondary data sources including focus groups withpersons who represent the broad interests of the community and those with expertise in public health as well as assessments and studies prepared by other organizations. While the Hospital has made great strides inreaching at-risk populations with underserved health needs, it is well understood that poor health is multifactorial and requires continued intervention. The 2022 CHNA reaffirmed the continued need for a number ofthe 2019 initiatives. Using the 2022 CHNA as a roadmap, the Board adopted action plan will address the critical health needs in the following areas and, where appropriate, partner with other community agencies to improve care: Access to care, Healthy Environment and Conditions, Chronic Diseases, and Mental Health and Substance Abuse.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4:	St. Clair is located in the municipality of Mt. Lebanon, in the southwestsuburban quadrant of metropolitan Pittsburgh, Pennsylvania, approximatelysix miles from the downtown proper. St. Clair considers its service areato include thirty-four zip codes within six regions in southwesternAllegheny and northern Washington County, with a population of nearly 500,000 and 14% 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 outpatientcenter located in Peters Township, Washington County, approximately tenmiles from the Hospital, as well as two smaller outpatient centers withinsimilar proximity. The Hospital is licensed for 329 beds of which 301were set up and staffed during the year ended June 30, 2022.

Form and Line Reference	Explanation
Part VI, Line 5:	St. Clair is the region's leading healthcare provider, excelling in quality, service and v alue. St. Clair's values are demonstrated through performance, integrity, compassion, prid e and innovation. With more than 2,700 employees, St. Clair is the largest employer in sou thern Allegheny County. St. Clair's board of directors is comprised of members of the loca l community so that community needs can be properly determined and addressed. Subsidized H ealth ServicesIn addition to charity care and costs not covered by Medicaid payments, anot her community benefit provided by St. Clair is subsidized health services. These services yield low or negative margins, but are necessary to serve the community. $7,725,895 of sub sidized health services were provided for the year ended June 30, 2022.Healthcare Services St. Clair offers a comprehensive array of inpatient and outpatient services, including: ad vanced cardiovascular services; specialized care for women, children and infants; diabetes treatment; oncology services; emergency care; general surgery services; primary care; psy chiatry and mental health services; and pulmonary care. In addition to the high quality, b road range of clinical services offered, St. Clair is equally committed to capital improve ments and purchases of new technology to enhance its services to meet the community's heal th needs. To that end, the Hospital has invested approximately $240,000,000 over the past five years.Each of these areas is staffed by a team of skilled physicians, nurses and othe r clinicians. St. Clair considers requests for clinical privileges and medical staff membe rship based upon the needs of the community and Medical Staff Development Plan.St. Clair p rovides an array of advanced and highly specialized services. The Hospital is focused on c ontinuously enhancing its services and technologies to ensure that the community's health needs are met. A description of key services follows:In May 2021, St. Clair completed cons truction of the Dunlap Family Outpatient Center ("the Center"), a 280,000-square-foot comp rehensive outpatient center on St. Clair's main campus. The Center is designed to consolid ate outpatient services currently offered across multiple buildings, as well as expand out patient offerings to include high-acuity and multidisciplinary services. The new building includes 10 operating rooms (8 of which are set-up and staffed), six endoscopy suites (4 o f which are set-up and staffed), 39 pre- and 15 post-operative beds, a Walgreens pharmacy, diagnostic facilities, a cancer center and clinical office space.Cardiovascular Services - From diagnosis to treatment to rehabilitation and wellness, multidisciplinary teams of c aregivers at St. Clair offer a full range of cardiac care services. St. Clair achieves ind ustry-leading treatment times for heart attack victims arriving at our Emergency Departmen t, resulting in best practice outcomes. St. Clair's average time from hospital door to fir st balloon inflation of 60 minutes is at the 50th percentile mark of 90 minutes for the na tional standard set by The American College of Cardiology. St. Clair continues to expand i ts cardiovascular program. In addition to the transcatheter aortic valve replacement (TAVR) program started in 2019, in FY22, St. Clair successfully performed its first Watchman pr ocedure designed to reduce blood clots entering the blood atream and aid in stroke prevent ion. Also in FY22, St Clair performed its first MitraClip procedure for the treatment of m itral valve regurgitation. Additionally, St. Clair was named a Blue Distinction Center for Cardiac Care for its best practices and standards of care. Cardiologists and cardiac surg eons are available 24 hours a day, seven days a week to provide scheduled and emergency ca rdiac care, seamlessly delivered with a goal of high quality, compassionate, and personali zed care. Additionally, St. Clair's cardiovascular program provides comprehensive services including screening, prevention, cardiac rehabilitation and educational programs to the c ommunity. St. Clair's Cardiac Rehabilitation program received more than 15,800 annual visi ts. St. Clair offers a full range of cardiac diagnostic testing, including ECG, holter mon itoring, event recording, echocardiogram, cardiac CT angiography, and stress tests at mult iple locations.Psychiatry and Mental Health Services - St. Clair provides comprehensive di agnosis, 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, nurse s, therapists and social workers) to develop individual treatment plans to meet the specif ic needs of each patient. St. Clair provides menta

