



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

## Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

## A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable	C Name of organization St Mary's Hospital		D Employer identification number 37-0662580
<input type="checkbox"/> Address change	Doing Business As		E Telephone number (618) 436-8000
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) 477 N LINDBERGH BLVD		G Gross receipts \$ 102,321,963
<input type="checkbox"/> Initial return	Room/suite		
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending	City or town, state or country, and ZIP + 4 ST LOUIS, MO 63141		

F Name and address of principal officer WILLIAM THOMPSON 477 N LINDBERGH BLVD ST LOUIS, MO 63141		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	--

I Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ► (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
---	---

J Website: ► WWW SSMHC COM	H(c) Group exemption number ► 0928
----------------------------	------------------------------------

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	L Year of formation 1939	M State of legal domicile IL
---	--------------------------	------------------------------

## Part I Summary

1 Briefly describe the organization's mission or most significant activities To continue the healing ministry of Jesus Christ by improving & providing regional, cost effective quality health services for everyone, with a special concern for the poor and vulnerable	
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 13
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4 6
5 Total number of employees (Part V, line 2a) . . . . .	5 966
6 Total number of volunteers (estimate if necessary) . . . . .	6 126
7a Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a 0
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b 0

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 1,411,680	Current Year 1,277,287
9 Program service revenue (Part VIII, line 2g) . . . . .	93,595,573	98,934,627
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	1,062,303	468,322
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,336,335	1,434,286
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	97,405,891	102,114,522

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	0 0
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)	44,757,934 46,366,859
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0 0
b Total fundraising expenses (Part IX, column (D), line 25) ► 0	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . .	47,689,277 48,897,234
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	92,447,211 95,264,093
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	4,958,680 6,850,429

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year 64,521,519	End of Year 66,661,243
21 Total liabilities (Part X, line 26) . . . . .	65,590,178	65,121,741
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	-1,068,659	1,539,502

## 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		
***** Signature of officer	2010-11-11 Date	
JUNE PICKETT SECRETARY Type or print name and title		

Paid Preparer's Use Only	Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► BKD LLP 211 N BROADWAY SUITE 600 ST LOUIS, MO 631022733		EIN ►	
			Phone no ► (314) 231-5544	

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

**Part III Statement of Program Service Accomplishments****1** Briefly describe the organization's mission

THROUGH OUR EXCEPTIONAL HEALTH CARE SERVICES, WE REVEAL THE HEALING PRESENCE OF GOD

**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 exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 69,369,160 including grants of \$  ) (Revenue \$ 98,934,627 )  
SEE SCHEDULE O

**4b** (Code  ) (Expenses \$  including grants of \$  ) (Revenue \$  )

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4c** (Code  ) (Expenses \$  including grants of \$  ) (Revenue \$  )

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**4e** **Total program service expenses**  \$ 69,369,160

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
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?	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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4 Yes	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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, 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 term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> <li>• 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? If "Yes," complete Schedule D, Part X.</li> </ul>	11 Yes	
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	No
12a Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		
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
14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III	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	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
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 Yes	

**Part IV Checklist of Required Schedules (continued)**

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	29		No
30	Did the organization receive more than \$25,000 in non-cash 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, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
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 in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	<b>1a</b> 0	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 966	
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	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)?		
<b>4b</b>	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b> No	
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b> No	
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	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?	<b>6a</b> No	
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b> No	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?	<b>7a</b> No	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b> No	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b> No	
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b> No	
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b> No	
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b> No	
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<b>7h</b> No	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b> No	
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b> No	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b> No	
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b> No	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders	<b>11a</b> No	
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>11b</b> No	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b> No	
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b> No	

**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.

### Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body . . .	<b>1a</b>	13	
<b>b</b> Enter the number of voting members that are independent . . .	<b>1b</b>	6	
<b>2</b> 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? . . . . .	<b>2</b>		No
<b>3</b> 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? . . . . .	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>		No
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>	Yes	
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	Yes	
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b> 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 . . . . .	<b>9</b>		No

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

		Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>		No
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>10b</b>		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11</b>		No
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	Yes	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes	
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes	
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	Yes	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>	Yes	
If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>		No
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>		

### Section C. Disclosure

**17** List the States with which a copy of this Form 990 is required to be filed ►

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

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►  
 KAY TINSLEY  
 400 N PLEASANT AVENUE  
 CENTRALIA, IL 628013056  
 (618) 436-6536

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

**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. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee.

<b>1b Total</b>	1,495,419	4,468,121	523,174
-----------------	-----------	-----------	---------

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►13

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	<b>3</b>	No
<b>4</b>	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	<b>4</b>	Yes
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	<b>5</b>	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

(A) Name and business address	(B) Description of services	(C) Compensation
MIDWEST EMERGENCY DEPT SRVCS 103 N OAK OFALLON, IL 62269	ER PHYSICIAN SRVCS	2,834,136
CENTRALIA ANESTHESIOLOGY 4227 LINCOLNSHIRE DR MT VERNON, IL 62864	ANESTHESIOLOGY SRVCS	1,704,421
MID AMERICA RADIOLOGY SC PO BOX 6971 ST LOUIS, MO 631666971	RADIOLOGY SERVICES	579,048
ALLIANCE HEALTHCARE SERVICES PO BOX 96485 CHICAGO, IL 60693	PET IMAGING	484,508
ANSARI RADIATION ONCOLOGY LTD 606 SABLE DR CENTRALIA, IL 62801	READING/INERPR	389,004
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►16		

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,272,086				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	5,201				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____						
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		1,277,287				
<b>Program Service Revenue</b>	<b>2a</b> NET PATIENT SERVICE REVENUE	Business Code					
		621,110	98,719,607	98,719,607			
	<b>b</b> JOA INCOME	621,110	215,020	215,020			
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		98,934,627				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .		375,769			375,769	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0				
	<b>5</b> Royalties . . . . .		0				
	<b>6a</b> Gross Rents	(i) Real	(ii) Personal				
		553,908					
	<b>b</b> Less rental expenses	197,810					
	<b>c</b> Rental income or (loss)	356,098					
	<b>d</b> Net rental income or (loss) . . . . .			356,097			356,097
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
	102,084	100					
<b>b</b> Less cost or other basis and sales expenses	0	9,631					
<b>c</b> Gain or (loss)	102,084	-9,531					
<b>d</b> Net gain or (loss) . . . . .			92,553			92,553	
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .							
<b>b</b> Less direct expenses . . . . .	<b>b</b>		0				
<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .							
<b>b</b> Less direct expenses . . . . .	<b>b</b>		0				
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>		0				
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
<b>Miscellaneous Revenue</b>		Business Code					
<b>11a</b> CAFETERIA		722,210	365,679			365,679	
<b>b</b> MEDICAL RECORDS FEE		561,000	86,421			86,421	
<b>c</b> PRINT SERVICES		561,000	158,517			158,517	
<b>d</b> All other revenue . . . . .			467,572			467,572	
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .			1,078,189				
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .			102,114,522	98,934,627		1,902,608	

**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) but are not required to complete columns (B), (C), and (D).**

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 governments and organizations in the U S See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	801,245	549,827	251,418	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages	32,657,002	22,409,757	10,247,245	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	1,473,247	1,010,966	462,281	
9 Other employee benefits . . . . .	9,109,652	6,251,189	2,858,463	
10 Payroll taxes . . . . .	2,325,713	1,595,941	729,772	
11 Fees for services (non-employees)				
a Management . . . . .	0			
b Legal . . . . .	106,503	73,084	33,419	
c Accounting . . . . .	75,590	51,871	23,719	
d Lobbying . . . . .	0			
e Professional fundraising See Part IV, line 17 . . . . .	0			
f Investment management fees . . . . .	0			
g Other . . . . .	15,657,803	10,744,635	4,913,168	
12 Advertising and promotion . . . . .	0			
13 Office expenses . . . . .	14,248,412	9,777,488	4,470,924	
14 Information technology . . . . .	0			
15 Royalties . . . . .	0			
16 Occupancy . . . . .	2,116,895	1,452,647	664,248	
17 Travel . . . . .	154,444	105,982	48,462	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	30,986	21,263	9,723	
20 Interest . . . . .	1,674,761	1,674,761		
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	3,324,057	2,281,021	1,043,036	
23 Insurance . . . . .	239,117	164,086	75,031	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a BAD DEBT	8,395,368	8,395,368		
b MEDICARE PROVIDER TAX	2,669,258	2,669,258		
c LICENSES	38,107	26,150	11,957	
d OTHER	165,933	113,866	52,067	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	95,264,093	69,369,160	25,894,933	0
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	542,420	<b>1</b> 0
	<b>2</b> Savings and temporary cash investments . . . . .	12,582,606	<b>2</b> 19,103,748
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b> 0
	<b>4</b> Accounts receivable, net . . . . .	13,685,352	<b>4</b> 13,416,900
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		<b>6</b>
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>
	<b>8</b> Inventories for sale or use . . . . .	1,562,504	<b>8</b> 1,493,940
	<b>9</b> Prepaid expenses and deferred charges . . . . .	428,569	<b>9</b> 215,754
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>	33,168,803
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b>	8,518,075
		26,205,422	<b>10c</b> 24,650,728
	<b>11</b> Investments—publicly traded securities . . . . .	3,997,542	<b>11</b> 4,094,302
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>
	<b>14</b> Intangible assets . . . . .		<b>14</b>
	<b>15</b> Other assets See Part IV, line 11 . . . . .	5,517,104	<b>15</b> 3,685,871
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	64,521,519	<b>16</b> 66,661,243
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .	6,794,593	<b>17</b> 6,021,449
	<b>18</b> Grants payable . . . . .		<b>18</b>
	<b>19</b> Deferred revenue . . . . .		<b>19</b>
	<b>20</b> Tax-exempt bond liabilities . . . . .	16,405,304	<b>20</b> 14,410,253
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	37,387,000	<b>23</b> 38,404,000
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>
	<b>25</b> Other liabilities Complete Part X of Schedule D . . . . .	5,003,281	<b>25</b> 6,286,039
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	65,590,178	<b>26</b> 65,121,741
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	<b>27</b> Unrestricted net assets . . . . .	-1,070,692	<b>27</b> 1,487,469
	<b>28</b> Temporarily restricted net assets . . . . .	2,033	<b>28</b> 52,033
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>
	<b>33</b> Total net assets or fund balances . . . . .	-1,068,659	<b>33</b> 1,539,502
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	64,521,519	<b>34</b> 66,661,243

**Part XI Financial Statements and Reporting**

**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 in Schedule O

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**c** If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . . .

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  
 Separate basis       Consolidated basis       Both consolidated and separated basis

**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? . . . . .

**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 . . . . .

	<b>Yes</b>	<b>No</b>
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

2009

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**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. ► See separate instructions.

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
St Mary's Hospital

Employer identification number

37-0662580

**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 11, check only one box)

1  A church, convention of churches, or association of churches **section 170(b)(1)(A)(i)**.

2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

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 organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)

10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11  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 that describes the type of supporting organization and complete lines 11e through 11h

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 <b>Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 <b>First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						►

**Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a <b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
b <b>33 1/3% support test—2008.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
17a <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b <b>10%-facts-and-circumstances test—2008.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 <b>Private Foundation</b> 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 IRC 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

**Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2008 Schedule A, Part III, line 15	16

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18
<b>19a 33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>b 33 1/3% support tests—2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

---

**SCHEDULE C**  
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2009****Open to Public  
Inspection****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. ► See separate instructions.**If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then**

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

Name of the organization  
St Mary's Hospital

Employer identification number

37-0662580

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ► \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

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

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

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

**A** Check  if the filing organization belongs to an affiliated group  
**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.)

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes  No**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)).**

	(a)		(b)
	Yes	No	
			Amount
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?	Yes		3,844
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities? If "Yes," describe in Part IV		No	
<b>j</b> Total lines 1c through 1i			3,844
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

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

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

**SCHEDULE D**

(Form 990)

**Supplemental Financial Statements****2009**Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

**Open to Public  
Inspection****Name of the organization**  
St Mary's Hospital**Employer identification number**

37-0662580

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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 may 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" to 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 pleasure)  Preservation of an historically importantly land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	<b>Held at the End of the Year</b>
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

a Revenues included in 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 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 XIV

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" to 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 XIV and complete the following table

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

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

	<b>(a) Current Year</b>	<b>(b) Prior Year</b>	<b>(c) Two Years Back</b>	<b>(d) Three Years Back</b>	<b>(e) Four Years Back</b>
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Investment earnings or losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the year end balance held as

**a** Board designated or quasi-endowment ► %

**b** Permanent endowment ► %

**c** Term endowment ► %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

**(i)** unrelated organizations . . . . .  Yes  No  
**(ii)** related organizations . . . . .  Yes  No

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

<b>Yes</b>	<b>No</b>
<b>3a(i)</b>	
<b>3a(ii)</b>	
<b>3b</b>	

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

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

	<b>Description of investment</b>	<b>(a) Cost or other basis (investment)</b>	<b>(b) Cost or other basis (other)</b>	<b>(c) Accumulated depreciation</b>	<b>(d) Book value</b>
<b>1a</b> Land . . . . .		1,259,000			1,259,000
<b>b</b> Buildings . . . . .		20,426,352	3,121,720		17,304,632
<b>c</b> Leasehold improvements . . . . .					
<b>d</b> Equipment . . . . .		10,417,670	5,085,864		5,331,806
<b>e</b> Other . . . . .		1,065,781	310,491		755,290
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .					24,650,728

**Part VII Investments—Other Securities.** 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
Financial derivatives		
Closely-held equity interests		
Other		

**Total.** (Column (b) should equal Form 990, Part X, col (B) line 12)

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

**Total.** (Column (b) should equal Form 990, Part X, col (B) line 13)

**Part IX Other Assets.** See Form 990, Part X, line 15

---

**Total** (Column (b) should equal Form 920, Part X, col (B), line 15)

**Total.** (Column (b) should equal Form 990, Part X, col.(B) line 15.)

**Part X. Other Liabilities.** See Form 990, Part X, line 25.

**Total.** (Column (b) should equal Form 990, Part X, col (B) line 25) **6,286,039**

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1
2 Total expenses (Form 990, Part IX, column (A), line 25)	2
3 Excess or (deficit) for the year Subtract line 2 from line 1	3
4 Net unrealized gains (losses) on investments	4
5 Donated services and use of facilities	5
6 Investment expenses	6
7 Prior period adjustments	7
8 Other (Describe in Part XIV)	8
9 Total adjustments (net) Add lines 4 - 8	9
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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 on investments . . . . .	2a
b Donated services and use of facilities . . . . .	2b
c Recoveries of prior year grants . . . . .	2c
d Other (Describe in Part XIV) . . . . .	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 XIV) . . . . .	4b
c Add lines 4a and 4b . . . . .	4c
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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 XIV) . . . . .	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 XIV) . . . . .	4b
c Add lines 4a and 4b . . . . .	4c
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5

**Part XIV Supplemental Information**

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
FIN 48 DISCLOSURE	PART X, LINE 2	THERE HAVE BEEN NO UNCERTAIN TAX POSITIONS RECORDED IN 2009

2009

Open to Public  
InspectionSCHEDULE H  
(Form 990)Department of the Treasury  
Internal Revenue Service