Form and Line Reference	Explanation
Part VI, Line 5:	l health care services to approximately 4,000 patients annually. Orthopedics/Spine - St. C lair's Orthopedics program includes a variety of services focused on the prevention, diagn osis and treatment of disorders of the musculoskeletal system. From diagnostic testing to arthroscopic and minimally invasive surgery to major joint replacement and spinal procedur es to rehabilitation, St. Clair provides access to orthopedic care in a compassionate sett ing. The multidisciplinary team of physicians, therapists, and nurses, including an orthop edic nurse navigator, develop coordinated treatment plans for each patient with personaliz ed attention and comprehensive care with the ultimate goals of better results and fewer co mplications. St. Clair also offers orthopedic education and prevention programs to the com munity. 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 h as the 4th largest joint replacement program in the Pittsburgh market (IBM Watson Health 2 021).Women's and Children's Services - Women's and Children's Services provides a comprehe nsive continuum of care, spanning from pre-natal, obstetrics, newborn and pediatric servic es 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 marke t (per IBM Watson Health 2021), St. Clair performed 1,223 deliveries during the year ended June 30, 2022. 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, ultr asounds and shared management of high risk patients.St. Clair's Sipe Infusion Center is an outpatient clinic located within the hospital. Members of the Infusion Center Team provid e skilled nursing care, education and emotional support to patients with various condition s, including those with cancer and benign hematologic disorders, autoimmune disorders (suc h as Crohn's Disease, Arthritis, and Multiple Sclerosis), and Osteoporosis. The Center pro vides administration services for intravenous and injectable treatments such as chemothera pies and biologics; immunotherapies; intravenous Immune Globulin (IVIG); antibiotics; hydr ation; blood products; therapeutic phlebotomy; and vaccinations. The Sipe Infusion Center provides services 7 days/week, 365 days/year.Cancer Care - The St. Clair Hospital Cancer C are 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 emoti onal, 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 (IBM Watson H ealth 2021). In September 2021, St. Clair developed western Pennsylvania's first high-risk breast imaging program, patterned after one at Mayo Clinic. The program uses the Tyrer-Cu zick Risk Assessment Calculator to identify patients at elevated risk for breast cancer, a nd employs a multidisciplinary team to closely follow those patients. Through June 30, 202 2 over 5,000 patients completed the high-risk breast cancer assessment while having their annual breast cancer screening mammogram. See Additional Information for other services.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	PA

Form and Line Reference	Explanation
Additional Information	Continued Part II Community Building Activities:Mental health and substance abuse - The ef fects of substance abuse, drug overdose, heavy drinking, and tobacco can result in everyth ing from unintentional injury to conditions such as liver disease and cancer to even death , and psychological issues such as depression and anxiety can be equally devastating to so meone's life. The solution is providing treatment that is compassionate and comprehensive to simultaneously tackle these issues - though part of the challenge in treatment is overc oming the stigma of substance abuse and mental health services. To address this community health need, St. Clair Health will provide community-based mental health support groups su ch as our inpatient/outpatient music therapy support groups and work with other nonprofit mental health providers and health and human service nonprofit organizations. St. Clair wi ll also focus on postpartum depression and expand our reach within the community to help s upport our new moms. St. Clair will continue its partnership with Gateway Rehab providing 24/7 Recovery Support Specialists for the Hospital's patients, and educate our St. Clair M edical Group practices on this resource available for patients.In addition to these specif ic CHNA initiatives, St. Clair also expands its reach to the community in the following wa ys:-St. Clair regularly contributes to partnering agencies in the form of monetary donatio ns 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 sharp obje cts in managing conditions such as diabetes. This free service enables people to exchange containers of contaminated needles for empty ones.-St. Clair welcomes students from the re gion's many training programs and universities seeking to gain clinical experience. Medica l students, residents, nursing students and others rotate through St. Clair's clinical dep artments as they prepare for careers in healthcare, and often times, returning to communit ies in need. Continued from above Healthcare Services:The St. Clair Hospital Radiation Onc ology 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 treatmen t services, including Intensity-Modulated Radiation Therapy (IMRT) capabilities. IMRT give s 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 heal thy tissue around the tumor. In June 2021, the Center treated its first patient using stat e-of-the-art Stereotactic Body Radiotherapy (SBRT) which delivers a higher dose of radiati on over a shorter number of sessions. During the year ended June 30, 2022. 117 treatments were provided using the SBRT technology. Medical Oncology - In May 2021, also in affiliati on with the UPMC Hillman Cancer Center, the opening of the Dunlap Family Outpatient Center consolidated medical oncology into a single campus with surgical and radiation oncology. The 20,000 square foot Cancer Center allows area residents access to the most cutting-edge treatments, interactions with the highest-level researchers, physicians and clinicians an d convenient access to care. The affiliation also provides area residents access to clinic al trials, including immunotherapy.Emergency Services - St. Clair has the largest Emergenc y Department in its total service area, with approximately 54,000 annual visits in the yea r ended June 30, 2022. The Emergency Department is open 24 hours a day, providing emergenc y care ranging from minor injuries and illness to life-threatening accidents or illnesses. Patient satisfaction scores from Press Ganey surveys for St. Clair's Emergency Department were in the 88th percentile nationwide for the same year.Surgical Services - St. Clair's Surgical Services Department (13 operating rooms in the main suite and 8 operating rooms l ocated in the Dunlap Family Outpatient Center on the hospital campus) performs a wide rang e of operative procedures, including: minimally-invasive laparoscopy surgery; gynecologica l surgery; ear, nose and throat surgery; orthopedic and spine surgery; pediatric surgery; oral/maxillofacial surgery; podiatry surgery; open chest (heart) surgery; urological surge ry; ophthalmologic surgery; pain control services; laser surgery; general surgery; vascula r surgery; plastic and reconstructive surgery; lithotripsy; and thoracic surgery. St. Clai r provides minimally invasive surgical procedures through the use of the da Vinci Si robot ic surgical system.Medical Imaging - St. Clair runs a full-service Medical Imaging Departm ent, offering a variety of diagnostic and interventional studies at the Hospital campus an d three outpatient centers using the modalities of