## Hospitals

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

► Attach to Form 990.  
► See separate instructions.Name of the organization  
St Mary's Hospital

Employer identification number

37-0662580

## Part I Charity Care and Certain Other Community Benefits at Cost

**1a** Does the organization have a charity care policy? If "No," skip to question 6a . . . . .

**b** If "Yes," is it a written policy? . . . . .

**2** If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals

Applied uniformly to all hospitals  Applied uniformly to most hospitals  
 Generally tailored to individual hospitals

**3** Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients

**a** Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care

100%  150%  200%  Other \_\_\_\_\_

**b** Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . .

200%  250%  300%  350%  400%  Other \_\_\_\_\_

**c** If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care

**4** Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . .

**5a** Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . . .

**b** If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .

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

**6a** Does the organization prepare an annual community benefit report? . . . . .

**6b** If "Yes," does the organization make it available to the public? . . . . .

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

	Yes	No
<b>1a</b>	Yes	
<b>1b</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	
<b>4</b>	Yes	
<b>5a</b>	Yes	
<b>5b</b>	Yes	
<b>5c</b>		No
<b>6a</b>	Yes	
<b>6b</b>	Yes	

## 7 Charity Care and Certain Other Community Benefits at Cost

Charity Care 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
<b>a</b> Charity care at cost (from Worksheets 1 and 2) . . . . .		5,602	3,573,267		3,573,267	3 740 %
<b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a) . . . . .		28,782	20,642,460	14,779,308	5,863,152	6 140 %
<b>c</b> Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d</b> <b>Total</b> Charity Care and Means-Tested Government Programs . . . . .		34,384	24,215,727	14,779,308	9,436,419	9 880 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	25	6,933	431,115	29,064	402,051	0 420 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .	4	400	110,229		110,229	0 120 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .	1	824	24,211		24,211	0 030 %
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8) . . . . .	15	800	137,462	210	137,252	0 140 %
<b>j</b> <b>Total</b> Other Benefits . . . . .	45	8,957	703,017	29,274	673,743	0 710 %
<b>k</b> <b>Total</b> . Add lines 7d and 7j . . . . .	45	43,341	24,918,744	14,808,582	10,110,162	0

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities.

	(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						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
<b>10 Total</b>						

**Part III Bad Debt, Medicare, & Collection Practices**
**Section A. Bad Debt Expense**

1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15? . . . . .

2 Enter the amount of the organization's bad debt expense (at cost) . . . . .

3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy . . . . .

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit

	Yes	No
1	Yes	
2	3,469,496	
3		
4		
5	30,803,465	
6	34,326,431	
7	-3,522,966	
9a	Yes	
9b		No

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .

6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .

7 Subtract line 6 from line 5 This is the surplus or (shortfall) . . . . .

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 Does the organization have a written debt collection policy? . . . . .

9b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI . . . . .

9a	Yes	
9b		No

**Part IV Management Companies and Joint Ventures**

	(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					
14					

**Part V Facility Information**

Name and address

Other  
(Describe)

ER-other		
ER-24 hours		
Research facility		
Critical access hospital		
Teaching hospital		X
Children's hospital		
General medical & surgical		
Licensed hospital	X	X

St Mary's Hospital  
400 N PLEASANT AVENUE  
CENTRALIA, IL 62801

**Part VI Supplemental Information**

Complete this part to provide the following information

**1** Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

---



---



---



---



---



---



---



---



---

The organization had bad debt expense in the amount of \$8,395,368 reported on Part IX, line 25, however, it has been subtracted for purposes of calculating the percentage in this column

The costs reported in the table in Part I, Line 7 used a ratio of patient care costs to charges as computed in Worksheet 2 of the form instructions This methodology was used for all patient segments

In some cases, SSMHC does not receive the amount billed for patient services even though it did not receive information necessary to determine if the patients met the criteria for financial assistance. Bad debts expense is the estimated amount of patient revenue that SSMHC will not collect. For line 2, used 2009 Bad Debt Expense reported in the 2009 Annual Licensing Survey of Missouri Hospitals, multiplied by the cost to charge ratio calculated in Section 2a, 11. For line 3, applied same cost to charge ratio of bad debt expense which is the bad debt write off on accounts which also have a charity write off

Reporting of cost is consistent with the Missouri Hospital Association Community Investment Report Survey methodology. Currently, only 2008 cost is available

---



---



---



---



---



---



---



---

**2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

1 SSM Entity patient demographic data (as provided by strategic planning departments) 2 Local university departments of public health 3 Community agencies (i.e., United Way, American Heart Association, etc.) 4 State/local health departments

**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 charity care policy

Each entity providing medical services shall provide information to the public regarding its charity care policies and the qualification requirements for each of its facilities. When standard system notices and communications regarding charity care are available, these must be used. Modifications to the standard may be made to comply with state and local laws, as well as reflect culturally sensitive terminology for the policy. All notices should be easy to understand by the general public, culturally appropriate and available in those languages that are prevalent in the community. They should provide information about -The patient's responsibility for payment, -The availability of financial assistance from public programs and entity charity care and payment arrangements, -The entity's charity policy and application process, and -Whom to contact to get additional information or financial counseling. The following types of notices to the public shall be provided - Signs in the emergency department, outpatient and inpatient registration and public waiting areas -Brochures or fliers provided at time of registration and available in the financial counseling areas -Notices sent with or on patient bills or communications sent to patients and guarantors related to medical services -Applications provided to uninsured patients at the time of registration

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

SMGSI serves approximately 81,000 residents in our 9 county service area. Our patients are all from rural communities, and the senior population is proportionally higher than the national average - over 30% of the service are will be 55+ by 2014. Our communities have 50% less college graduates than the national average and the household income of those earning less than \$50,000 annually is 11% less than the national average. 93% of our population is caucasian, 3.6% black, and 1.4% hispanic, with a 5.6% unemployment rate. The health status of our service area is 17.4% lower than the US overall, with a mean of 47.3 compared to the US mean of nearly 57. This is a "poor" health rank vs. the US's "good" health rank

**5 Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

As of January 2010, the primary focus of SSM Health Care's Healthy Communities Initiatives (HCIs) will be on one of the top-three chronic diseases in each entity's/network's respective market (e.g., CHF, diabetes, asthma) as identified through, among other data sources, community needs assessments, consumer/public health studies, and state/local health department information. Community health improvement, which we pursue as a system primarily through HCIs undertaken at the entity level, is fundamental to our mission, values, and vision. Over the years many people have benefited from our HCIs and much good has come from them. Yet, at the same time, our HCIs have not always been focused on the most significant community health issues and have not always resulted in measurable and sustainable improvements in community health. The new approach to Healthy Communities outlined here is meant to refocus our efforts toward these ends. Why chronic disease? Chronic disease is rampant throughout the U.S. where roughly half of all adults and 10% of children/adolescents live with at least one chronic disease. Of these an estimated 13 million lack health insurance and thereby have poorer access to preventive and primary care services than their insured counterparts and experience worse health-related outcomes, including premature death. What's expected? In response to this growing national health crisis, System Management has set the expectation that all SSM operating entities, working individually or collectively as networks, in collaboration with community partners, will develop HCIs focused on the chronic disease selected that address three pillars that stretch across the care continuum. Prevention through community education in partnership with community health organizations, local health agencies, churches, civic centers, schools, insurance companies and other community partners. Access to primary care services and necessary medications in conjunction with community health organizations, local health agencies and clinics, employed and community physicians, and pharmaceutical companies. Inpatient Care including patient education, comprehensive discharge planning, medication reconciliation, coordination of care across settings, and post-discharge follow-up. What's the timeline? Entities/networks are expected to plan for, develop, and pilot (if possible) the HCIs in 2010 and implement fully no later than January 1, 2011. Recommended work steps and a more detailed timeline are presented below. Efforts can center exclusively on un/underinsured patients for the remainder of 2010 through 2011. No later than January 1, 2012, however, efforts must expand to all patients living with the chronic disease selected. What goal/strategies/measures? Initially, the strategic goal will be to reduce the 30-day hospital readmission rate for the chronic disease selected because this is what we can impact most immediately. As we develop our community partnerships and begin to impact the whole care continuum, additional goals can be added that address key indicators of community/population health (e.g., prevalence and incidence rates, screening rates, hospital admission rates, behavioral and lifestyle factors). Entities/networks must establish specific strategies around prevention, access, and inpatient care to reduce readmissions and develop clear indicators or measures of success to track progress. Some proven strategies for reducing avoidable readmissions are provided below as examples. Strategies for Reducing Avoidable Readmissions During Hospitalization -Risk screen patients and tailor care -Establish communication with PCP, family, and home care -Use "teach-back" to educate patient and/or family caregiver about diagnosis and care -Use interdisciplinary clinical team -Coordinate patient care across specialties and settings At Discharge -Implement comprehensive discharge planning -Educate patient and/or family caregiver using "teach-back" -Schedule and prepare for follow-up appointment with PCP or FQHC -Medication reconciliation with pharmacist -Facilitate discharge to nursing homes with detailed discharge instructions and partnerships with nursing home caregivers Post-Discharge -Promote patient self management -Conduct patient home visit -Follow-up with patients via telephone after discharge (e.g., w/in 3 days) and at later date (e.g., 7 or 14 days) -Use personal health records to manage patient information -Establish community networks and use tele-monitoring in patient care. What's needed in terms of planning/budgeting? Entities/networks must determine resource needs based on size/scope of the initiative, commit appropriate resources, establish a budget, designate a champion whose primary role is to coordinate and oversee the initiative, and complete the Healthy Communities section of the Strategic, Financial, and Human Resource (SFHR) Plan (see template below for an example). Who's accountable? Given the importance of community health improvement, senior leaders are expected to be personally involved in the HCIs and entity/network presidents will be held accountable for the results. As in the past, entities/networks will be required to submit annual progress reports to the System Board of Directors for review and approval. Who's providing support? Entity/network champions will be working with Michael Panicola, PhD, Corp VP, Ethics (314-994-7721), as the HCIs are moved forward. Recommended Work Steps Timeline March 31, 2010 -- Network Presidents (a) communicate new expectations for Healthy Communities to Entity Presidents and (b) determine whether to pursue individually as entities or collectively as a network April 15, 2010 -- Network Presidents and/or Entity Presidents establish entity/network Healthy Communities Team with representatives from, among others, senior leadership, IHT, strategic planning, physician leadership, communications, and nursing leadership April 30, 2010 -- Strategic planning conducts community needs assessment to determine top-three chronic diseases in market (see SFHR Plan Community Needs Analysis for instructions on how to complete) May 15, 2010 -- Healthy Communities Team selects one of the top-three chronic diseases identified through the community needs assessment that best aligns with entity's/network's core services, goals/strategic directions, existing programs, and committed resources May 15, 2010 -- Healthy Communities Team (a) assesses existing programs to determine if must start anew or build on program already in place, (b) determines resource needs including FTEs, and (c) designates overall project champion June 1, 2010 -- Healthy Communities Team assesses potential community partners and develops engagement and communication plan June 2010 -- Healthy Communities Team completes SFHR Plan Healthy Communities form detailing, among other things, strategic goal, strategies to achieve goal, indicators or measures of success, resource needs, specific champions, and community partners August 2010 -- Healthy Communities Team establishes operating budget for HCI October 1-December 31, 2010 -- Entities/networks pilot HCI January 1, 2011 -- Formal implementation of HCI by all entities/networks

**6** Provide any other information important to describing how the organization's hospitals 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.)

See Community Information description

**7** 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

See Community Information description

**8** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**  
**► Attach to Form 990. ► See separate instructions.**

**2009****Open to Public Inspection****Name of the organization**  
St Mary's Hospital**Employer identification number**

37-0662580

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

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

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

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

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

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

**4** During the year, did any person listed in 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?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?  
 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) and 501(c)(4) organizations only must complete lines 5-9.**

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

**a** The organization?

**b** Any related organization?

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

**6** For persons listed in 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?

**b** Any related organization?

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

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
Supplemental Nonqualified Retirement Plans	Schedule J, Part I, Question 4b	<p>Pension Restoration Plan SSM Health Care ("SSMHC") provides this supplemental nonqualified retirement plan that "restores" the benefits to highly compensated employees that would have been provided under SSMHC's qualified plan if the regulations did not impose compensation limits. An individual can take a distribution from the plan at (1) age 65 or older if the individual is still employed by SSMHC or (2) age 55 or older if the individual no longer is employed by SSMHC. The following individuals listed on Part VII of the Form 990 participated in the plan but did not receive any distributions during 2009. Mike Warren, James Sanger, Kris Zimmer, Bruce Merrell, William Thompson, Capital Accumulation Plan. SSMHC provides this supplemental nonqualified retirement plan to executive-level employees. The organization contributes a percentage of the employee's base salary into their choice of a select list of investments. The deposits and earnings of the plan are owned by SSMHC and are tax-deferred until a distribution is made to the employee. In addition, the plan has special trust safeguards in place to protect the funds from contingencies, other than insolvency. For contributions made to the plan prior to 2008, the distribution date will be the earliest of the following events: (1) a election to take a distribution by an employee, (2) employee death, (3) termination of employment due to disability, (4) the employee's position is eliminated, (5) involuntary termination of employment without cause, or (6) any other termination of employment except termination with cause. For contributions made to the plan in 2008 or after, the distribution will occur after the completion of two plan years for all executives that are still actively employed on the distribution date. Any active participant 65 years old or older will receive the contribution in the current year. The following individuals listed on Part VII of the Form 990 received distributions from this plan in 2009. All distributions received from the plan in the current year were included in the individuals' taxable compensation: June Pickett \$5,811, Kris Zimmer \$42,286, Julie Long \$5,505, Mike Warren \$4,367, Bruce Merrell \$13,692. The following individuals listed on Part VII of the Form 990 participated in the plan but did not receive any distributions during 2009. James Sanger, William Thompson, James Rueter, Kay Tinsley, Virginia Telford, Mark Clark, Richard Huntington, Greg Sims, Michelle Darnell, Tom Blythe.</p>