Form and Line Reference	Explanation
Additional Information	general radiology, fluoroscopy, nuclear medicine, ultrasound, obstetrical ultrasound, scr eening and diagnostic mammography, CT scanning, MRI, PET/CT (a joint venture with UPMC Hil lman Cancer Center) and interventional and endovascular services.Laboratory Services - St. Clair's full-service Laboratory operates 24 hours a day, seven days a week to provide qui ck and accurate test results. The Lab offers comprehensive testing in the specialties of H ematology, Chemistry, Microbiology, Histology, Cytology and Blood Banking. In addition to the main campus and new services offered in Dunlap Family Outpatient Center, St. Clair pro vides laboratory services at the two outpatient centers and outreach facilities.Physical a nd Occupational Therapy - St. Clair's Physical Therapy Department offers comprehensive reh abilitation services to inpatients and outpatients. Licensed Physical Therapists and Physi cal Therapist Assistants provide exercise, mobility training, thermal and cryo modalities, and tissue mobilization. The health care professionals within St. Clair's Occupational Th erapy Department treat patients to improve function in their day-to-day activities, includ ing personal hygiene, mobility, vocational and leisure activities. The outpatient therapy department, located at the Village Square Outpatient Center, ranks in the top decile natio nally for patient satisfaction (Press Ganey).

Additional Data

Software ID:

Software Version:

EIN: 61-1663540

Name: St Clair Health Corporation Group Return

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	St Clair Memorial Hospital 1000 Bower Hill Road Pittsburgh, PA 15243 https://www.stclair.org 450501	X	X					X			

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

Form and Line Reference	Explanation
St Clair Memorial Hospital	Part V, Section B, Line 5: In keeping with its commitment to the community, St. Clair init iated a 2022 Community Health Needs Assessment (Tax Year 2021) and thereafter published a comprehensive action plan. Results of the study identified four broad categories of health needs in which St. Clair would develop programs, deploy resources and partner with other local agencies to positively impact the health of those we serve: access to care; healthy environment and conditions; chronic disease and cancer; mental health and substance abuse. Access to care - Access is instrumental in ensuring quality health care for the community. However, there are people in our community who may not be able to afford to see a doctor, don't have health insurance, lack transportation, or can't make appointments during regul ar office hours. This lack of affordable and convenient access means people may be waiting too long to seek the treatment they need, which can lead to chronic conditions worsening, complications developing, and even emergencies and hospital admissions. To address this c ommunity health need, St. Clair Health will continue to provide free van transportation se rvices to the hospital and outpatient centers, and continue providing healthcare and welln ess fairs to provide medical education. St. Clair provided approximately 11,000 free van t ransportation rides to the hospital, outpatient centers, and private physician offices wit hin our six regions. In addition, St. Clair will continue providing virtual and in-person support/health education classes and explore expanding primary care services throughout al l six of our service regions. Healthy Environment and Conditions - Eating well requires a combination of both having enough to eat as well as having food with the right nutrients. This can be a challenge for many in the community facing poverty and unemployment, and the y can experience food insecurity. Unfortunately, the absence of healthy eating leads to a chain of problems including diabetes, heart disease, high blood pressure, obesity, and maj or depression. To address this community health need, St. Clair Health will continue its p artnership with South Hills and South Hills Interfaith Movement (SHIM) and Pete Donati & S ons Florist to help with the hospital's rooftop garden and distribute produce to SHIM's co mmunity/clients. St. Clair will also work to expand our flu vaccine clinic throughout St. Clair's six service regions served, and connect with local municipalities and community pa rtners to identify areas of need. In addition, St. Clair plans to explore developing small gardens at senior living facilities to provide healthy food choices and on-site activitie s.Chronic diseases - Heart disease, stroke, diabetes, and cancer cost billions of dollars in medical expenses every year, not to mention the emotional and mental toll they can take on patients and their families. Therefore, a large focus of our care is actively preventi ng diseases in the first place

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

Form and Line Reference	Explanation
St Clair Memorial Hospital	or alleviating conditions with a healthy lifestyle. To address this community health need , St. Clair Health will continue providing annual free preventative screenings (prostate, mammography, and skin) and continue to offer the Diabetes Center as a resource to the comm unity, assisting with the needs of newly diagnosed patients and those dealing with the con dition long-term. In addition, St. Clair will launch an oncology speaker series from our C ancer Committee that will educate the community about cancer-related information and what St. Clair has to offer. St. Clair will also explore a partnership with the American Heart Association to offer blood pressure machines to the community to help track blood pressure over a period of time and come up with simple healthy lifestyle changes.Mental health and substance abuse - The effects of substance abuse, drug overdose, heavy drinking, and toba cco can result in everything from unintentional injury to conditions such as liver disease and cancer to even death, and psychological issues such as depression and anxiety can be equally devastating to someone's life. The solution is providing treatment that is compass ionate and comprehensive to simultaneously tackle these issues - though part of the challe nge in treatment is overcoming the stigma of substance abuse and mental health services. T o address this community health need, St. Clair Health will provide community-based mental health support groups such as our inpatient/outpatient music therapy support groups and w ork with other nonprofit mental health providers and health and human service nonprofit or ganizations. St. Clair will also focus on postpartum depression and expand our reach withi n the community to help support our new moms. St. Clair will continue its partnership with Gateway Rehab providing 24/7 Recovery Support Specialists for the Hospital's patients, an d educate our St. Clair Medical Group practices on this resource available for patients.In addition to these specific CHNA initiatives, St. Clair also expands its reach to the comm unity in the following ways:-St. Clair regularly contributes to partnering agencies in the form of monetary donations and in-kind contributions.-In the interest of safety and disea se prevention, St. Clair has a needle disposal program for those who utilize needles, syri nges and other sharp objects in managing conditions such as diabetes. This free service en ables people to exchange containers of contaminated needles for empty ones.-St. Clair welc omes students from the region's many training programs and universities seeking to gain cl inical experience. Medical students, residents, nursing students and others rotate through St. Clair's clinical departments as they prepare for careers in healthcare, and often tim es, returning to communities in need. After collecting data in Fall 2021 from in-person in terviews and focus groups with nonprofit partners and local community members, as well as a survey completed by St. Clai