**Software ID:**  
**Software Version:**  
**EIN:** 37-0662580  
**Name:** St Mary's Hospital

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(1)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
SAJJAN NEMANI MD	(i) 264,283 (ii) 14,425	0 0	0 0	0 0	0 0	264,283 14,425	0 0
JITENDRA TRIVEDI MD	(i) 0 (ii) 244,452	0 0	0 26,437	0 0	0 5,868	0 276,757	0 0
BRUCE MERRELL	(i) 0 (ii) 272,362	0 0	0 70,944	0 38,747	0 21,478	0 403,531	0 0
JUNE PICKETT	(i) 0 (ii) 184,185	0 0	0 23,654	0 8,436	0 12,282	0 228,557	0 0
MIKE WARREN	(i) 0 (ii) 275,272	0 0	0 67,874	0 37,511	0 23,824	0 404,481	0 0
JAMES REUTER	(i) 158,696 (ii) 0	0 0	42,835 0	1,220 0	1,892 0	204,643 0	0 0
KAY TINSLEY	(i) 167,775 (ii) 0	0 0	18,769 0	1,151 0	4,755 0	192,450 0	0 0
VIRGINIA TELFORD	(i) 127,548 (ii) 0	0 0	43,711 0	839 0	2,212 0	174,310 0	0 0
MARK CLARK	(i) 158,638 (ii) 0	0 0	5,845 0	880 0	4,838 0	170,201 0	0 0
JAMES SANGER	(i) 0 (ii) 644,321	0 0	0 141,794	0 80,881	0 15,120	0 882,116	0 0
RICHARD HUNTINGTON	(i) 0 (ii) 163,396	0 0	0 25,879	0 1,151	0 4,397	0 194,823	0 0
GREG SIMS	(i) 0 (ii) 167,380	0 0	0 14,659	0 0	0 3,536	0 185,575	0 0
WAYNE GROTE	(i) 0 (ii) 150,934	0 0	0 16,384	0 902	0 2,708	0 170,928	0 0
JULIE LONG	(i) 0 (ii) 138,326	0 0	0 16,330	0 902	0 0	0 155,558	0 0
MICHELLE DARNELL	(i) 0 (ii) 148,872	0 0	0 5,561	0 825	0 7,916	0 163,174	0 0
TOM BLYTHE	(i) 0 (ii) 145,677	0 0	0 7,895	0 956	0 8,392	0 162,920	0 0
WILLIAM P THOMPSON	(i) 0 (ii) 655,457	0 0	0 149,767	0 98,849	0 14,157	0 918,230	0 0
KRIS ZIMMER	(i) 0 (ii) 605,037	0 0	0 90,847	0 75,691	0 23,350	0 794,925	0 0

2009

Open to Public  
Inspection**SCHEDULE O**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**

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

Name of the organization  
St Mary's Hospital

Employer identification number

37-0662580

Identifier

Return Reference

Explanation

Identifier	Return Reference	Explanation												
COMMUNITY BENEFIT STATEMENT	FORM 990, PART III SUPPLEMENT	<p>The community benefit contribution of St Mary's Hospital includes programs and activities that improve access to health care and improve health in our communities. In order to portray the full breadth of our contribution, our community benefit information is described below. Section 1 Qualitative Description of Community Benefit - describes the corporation's community benefit mission, how the mission is translated into a proactive approach designed to meet community health needs, how the corporation meets tax-exempt requirements, and a description of community benefit programs and services that highlight the corporation's impact on community health. Section 2 Quantitative Description of Community Benefit - describes the corporation's community benefit contribution in financial terms presenting the amount of charity care, the unpaid shortfall from government health care for the indigent, and the net expense of community benefit services.</p> <p>SECTION 1 - QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT</p> <p>1. Organizational Commitment to Providing Community Benefit</p> <p>A. Describe the corporation's mission and primary exempt purpose. Since it was founded in 1872 by Catholic sisters, SSM Health Care (SSMHC) has existed to meet the health needs of the communities it serves. Sponsored by the Franciscan Sisters of Mary and headquartered in St. Louis, MO, SSMHC owns, manages and is affiliated with 20 hospitals, two nursing homes and home health agencies in four states. The health system employs approximately 22,000 people and is affiliated with more than 5,400 physicians. In the tradition of its founding sisters, SSMHC strives to fulfill its mission by providing exceptional health care to everyone who comes to its hospitals, regardless of their ability to pay.</p> <p>B. Summarize the corporation's approach to providing community benefit. Solucient manages our CRM functions, and we use them to identify those in our community who have particular needs. Our marketing efforts for events such as screening or health education are often based on the point where health need meets financial need, and Solucient allows us to do that. In this fashion, individuals who have health needs can be invited to the education and/or screening programs that would most help them. We also know from national, state, and local data that our area is at tremendous risk for heart disease, diabetes, specific cancers, etc. We provide support groups, educational programs, health fairs, and screening events based on these areas. Sometimes, though, the need is brought to us -- our community members are lovely about sharing the specific needs they have, because they know we're responsive to their voices. When faced with equal needs, we make our choices based on the criterion of which one will best demonstrate our mission.</p> <p>C. Describe the corporation's financial assistance policies or programs (e.g. charity care, discounting) for low-income persons and how they are communicated to the public. All SSMHC facilities will strive to provide exceptional health care services to all persons in need regardless of their ability to pay. All billing and collection policies and practices will reflect the mission and values of SSMHC, including our special concern for people who are materially poor and vulnerable. SSMHC facilities offer discounts for hospital services to all uninsured persons. Self-pay discounts apply to everyone who does not have health insurance, no matter their ability to pay. SSMHC will apply its charity care policies fairly and consistently. Each person will be treated as an individual with specific needs for assistance without regard to payment. SSMHC embraces its responsibility to serve the communities in which we participate by establishing sound business practices. Charity care is provided to patients based on a sliding scale for household incomes up to four times the Federal poverty level. Patients whose household income is no more than two times the Federal poverty level are eligible for free hospital services. In addition, an exception to the sliding scale is provided for a patient's balance due if the amount is too large to be reasonably paid through an installment plan over four years given the family income and expenses. Each entity providing medical services shall provide information to the public regarding its charity care policies and the qualification requirements for each of its facilities. When standard system notices and communications regarding charity care are available, these must be used. Modifications to the standard may be made to comply with state and local laws, as well as reflect culturally sensitive terminology for the policy. All notices will be easy to understand by the general public, culturally appropriate and available in those languages that are prevalent in the community. They will provide information about:</p> <ul style="list-style-type: none"> <li>o The patient's responsibility for payment,</li> <li>o The availability of financial assistance from public programs and entity charity care and payment arrangements,</li> <li>o The entity's charity policy and application process,</li> <li>o Whom to contact to get additional information or financial counseling.</li> </ul> <p>The following types of notices to the public shall be provided:</p> <ul style="list-style-type: none"> <li>o Signs in the emergency department, outpatient and inpatient registration and public waiting areas</li> <li>o Brochures or fliers provided at time of registration and available in the financial counseling areas</li> <li>o Notices sent with or on patient bills or communications sent to patients and guarantors related to medical services</li> <li>o Applications provided to uninsured patients at the time of registration. The application for charity care, together with any instructions, must clearly state the policies regarding charity care, including excluded services, eligibility criteria and documentation requirements.</li> </ul> <p>Information about the entity's charity policies will also be provided to public agencies.</p> <p>2. Organizational Description for Tax Exemption</p> <p>SSMHC hospitals:</p> <ul style="list-style-type: none"> <li>o operate an emergency room that is open to all persons regardless of ability to pay,</li> <li>o have an open medical staff with privileges available to all qualified physicians in the area,</li> <li>o have a governing body in which independent persons representative of the community comprise a majority,</li> <li>o engage in the training and education of health care professionals,</li> <li>o participate in Medicaid, Medicare, CHAMPUS, Tricare, and/or other government-sponsored health care programs.</li> </ul> <p>3. Description of Community Benefit Programs</p> <p>In 2009, we held numerous screening and educational events. Because heart disease is one of our largest health needs, we continued holding our annual Heart Expo in Mt. Vernon and a Fall Expo in Centralia. Not only are these expos educational, but also very practical in terms of screenings. Reduced rate blood work is performed (this screens for many prevalent disorders, and many individuals can not afford the normal lab prices), spirometry screenings, and more. Smoking cessation is also a big focus of this event, as this has a strong connection with heart health. We have a very high percentage of smokers in our service area, and we try to give them as much information and help to quit as we can. In the area of cancer, we provided prostate screenings, as well as much support for those who are undergoing cancer treatment (Look Good/Feel Better, as well as a variety of cancer support groups). One of the clearest examples of us meeting a need is with our Little Egypt Breast and Cervical Cancer Program, for which we are the lead agency for the entire southern 21 counties. We provide free mammograms and pap tests to women who are uninsured or underinsured. Because our community members were requesting educational seminars on a wider range of health topics, we expanded our "Healthy Hearts" program. Now called "Connections," these monthly luncheons focus on topics in which our community members expressed interest, such as arthritis and exercise, in addition to the health topics for which they are statistically most at risk, including stroke and diabetes.</p> <p>4. Link to Additional Community Benefit Information</p> <p>Additional information regarding SSMHC's 2009 community benefit report can be found at <a href="http://www.ssmhc.com">www.ssmhc.com</a>.</p> <p>SECTION 2 - QUANTIFIABLE COMMUNITY BENEFIT</p> <p>This section includes a list of the types of programs and services that could be included as community benefit activities.</p> <table border="1"> <tr> <td>Traditional Charity Care</td> <td>\$ 3,573,267</td> </tr> <tr> <td>Unpaid Cost of Medicaid</td> <td>5,863,152</td> </tr> <tr> <td>Unpaid Cost of Medicare</td> <td>3,522,966</td> </tr> <tr> <td>Cost of Bad Debt</td> <td>3,469,496</td> </tr> <tr> <td>Community Benefit Programs</td> <td>673,993</td> </tr> <tr> <td>Total Quantifiable Community Benefit</td> <td>\$17,102,874</td> </tr> </table>	Traditional Charity Care	\$ 3,573,267	Unpaid Cost of Medicaid	5,863,152	Unpaid Cost of Medicare	3,522,966	Cost of Bad Debt	3,469,496	Community Benefit Programs	673,993	Total Quantifiable Community Benefit	\$17,102,874
Traditional Charity Care	\$ 3,573,267													
Unpaid Cost of Medicaid	5,863,152													
Unpaid Cost of Medicare	3,522,966													
Cost of Bad Debt	3,469,496													
Community Benefit Programs	673,993													
Total Quantifiable Community Benefit	\$17,102,874													

MEMBERS AND STOCKHOLDERS FORM 990, PART VI, SECTION A, LINE 6 THE SOLE CORPORATE MEMBER IS SSM HEALTH CARE CORPORATION  
MEMBERS AND STOCKHOLDERS FORM 990, PART VI, SECTION A, LINE 7A The member has the power to appoint and remove Board of Director members, with or without cause, except for those who serve Ex Officio  
MEMBERS AND STOCKHOLDERS FORM 990, PART VI, SECTION A, LINE 7B The member has the following powers (a) to establish and change the mission, philosophy and values of the Corporation, (b) to appoint additional, successor or replacement Members, (c) to appoint and remove the Appointed Directors and the Ex Officio Directors, (d) to appoint and remove the President of the Corporation and the chief executive officer of any operating division of the Corporation, (e) to approve amendments to the Articles of Incorporation of the Corporation as provided therein, (f) to approve amendments to the Bylaws of the Corporation, (g) to approve the merger, consolidation or dissolution of the Corporation, (h) to approve the formation of a Controlled Subsidiary or a Remotely Controlled Subsidiary, (i) to approve the sale of all or substantially all of the assets of the Corporation, (j) to approve the acquisition or disposition by the Corporation of another legal entity or an interest in another legal entity, (k) to authorize or approve the acquisition or disposition by the Corporation of real property or any interest in real property, (l) to establish centralized employee benefit, insurance, investment, financing, corporate responsibility, performance assessment and improvement and other operational and support programs, to require the participation of the Corporation in such programs, and to authorize the opening and closing of bank accounts and investment accounts in the name of the Corporation In connection with such programs, (m) to approve the strategic, financial and human resources plan of the Corporation, (n) to appoint the auditor and corporate counsel for the Corporation, (o) to authorize and approve borrowing money and entering into financial guaranties by the Corporation, including actions relating to the formation, joining, operation, withdrawal from and termination of a credit group or an obligated group and the granting of security interests in the property of the Corporation, (p) to require the Corporation to transfer assets, including but not limited to cash, to the Member or to any entity exempt from federal income tax as an organization described in 501(c)(3) of the Internal Revenue Code of 1986, as amended, or the corresponding provision of any future United States Internal Revenue Law, which is controlled by the Member, to the extent necessary to accomplish the mission, goals and objectives of the Member as determined by the Member, (q) to approve the transfer of assets by the Corporation to any entity other than the Member, other than transfers made in the ordinary course of operations of the Corporation which will not require Member approval, and (r) to determine the extent to which and the manner in which the powers described in this section which are reserved to the Member with respect to the Corporation are to be included in the governing documents of any Controlled Subsidiary, Remotely Controlled Subsidiary or Non-Controlled Subsidiary and exerciseD with respect to any Controlled Subsidiary, any Remotely Controlled Subsidiary or any Non-Controlled Subsidiary FORM 990 REVIEW PROCESS FORM 990, PART VI, SECTION B, LINE 11  
ACCOUNTING/FINANCE PERSONNEL AT EACH SSMHC (SSM HEALTH CARE SYSTEM) ENTITY PREPARE A CHECKLIST CONTAINING INFORMATION AND SUPPORTING SCHEDULES THAT ARE USED TO PREPARE THE FORM 990 THIS CHECKLIST IS THEN REVIEWED BY A SUPERVISOR/MANAGER AND SENT TO THE CORPORATE OFFICE FOR COORDINATION OF THE SYSTEM LEVEL FORM 990 INFORMATION THE INFORMATION IS THEN SUBMITTED TO AN OUTSIDE TAX CONSULTING FIRM WHO PREPARES THE FORMS 990 FROM THE SSMHC INFORMATION THE OUTSIDE PREPARER CONDUCTS AT LEAST TWO LEVELS OF REVIEW FOR EACH FORM 990 PRIOR TO FINALIZING THE RETURNS, A DRAFT IS SENT TO PERSONNEL AT SSMHC FOR REVIEW AND APPROVAL UPON SSMHC APPROVAL, THE OUTSIDE PREPARER FORWARDS THE COMPLETED FORMS 990 TO SSMHC FOR THE APPROPRIATE SIGNATURES AND FILING ACTION THE GOVERNING BODY RECEIVES A COPY OF THE FORM 990 AFTER THE DOCUMENT IS FILED THIS PROCESS IS USED BECAUSE OF THE TIMING OF THE BOARD MEETINGS COMPLIANCE WITH CONFLICT OF INTEREST POLICY FORM 990, PART VI, SECTION B, LINE 12C BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY, AND IT IS USUALLY DONE AT THE ANNUAL BOARD MEETINGS THE CHAIRPERSONS AND SECRETARIES TO THE BOARDS OVERSEE COMPLIANCE WITH THIS REQUIREMENT EMPLOYEES WITH PURCHASING AUTHORITY AND/OR ABILITY TO INFLUENCE PURCHASING DECISIONS ARE ASSIGNED THE CONFLICT OF INTEREST DISCLOSURE COURSE (COI) WHICH MUST BE COMPLETED ON LINE PERIODICALLY THROUGH THE YEAR, EACH ENTITY'S CORPORATE RESPONSIBILITY CONTACT PERSON (WITH THE HELP OF THE ENTITY'S LEARNING MANAGEMENT SYSTEM COORDINATOR) SENDS DEPARTMENT MANAGERS A LIST OF EMPLOYEES WHO HAVE NOT YET COMPLETED THEIR (COI) SO THEY CAN REMIND THE EMPLOYEES AND ENSURE THE EMPLOYEES HAVE TIME IN THEIR SCHEDULE TO COMPLETE THE REQUIRED COURSE RESOLUTION OF ANY CONFLICTS THAT ARE DISCLOSED MUST BE DOCUMENTED AND KEPT ON FILE AT EACH ENTITY THEIR SUPERVISORS VERIFY REQUIRED COURSE COMPLETION PRIOR TO YEAR END, OFTEN IN CONJUNCTION WITH THE PERFORMANCE REVIEW PROCESS PROCESS FOR DETERMINING COMPENSATION FORM 990, PART VI, SECTION B, LINE 15 A EXECUTIVE SALARY/COMPENSATION INFORMATION IS BASED ON COMPARATIVE DATA WITH LIKE POSITIONS IN THE MARKET THIS PROCESS IS DONE BY EXTERNAL INDEPENDENT COMPENSATION CONSULTANTS (THE SAME COMPARATIVE PROCESS IS PERFORMED INTERNALLY FOR EMPLOYEES ) B THE SALARY DATA AND POTENTIAL ADJUSTMENTS, FOR THE PRESIDENT/CEO OF THE SYSTEM, THE EXECUTIVE VICE PRESIDENT/COO AND THE SENIOR VICE PRESIDENTS, ARE PRESENTED TO THE BOARD OF DIRECTORS BY THE SAME INDEPENDENT COMPENSATION CONSULTANTS TO APPROVE, DISAPPROVE OR MODIFY ADDITIONAL DOCUMENTS AVAILABLE TO THE PUBLIC FORM 990, PART VI, SECTION C, LINE 19 THE YEAR-END AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND UNAUDITED QUARTERLY CONSOLIDATED FINANCIAL STATEMENTS FOR THE SSM HEALTH CARE SYSTEM ARE MADE AVAILABLE TO THE PUBLIC ON SSM HEALTH CARE'S WEBSITE SSM HEALTH CARE DOES NOT MAKE THE CONFLICT OF INTEREST POLICY OR GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC