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

Form and Line Reference	Explanation
St Clair Memorial Hospital	r Health employees and the general public, St. Clair was able to reevaluate its main commu nity needs. Therefore, in FY 22 St. Clair was able to begin a new three year Community Hea lth Needs Assessment Implementation Strategy to identify the most critical community healt h needs and how St. Clair can support them. St. Clair Health acknowledges the following le aders for their valuable feedback and ideas:ST. CLAIR HOSPITAL COMMUNITY BENEFIT COMMITTEE MEMBERS at 6/30/22:Joseph B. SmithSenior Vice President, Marketing,Dollar Bank Chairman,C ommunity Benefit CommitteeBoard of Directors, St. Clair HospitalFrank Arcuri, Esq.Law Offi ce of Frank ArcuriBoard of Directors, St. Clair HospitalRachel BrechtTiER1 Performance Sol utionsBoard of Directors, St. Clair Hospital FoundationDavid R. HeilmanOmax Health, Inc.Bo ard of Directors, St. Clair HospitalAndrea L. KalinaExecutive Liaison,Community Benefit Co mmitteeSenior Vice President of External Relations and Chief Human Resources Officer,St. C lair HospitalDeborah LeePNC HealthcareBoard of Directors, St. Clair Hospital FoundationDan LongEnscoe Long Insurance Group, LLCBoard of Directors, St. Clair Hospital FoundationThom as M. MedwigChairman, St. Clair Health Corp.Board of Directors, St. Clair HospitalLindsay MeucciVice President - Marketing,Communications & AdvocacySt. Clair HospitalLouis D. Pietr agallo Jr.CEOStone Rooster Distributors, Inc.Board of Directors, St. Clair Health Foundati onGinny Rothschild ReisingerChief Executive Officer/PrincipalWorkscape, Inc.John T. Sulliv an, M.D.Senior Vice President & Chief Medical Officer, St. Clair HospitalBoard of Director s, St. Clair HospitalThomas D. Wright, Jr., Esq.Rosetta Capital CorporationBoard of Direct ors, St. Clair HospitalG. Alan Yeasted, M.D.Sr. Vice President & ChiefMedical Officer Emer itus, St. Clair HospitalBoard of Directors, St. Clair HospitalCOMMUNITY LEADERS AND EXPERT S WHO CONTRIBUTED THEIR EXPERTISE:Bethany BachmanCommunity Events & Communication Coordina tor, Borough of DormontSteve BeuterBorough Manager, CarnegieMary BirksOutreach Teen & Fami ly ServicesVenard CampbellPre Hospital & Emergency Services Coordinator, St. Clair HealthS arah CooperClinical Nurse Specialist, St. Clair HealthSue CoyleChartiers CenterSarah Darby Oncology Supervisor, St. Clair HealthMat DavisFire Chief & Building and Code Enforcement, Dormont FireLeah DietrichWashington City MissionSusan EvansMental Health Manager, St. Clai r Health(Continued on Schedule O)

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

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

Form and Line Reference	Explanation
St Clair Memorial Hospital	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.

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

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

Form and Line Reference	Explanation
St Clair Memorial Hospital	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's 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).

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

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

Form and Line Reference	Explanation
St Clair Memorial Hospital	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 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.

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

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

Form and Line Reference	Explanation
Part V, Section B, Line 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 patient's 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.

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

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

Form and Line Reference	Explanation
Part V, Section B, Line 10b	See attached copy of St. Clair's CHNA Implementation Strategy