**SCHEDULE R  
(Form 990)****Related Organizations and Unrelated Partnerships****2009**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
 ► Attach to Form 990. ► See separate instructions.

**Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**Name of the organization**

St Mary's Hospital

**Employer identification number**

37-0662580

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

(a) Name, address, and EIN 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
---	-------------------------	--	----------------------------	---	----------------------------------

See Additional Data Table

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

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

See Additional Data Table

**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

See Additional Data Table

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

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

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i	Yes	
1j		No
1k	Yes	
1l		No
1m	Yes	
1n	Yes	
1o		No
1p	Yes	
1q	Yes	
1r	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 other organization(b)  
Transaction type(a-r)(c)  
Amount involved

(1) SSM EMPLOYEE HEALTH CARE FUND

o 9,943,969

(1) See Additional Data Table

(2)

(3)

(4)

(5)

(6)

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?
Yes	No	Yes	No	Yes	No	Yes	No

**Software ID:**  
**Software Version:**  
**EIN:** 37-0662580  
**Name:** St Mary's Hospital

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
SSM Health Care Corporation 477 N Lindbergh Blvd St Louis, MO 63141 46-6029223	Health Care	MO	501(c)(3)	11 - I	NA
SSM Employee Health Care Fund 477 N Lindbergh Blvd St Louis, MO 63141 43-1328934	Benefit Plans	MO	501(c)(9)	N/A	NA
SSMHCS Liability Trust I 477 N Lindbergh Blvd St Louis, MO 63141 43-6331003	Insurance	MO	501(c)(3)	11 - I	NA
SSM Consolidated Health Services 477 N Lindbergh Blvd St Louis, MO 63141 43-1473657	Health Care	MO	501(c)(3)	11 - I	NA
SSM Policy Institute 477 N Lindbergh Blvd St Louis, MO 63141 43-1788151	Health Care	MO	501(c)(4)	N/A	NA
SSM Portfolio Management Co 477 N Lindbergh Blvd St Louis, MO 63141 43-1825256	Management	MO	501(c)(3)	11 - I	NA
SSM Health Care St Louis 477 N Lindbergh Blvd St Louis, MO 63141 43-1343281	Health Care	MO	501(c)(3)	3	NA
SSM Cardinal Glennon Children's Hospital 477 N Lindbergh Blvd St Louis, MO 63141 43-0738490	Health Care	MO	501(c)(3)	3	NA
Glennon Hospital Guild 477 N Lindbergh Blvd St Louis, MO 63141 43-1030299	Fundraising	MO	501(c)(3)	9	NA
Cardinal Glennon Children's Foundation 477 N Lindbergh Blvd St Louis, MO 63141 43-1754347	Fundraising	MO	501(c)(3)	7	NA
SSM DePaul Health Center Foundation 477 N Lindbergh Blvd St Louis, MO 63141 43-1776109	Fundraising	MO	501(c)(3)	7	NA
SSM Rehab Foundation 477 N Lindbergh Blvd St Louis, MO 63141 43-1544988	Fundraising	MO	501(c)(3)	7	NA
SSM St Joseph Foundation 477 N Lindbergh Blvd St Louis, MO 63141 43-1591556	Fundraising	MO	501(c)(3)	7	NA
St Clare Health Center Foundation 477 N Lindbergh Blvd St Louis, MO 63141 43-1273310	Fundraising	MO	501(c)(3)	7	NA
SSM St Mary's Health Center Foundation 477 N Lindbergh Blvd St Louis, MO 63141 43-1552945	Fundraising	MO	501(c)(3)	7	NA
SSM Health Care of Oklahoma Inc 477 N Lindbergh Blvd St Louis, MO 63141 73-0657693	Health Care	OK	501(c)(3)	3	NA
Lee Dewey Corporation 477 N Lindbergh Blvd St Louis, MO 63141 73-1279603	MOB	OK	501(c)(3)	11 - I	NA
St Anthony Hospital Foundation Inc 477 N Lindbergh Blvd St Louis, MO 63141 73-6104300	Fundraising	OK	501(c)(3)	7	NA
SSM Health Care of Wisconsin Inc 477 N Lindbergh Blvd St Louis, MO 63141 43-0688874	Health Care	WI	501(c)(3)	3	NA
Dells Medical Building Inc 477 N Lindbergh Blvd St Louis, MO 63141 39-1613292	MOB	WI	501(c)(2)	N/A	NA
St Mary's Hospital Auxiliary 477 N Lindbergh Blvd St Louis, MO 63141 23-7083559	Fundraising	WI	501(c)(3)	11 - III-FI	NA
St Mary's Foundation Inc 477 N Lindbergh Blvd St Louis, MO 63141 43-1940686	Fundraising	WI	501(c)(3)	7	NA
St Clare Health Care Foundation Inc 477 N Lindbergh Blvd St Louis, MO 63141 43-1940683	Fundraising	WI	501(c)(3)	7	NA
Home Health United Inc 4639 Hammersley Road Madison, WI 53713 39-1539827	Health Care	WI	501(c)(3)	9	NA
Home Care United Inc 4639 Hammersley Road Madison, WI 53713 39-1776340	Health Care	WI	501(c)(3)	9	NA
Hhu Xtra Care Inc 4639 Hammersley Road Madison, WI 53713 39-1705111	Health Care	WI	501(c)(3)	9	NA
SSM Regional Health Services 477 N Lindbergh Blvd St Louis, MO 63141 44-0579850	Health Care	MO	501(c)(3)	3	NA
St Francis Hospital Foundation 477 N Lindbergh Blvd St Louis, MO 63141 43-1099253	Fundraising	MO	501(c)(3)	7	NA
St Mary's Health Center Foundation 477 N Lindbergh Blvd St Louis, MO 63141 43-1575307	Fundraising	MO	501(c)(3)	11 - II	NA
Good Samaritan Regional Health Center 477 N Lindbergh Blvd St Louis, MO 63141 43-0653587	Health Care	IL	501(c)(3)	3	NA