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

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

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

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

	Name and address	Type of Facility (describe)
1	1 - SCMG Urology 1000 Bower Hill Rd Suite 7600 Pittsburgh, PA 15243	Physician Office
1	2 - SCMG Urology 1029 Country Club Rd Suite 205 Monongahela, PA 15063	Physician Office
2	3 - SCMG Urology 651 Collier Way Suite 509 Weirton, WV 26062	Physician Office
3	4 - SCMG Internal Med-Fatigati Nalin Assoc 733 Washington Rd Suite 401 Pittsburgh, PA 15228	Physician Office
4	5 - SCMG Internal Med-Fatigati Nalin Assoc 5187 Library Road Bethel Park, PA 15102	Physician Office
5	6 - SCMG Internal Med-Fatigati Nalin Assoc 1025 Washington Pike Suite 3 Bridgeville, PA 15017	Physician Office
6	7 - SCMG Internal Med-Fatigati Nalin Assoc 1 Robinson Plaza Suite 410 Pittsburgh, PA 15205	Physician Office
7	8 - SCMG Internal Med-Fatigati Nalin Assoc 3928 Washington Road Suite 280 McMurray, PA 15317	Physician Office
8	9 - SCMG Internal Med-Fatigati Nalin Assoc 5482 Campbells Run Road Pittsburgh, PA 15205	Physician Office
9	10 - SCMG Cardiology-So Hills Cardio Assoc 1000 Bower Hill Rd Suite 7400 Pittsburgh, PA 15243	Physician Office
10	11 - SCMG Cardiology-So Hills Cardio Assoc 2000 Oxford Drive Suite 305 Bethel Park, PA 15102	Physician Office
11	12 - SCMG Cardiology-So Hills Cardio Assoc 3928 Washington Road Suite 270 McMurray, PA 15317	Physician Office
12	13 - SCMG Cardiology- St Clair Health 1000 Bower Hill Rd Suite 7400 Pittsburgh, PA 15243	Physician Office
13	14 - SCMG Internal Med-Mt Lebo Internal Med 2000 Oxford Drive Suite 420 Bethel Park, PA 15102	Physician Office
14	15 - SCMG Pulmonary & Critical Care Med 1050 Bower Hill Road Suite 306 Pittsburgh, PA 15243	Physician Office

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

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

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

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

	Name and address	Type of Facility (describe)
16	16 - SCMG Pulmonary & Critical Care Med 1350 Locust Street Suite G104 Pittsburgh, PA 15219	Physician Office
1	17 - SCMG Orthopedic Surgery 1000 Bower Hill Rd Suite 7300 Pittsburgh, PA 15243	Physician Office
2	18 - SCMG Orthopedic Surgery 3928 Washington Road Suite 270 McMurray, PA 15317	Physician Office
3	19 - SCMG OBGyn 1050 Bower Hill Road Suite 205 Pittsburgh, PA 15243	Physician Office
4	20 - SCMG OBGyn 1767 Pine Hollow Road McKees Rocks, PA 15136	Physician Office
5	21 - SCMG OBGyn 1 Robinson Plaza Suite 410 Pittsburgh, PA 15205	Physician Office
6	22 - SCMG OBGyn 2000 Oxford Drive Suite 415 Bethel Park, PA 15102	Physician Office
7	23 - SCMG OBGyn 6000 Steubenville Pike Suite 105 Mckees Rocks, PA 15136	Physician Office
8	24 - SCMG Neurology 3928 Washington Rd Suite 270 Canonsburg, PA 15317	Physician Office
9	25 - SCMG Neurology 1050 Bower Hill Road Suite 105 Pittsburgh, PA 15243	Physician Office
10	26 - SCMG Colorectal Surgery 1050 Bower Hill Road Suite 208 Pittsburgh, PA 15243	Physician Office
11	27 - SCMG Urgent Care 2000 Oxford Drive Suite 100 Bethel Park, PA 15102	Urgent Care Center
12	28 - SCMG Internal Med-Dobkin & Ricelli 5301 Grove Road Suite 631 Pittsburgh, PA 15236	Physician Office
13	29 - SCMG Internal Med-Dobkin & Ricelli 2000 Oxford Drive Suite 420 Bethel Park, PA 15102	Physician Office
14	30 - SCMG General Surgery 2000 Oxford Drive Suite 216 Bethel Park, PA 15102	Physician Office

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

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

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

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

	Name and address	Type of Facility (describe)
31	31 - SCMG General Surgery 1050 Bower Hill Road Suite 204 Pittsburgh, PA 15243	Physician Office
1	32 - SCMG Cardiac Surgery 1050 Bower Hill Road Suite 204 Pittsburgh, PA 15243	Physician Office
2	33 - SCMG Internal Med-DeGiovanni Montini 2000 Oxford Drive Suite 410 Pittsburgh, PA 15102	Physician Office
3	34 - SCMG Plastic Surgery 1050 Bower Hill Road Suite 101 Pittsburgh, PA 15243	Physician Office
4	35 - SCMG Plastic Surgery 3928 Washington Road Suite 270 McMurray, PA 15317	Physician Office
5	36 - SCMG Internal Med-West Hills Medical 1 Robinson Plaza Suite 410 Pittsburgh, PA 15205	Physician Office
6	37 - SCMG Internal Med-West Hills Medical 27 Heckel Road Suite 212 McKees Rocks, PA 15136	Physician Office
7	38 - SCMG Endocrinology 2000 Oxford Drive Suite 302 Bethel Park, PA 15102	Physician Office
8	39 - SCMG Family Medicine 2000 Oxford Drive Suite 302 Bethel Park, PA 15102	Physician Office
9	40 - SCMG Breast&General Surgery 2000 Oxford Drive Suite 301 Bethel Park, PA 15102	Physician Office
10	41 - SCMG Breast&General Surgery 3928 Washington Road Suite 270 McMurray, PA 15317	Physician Office
11	42 - SCMG Thoracic Surgery 1050 Bower Hill Road Suite 204 Pittsburgh, PA 15243	Physician Office
12	43 - SCMG Thoracic Surgery 3928 Washington Road Suite 280 McMurray, PA 15317	Physician Office
13	44 - SCMG Thoracic Surgery 27 Heckel Road Suite 106 McKees Rocks, PA 15136	Physician Office
14	45 - SCMG Pulmonary Medicine 1050 Bower Hill Road Suite 304 Pittsburgh, PA 15243	Physician Office

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

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

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

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

	Name and address	Type of Facility (describe)
46	46 - SCMG Internal Med-Gobao 2000 Oxford Drive Suite 420 Bethel Park, PA 15102	Physician Office
1	47 - SCMG Internal Med-Prabhu Primary Care 1050 Bower Hill Road Suite 301 Pittsburgh, PA 15243	Physician Office

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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

2021

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? . . . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Employee assistance - expenses	36	80,467			
(2) Patient assistance	14	10,193			
(3) Breast Care Fund	120	3,983			
(4) Oncology	150	1,644			
(5) Occupational Therapy / Physical Therapy	1	1,085			
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Part I, Line 2:	Funds are budgeted and approved by St. Clair Health 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 Health Foundation for disbursement of approved funding.

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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

2021

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 appropiate 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 idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., 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**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" 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 are not listed on Form 990, Part VII.

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

(A) Name and Title	**(B)** Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			**(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				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
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 III Supplemental Information

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

Return Reference	Explanation
Part I, Line 3	The Compensation Committee is a standing committee of the Board of Directors of the St. Clair Health Corporation, the parent of St. Clair Memorial Hospital, St. Clair Memorial Foundation and St. Clair Medical Services, 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.

Return Reference	Explanation
Part I, Line 4b	These officers and/or former officers participated in the Hospital's Supplemental Nonqualified Retirement Plan James M. Collins $ 159,046 Michael Flanagan $ 91,911 John T. Sullivan $ 89,990 Richard Chesnos $ 78,115 Barry S. Zaiser $ 63,130 Paula Hooper $ 57,450 Andrea Kalina $ 50,627 Diane L. Puccetti $ 40,962 Richard Schaeffer $ 40,217 Eric Luttringer $ 39,235 Charles Dibello $ 32,066 Elizabeth Pittman $ 30,326 Meredith Dieffenbach $ 29,257

Part III Supplemental Information

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

Return Reference	Explanation
Part II,Column B(iii) and Column F:	Certain officers, directors, key employees and highest compensated employees earned other reportable compensation resulting from meeting specific vesting requirements of unqualified retirement plans in individual tax years.

Additional Data

Software ID:

Software Version:

EIN: 61-1663540

Name: St Clair Health Corporation Group Return

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(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				
1James M Collins President/CEO-SCH through 6/30/22	(i)	828,951	600,000	796,669	185,047	18,449	2,429,116	795,586
	(ii)	0	0	0	0	0	0	0
1Kevin Bordeau MD Physician	(i)	813,794	315,005	56	22,033	19,601	1,170,489	0
	(ii)	0	0	0	0	0	0	0
2Andy C Kiser MD Board Member-SCMS	(i)	881,732	200,000	1,000	20,524	19,609	1,122,865	0
	(ii)	0	0	0	0	0	0	0
3John T Sullivan MD Sr VP/CMO-SCH	(i)	465,331	280,565	0	110,738	18,947	875,581	0
	(ii)	0	0	0	0	0	0	0
4Michael J Flanagan Sr VP/COO/Asst Secretary-SCH	(i)	416,431	311,250	62,583	114,581	21,186	926,031	52,929
	(ii)	0	0	0	0	0	0	0
5Richard C Chesnos Sr VP/CFO/Treas.-SCH through 4/2022	(i)	413,346	224,100	77,845	104,115	23,468	842,874	76,845
	(ii)	0	0	0	0	0	0	0
6Muhammad Salman MD Physician	(i)	597,168	0	0	12,873	19,931	629,972	0
	(ii)	0	0	0	0	0	0	0
7Barry S Zaiser Sr. VP/CSO/Asst Secretary-SCMS	(i)	346,497	165,115	61,968	89,084	8,363	671,027	61,218
	(ii)	0	0	0	0	0	0	0
8Ryan Zuzek MD Physician	(i)	547,195	0	0	17,400	19,456	584,051	0
	(ii)	0	0	0	0	0	0	0
9Robert N Shogry MD Board Member-SCF	(i)	404,415	82,064	750	24,907	24,144	536,280	0
	(ii)	0	0	0	0	0	0	0
10Jay Lutins MD Physician	(i)	482,043	48,750	0	5,800	17,587	554,180	0
	(ii)	0	0	0	0	0	0	0
11Shailen Sehgal MD Physician	(i)	481,033	48,750	0	5,800	13,695	549,278	0
	(ii)	0	0	0	0	0	0	0
12Andrea L Kalina SrVP Ext Affrs & CHRO/Asst Sec-SCF	(i)	281,265	136,285	33,799	77,653	21,250	550,252	33,799
	(ii)	0	0	0	0	0	0	0
13Paula L Hooper Esq Sr. VP/CLO/Secretary-SCH	(i)	336,131	137,700	0	74,850	20,461	569,142	0
	(ii)	0	0	0	0	0	0	0
14Richard J Schaeffer Former Officer-SCH	(i)	237,625	93,600	35,043	67,354	23,417	457,039	30,048
	(ii)	0	0	0	0	0	0	0
15Diane L Puccetti RN VP Nursing & CNO-SCH as of 1/2022	(i)	224,842	112,500	9,615	66,019	11,689	424,665	0
	(ii)	0	0	0	0	0	0	0
16Karl E Bushman MD Board Member-SCMS through 9/2021	(i)	178,480	69,369	805	5,073	22,604	276,331	0
	(ii)	0	0	0	0	0	0	0
17Antonio M Riccelli MD Board Member-SCMS as of 1/2022	(i)	223,339	131,534	805	22,256	19,856	397,790	0
	(ii)	0	0	0	0	0	0	0
18Eric Luttringer Sr VP/CFO/Treasurer-SCH as of 4/2022	(i)	206,435	112,500	10,365	61,044	24,492	414,836	0
	(ii)	0	0	0	0	0	0	0
19Mario J Fatigati MD Board Member-SCMS	(i)	275,587	39,801	31	26,000	19,082	360,501	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(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				
21Charles V Dibello Former Officer-SCH	(i)	198,228	70,575	0	51,264	841	320,908	0
	(ii)	0	0	0	0	0	0	0
1Elizabeth Pittman Former Officer-SCMS	(i)	181,248	66,670	19,112	46,733	20,838	334,601	16,911
	(ii)	0	0	0	0	0	0	0
2Meredith Dieffenbach Former Officer-SCH	(i)	162,347	77,625	3,404	41,849	9,249	294,474	0
	(ii)	0	0	0	0	0	0	0
3Donna M Shipley Exc Dir Fin/Ast Trs-SCH as of 4/2022	(i)	151,579	5,882	5,769	12,410	9,435	185,075	0
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, 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

2021

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		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Mt Lebanon Hosp Authority	25-6189519	000000000	12-23-2010	20,000,000	Finance Capital Improvements		X		X		X
B	Mt Lebanon Hosp Authority	25-6189519	000000000	10-04-2017	10,000,000	2007 Note Refi & Fina Cap Improv		X		X		X
C	Mt Lebanon Hosp Authority	25-6189519	621820DG1	10-16-2018	86,043,544	Finance Capital Improvements		X		X		X
D	Mt Lebanon Hosp Authority	25-6189519	000000000	11-19-2021	2,200,000	Finance Capital Improvements		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	13,035,000	1,988,000		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	20,139,725	10,000,000	87,907,810	2,200,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	29,457		1,000,078	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	20,110,268	3,750,000	86,907,732	50,000
11	Other spent proceeds		6,250,000		
12	Other unspent proceeds				2,150,000
13	Year of substantial completion	2013	2017	2021	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?		X	X			X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X			X	X			X
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		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		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 ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		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		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		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X		X	
b	Exception to rebate?		X	X			X		X
c	No rebate due?		X		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		X

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		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		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		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 is not available under applicable regulations?	X		X		X		X	

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

Return Reference	Explanation
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. The Series 2018 Revenue Bond 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.

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, 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

2021

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		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Mt Lebanon Hosp Authority	25-6189519	000000000	11-19-2021	13,635,000	2012 Bond Refinancing		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	13,635,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	74,024			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	13,560,976			
12	Other unspent proceeds				
13	Year of substantial completion	2022			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?	X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		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						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

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

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Schedule L (Form 990)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

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2021

Open to Public Inspection

Name of the organization
St Clair Health Corporation Group Return

Employer identification number
61-1663540

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

2 Enter the amount of tax incurred by 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	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total . . . . . ▶ $												

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SH Radiology DOrrPresSHR	Brd Mbr-SCH, SCMS	613,212	Interpretation of Radiology Exams		No
(2) Nina Fatigati	Daughter of Brd Mbr	223,891	Salary		No
(3) Christopher Pray	Son-in-Law of Brd Mbr	451,479	Salary		No
(4) Scott Holekamp	Son-in-Law of Brd Mbr	263,630	Salary		No
(5) Giant Steps Orthopaedics LLC B P	Brd Mbr-SCH	132,670	CJR earnings and physician stipend		No
(6) Rachel Rex	Daughter of Brd Mbr	75,295	Salary		No

Part V Supplemental Information

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

Return Reference	Explanation
Sch L, Part IV Business Transactions involving interested Persons:	

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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.

OMB No. 1545-0047

2021

Open to Public Inspection

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	271,058	Market value sale date
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		No
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? — 31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? — 32a		No
b	If "Yes," describe in Part II.		
33	If the organization 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.

Return Reference	Explanation

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SCHEDULE O
(Form 990)

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
St Clair Health Corporation Group Return

Employer identification number
61-1663540

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 3a	St. Clair Memorial Hospital recorded more than $1,000 in unrelated gross business income.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 3b	St. Clair Memorial Hospital has filed a 990-T to report all unrelated gross business income.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 7a	St. Clair Memorial Hospital Foundation provided goods or services in exchange for a contri bution more than $75. The Foundation notified the donor of the value.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	- St. Clair Memorial Hospital, St. Clair Memorial Hospital Foundation, and St. Clair Medic al Services do not have members or stockholders. St. Clair Medical Services is the sole me mber of St. Clair Anesthesiology Associates and St. Clair Professional Services.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 direct ors of such organizations. St. Clair Anesthesiology Associates and St. Clair Professional Services are governed by the board of directors of St. Clair Medical Services.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 Services, St. Clair Health Corporation, as the par ent company of such organizations, has the power to make or approve certain decisions of s uch organizations including approval of the sale or encumberance of a substantial amount o f assets, the approval of annual operating and capital budgets, and the approval of strate gic plans. St. Clair Anesthesiology Associates and St. Clair Professional Services are gov erned by the board of directors of St. Clair Medical Services.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	(b) - This Form 990 is prepared internally, reviewed by management, and reviewed by a thir d-party accounting firm, Ernst & Young LLP. The draft Form 990 is provided to each board m ember for review via a secure website prior to filing.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 who m 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 membe rs or Officers are excluded from participating in the relative decision making process.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	(a & b) - The Compensation Committee is a standing committee of the Board of Directors of the St. Clair Health Corporation, the parent of St. Clair Memorial Hospital, St. Clair Mem orial Foundation and St. Clair Medical Services, 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 evaluat ions for each executive. In addition, data provided by an independent compensation consult ant is used to validate and support executive compensation.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	Governing documents, the conflict of interest policy and financial statements are made ava ilable to the public upon request from the Chief Financial Officer.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VII, Section A, Column (D):	Certain officers, directors, key employees and highest compensated employees earned other reportable compensation resulting from specific vesting requirements of unqualified retire ment plans in individual tax years.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	Agency Staffing Services: Program service expenses 24,512,880. Management and general expe nses 7,379,305. Fundraising expenses 36,600. Total expenses 31,928,785. Joint Venture Mana gement Fees: Program service expenses 7,619,641. Management and general expenses 0. Fundra ising expenses 0. Total expenses 7,619,641. IT Purchased Services: Program service expense s 530,428. Management and general expenses 3,629,706. Fundraising expenses 0. Total expens es 4,160,134. Supporting Services: Program service expenses 931,869. Management and genera l expenses 3,030,323. Fundraising expenses 59,539. Total expenses 4,021,731. Laboratory Te sting: Program service expenses 2,465,680. Management and general expenses 210. Fundraisin g expenses 0. Total expenses 2,465,890. Clinical Purchased Services: Program service expen ses 1,964,593. Management and general expenses 284,845. Fundraising expenses 0. Total expe nses 2,249,438. Non-Employed Physician Fees: Program service expenses 1,467,382. Managemen t and general expenses 468,000. Fundraising expenses 0. Total expenses 1,935,382. Patient Billing, Coding, & Electronic Health Record: Program service expenses 876,176. Management and general expenses 887,485. Fundraising expenses 0. Total expenses 1,763,661.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9:	Change in pension liability -16,280,266. Investment income 464. Contributions 88,537. Gran ts received 0. Other increases / (decreases) 2,300,858.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 2	St. Clair Memorial Hospital and St. Clair Medical Services receives and reports amounts ex ceeding $5,000 from any one contributor, and St. Clair Memorial Hospital Foundation receiv es and reports amounts exceeding the 2% special rule threshold from any one contributor.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 4	St. Clair Hospital is engaged in lobbying activities and has properly reported the allowable costs on Schedule C.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 20	St. Clair Memorial Hospital operates one hospital and has properly completed Schedule H.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part X, Line 25	Included in line 25, 'Other Liabilties' is $4,112,436 Medicare Accelerated Payments received from CMS for St. Clair Memorial Hospital.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.(dba St. Clair Medical Group) - General Rule - St. Clair Memorial Hospital Foundation - Special Rule

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H, Part V, Section B, Line 5	Mike Fisher Assistant Superintendent, Peters Township School District Denise Fitzgerald Di rector, Scott Township Angela Garcia Executive Director, Global Links Tyler Geist Associat e Elementary Principal & Safety Coordinator, South Fayette School District Chokri Guetari Attawheed Islamic Center Jim Guffey South Hills Interfaith Movement Deputy Cheif Jason Hab erman Mt. Lebanon Police Department Nora Helfrich Tri-Community South EMS J.R. Henry Chief , Valley Ambulance Authority Randi Hill Southwood Psych Hospital Sara J. Hoffman Director of Special Education & Pupil Services, Carlynton School District Angela Iglar Director of Communications, South Fayette Corporal Jeff Kite Mt. Lebanon Police Department Shawndel La ughner Family Birth Center Director, St. Clair Health Karen Miles Lead Nurse, South Fayett e School District Juan Perez Boys & Girls Clubs of Western Pennsylvania Megan Rhoades Nurs e Manager, St. Clair Health Dr. Timothy Steinhauer Superintendent, Mt. Lebanon School Dist rict James Troup Gateway Rehab Dr. Johannah Vanatta Superintendent, Chartiers Valley Schoo l District Sarah Welchn Coordinator of Communications, Keystone Oaks School District Kelli e Wild Catholic Catholic Charities of Pittsburgh Dr. Alan Yeastead Sr. Vice President and CMO, St. Clair Health

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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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
St Clair Health Corporation Group Return

Employer identification number
61-1663540

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) No
(1) St Clair HospitalUPMC Cancer Center PETCT 1000 Bower Hill Road Pittsburgh, PA 15243 20-2814053	Community Healthcare Provider	PA	501(c)(3)	12(A) Type I	St Clair Health Corporation	Yes	

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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) St Clair Professional Office Building 1050 Bower Hill Road Pittsburgh, PA 15243 25-1545786	Real Estate	PA						No			No	

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

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

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 orgranization 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		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s	Yes	

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
See Additional Data Table			

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 61-1663540
Name: St Clair Health Corporation Group Return

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
St Clair HospitalUPMC Cancer Center PETCT	C	1,029,000	Actual
St Clair HospitalUPMC Cancer Center PETCT	Q	256,634	Actual
St Clair Memorial Hospital Foundation	O	389,223	Actual
St Clair Memorial Hospital Foundation	Q	649,411	Actual
St Clair Professional Services Inc	O	6,842,058	Actual
St Clair Professional Services Inc	Q	612,601	Actual
St Clair Professional Services Inc	S	3,998,535	Actual
St Clair Anesthesiology Associates Inc	O	9,607,553	Actual
St Clair Anesthesiology Associates Inc	Q	372,581	Actual
St Clair Anesthesiology Associates Inc	S	5,822,478	Actual
St Clair Medical Services Inc	O	47,244,345	Actual
St Clair Medical Services Inc	Q	11,963,709	Actual
St Clair Medical Services Inc	J	1,534,076	actual