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Centralia Medical Services Build Assoc  477 N Lindbergh Blvd St Louis, MO 63141 23-7408025	Health Care	IL	501(c)(3)	11 - II	NA
St Mary's - Good Samaritan Inc  477 N Lindbergh Blvd St Louis, MO 63141 36-4170833	Health Care	IL	501(c)(3)	11 - I	NA
Good Samaritan Reg Health Center Found  477 N Lindbergh Blvd St Louis, MO 63141 26-2884795	Fundraising	IL	501(c)(3)	7	NA
St Mary's Hospital Foundation  477 N Lindbergh Blvd St Louis, MO 63141 36-4636691	Fundraising	IL	501(c)(3)	7	NA
SSM Health Businesses  477 N Lindbergh Blvd St Louis, MO 63141 43-1333488	Health Care	MO	501(c)(3)	3	NA
SSM Hospice & Home Care Foundation  477 N Lindbergh Blvd St Louis, MO 63141 30-0012246	Fundraising	MO	501(c)(3)	7	NA
Franciscan Sisters of Mary  1100 Bellevue Ave St Louis, MO 63117 43-1012492	Religious Ord	MO	501(c)(3)	1	NA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
SSM St Joseph Endoscopy Center LLC 477 N Lindbergh Blvd St Louis, MO 63141 27-0046559	Surgery Services	MO	NA	N/A							
SJHK Medicine Co-Management Co LLC 477 N Lindbergh Blvd St Louis, MO 63141 26-1895667	Management	MO	NA	N/A							
SSMCDI Imaging Centers LLC 12303 DePaul Drive Bridgeton, MO 63044 26-3791858	Imaging Services	MO	NA	N/A							
SSM Select Rehab St Louis LLC 4716 Old Gettysburg Road Mechanicsburg, PA 17055 26-3694972	Health Care	MO	NA	N/A							
St Anthony Mt Amb Surg Center LLC 1110 N Lee Oklahoma City, OK 73103 73-1528341	Surgery Services	OK	NA	N/A							
Bone & Joint Hospital LLC 1111 N Dewey Oklahoma City, OK 73103 76-0828314	Health Care	OK	NA	N/A							
B&J McBride Office Building LLC 1110 N Lee Oklahoma City, OK 73103 73-1533449	MOB	OK	NA	N/A							
Bone & Joint Management Company LLC 1000 N Lee Oklahoma City, OK 73102 36-4645813	Management	OK	NA	N/A							
WI Int Info Tech Telemedicine Sys L 1808 W Beltline Hwy Madison, WI 53713 39-2016715	Med Inf Systems	WI	NA	N/A							
Shared Imaging Services LLC 915 17th Street Prairie du Sac, WI 53578 39-1971378	Diag Services	WI	NA	N/A							
St Clare Imaging Services LLC 707 Fourteenth St Baraboo, WI 53913 20-0122365	Diag Services	WI	NA	N/A							
Meadow Ridge LLC 1700 Jefferson Baraboo, WI 53913 39-1991403	Asst Living	WI	NA	N/A							
Dean Health Holdings LLC 1277 Deming Way Madison, WI 53717 26-1594709	IT Services	WI	NA	N/A							
Navitus Health Solutions LLC 999 Fourier Drive STE 301 Madison, WI 53717 04-3608530	Drug Provider	WI	NA	N/A							
Mt Vernon Radiation Therapy Center LLC 477 N Lindbergh Blvd St Louis, MO 63141 20-1382620	Radiation Therapy	IL	NA	N/A							
Sleep & Neurology Center of So IL LLC 477 N Lindbergh Blvd St Louis, MO 63141 20-8468195	Diag Services	IL	NA	N/A							
SMHC Surgical Co-Mgmt Company LLC 100 St Marys Medical Plaza Jefferson City, MO 65101 20-8929305	Management	MO	NA	N/A							
SMHC Cardio Co-Mgmt Company LLC 100 St Marys Medical Plaza Jefferson City, MO 65101 20-8929381	Management	MO	NA	N/A							
SMHC Musculoskeletal Co-Mgmt Co LLC 100 St Marys Medical Plaza Jefferson City, MO 65101 20-8929237	Management	MO	NA	N/A							
ChowSMGSI Office Building LLC 477 N Lindbergh Blvd St Louis, MO 63141 37-1383861	MOB	MO	NA	N/A							
Center for Comp Cancer Care LLC 477 N Lindbergh Blvd St Louis, MO 63141 20-1382727	MOB	IL	NA	N/A							
Clasen Associates 1110 N Clasen Blvd Oklahoma City, OK 73103 73-1158158	MOB	OK	NA	N/A							
M&C Realty LLC 1603 Wentzville Parkway STE 121 Wentzville, MO 63385 62-1851447	MOB	MO	NA	N/A							
Surgery Center at Midwest City LP 8121 National Ave Midwest City, OK 73110 23-2697171	Surgery Services	OK	NA	N/A							
SSM Wellbridge Ctrs LLC 1700 Broadway STE 1900 Denver, CO 80290 43-1794814	Fitness Center	MO	NA	N/A							
MIA at St Charles County LLC 1475 Kisker Road St Charles, MO 63301 42-2125740	Diag Services	MO	NA	N/A							
Meadow Ridge Memory Care LLC 1700 Jefferson Baraboo, WI 53913 20-3163929	Health Care	WI	NA	N/A							
SSM Berland-Eureka Imaging Services LLC 477 N Lindbergh Blvd St Louis, MO 63141 20-5039552	Imaging Services	MO	NA	N/A							
HPI - OKC LLC 14024 Quail Pointe Drive Oklahoma City, OK 73134 20-5144487	Health Care	OK	NA	N/A							
DePaul LLC 12303 DePaul Drive Bridgeton, MO 63044 20-5511708	Vascular Clinic	MO	NA	N/A							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?	(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?
SSM St Care Surgical Center LLC  477 N Lindbergh Blvd St Louis, MO 63141 26-1439695	Surgery Services	MO	NA	N/A			Yes	No	Yes No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
SSM Managed Care Organization LLC 477 N Lindbergh Blvd St Louis, MO 63141 43-1708511	Health Promotion	MO	NA	C			
FPP Inc 477 N Lindbergh Blvd St Louis, MO 63141 43-1465174	Health Care	MO	NA	C			
Diversified Health Services Corp 477 N Lindbergh Blvd St Louis, MO 63141 43-1369305	Medical Equipment	MO	NA	C			
SSM Cardio and Thoracic Services Inc 477 N Lindbergh Blvd St Louis, MO 63141 26-0286559	Health Care	MO	NA	C			
SSM Properties Inc 477 N Lindbergh Blvd St Louis, MO 63141 43-1462486	Property Services	MO	NA	C			
SSM DePaul Medical Group Inc 477 N Lindbergh Blvd St Louis, MO 63141 43-1715106	Health Care	MO	NA	C			
SSM St Charles Clinic Med Group Inc 477 N Lindbergh Blvd St Louis, MO 63141 43-0626408	Physician Offices	MO	NA	C			
Health First Phys Management Services 477 N Lindbergh Blvd St Louis, MO 63141 73-1534336	Medical Services	MO	NA	C			
SSMHCS Liability Trust II 477 N Lindbergh Blvd St Louis, MO 63141 81-6128118	Insurance	MO	NA	C			
SSM Neurosciences Inc 477 N Lindbergh Blvd St Louis, MO 63141 26-3413981	Health Care	MO	NA	C			
SSM Medical Group Inc 477 N Lindbergh Blvd St Louis, MO 63141 43-1664107	Physician Offices	MO	NA	C			
SSMHC Insurance Company 477 N Lindbergh Blvd St Louis, MO 63141 03-0310431	Insurance	CA	NA	C			

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 37-0662580  
**Name:** St Mary's Hospital

**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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Official	Key employee	Highest compensated employee	Former			
SR MARY JEAN RYAN FSM DIRECTOR	09	X						0	0	0
SR M CLARETTE STRYZEWSKI CSSF DIRECTOR	09	X						0	0	0
VERLE BESANT DIRECTOR	09	X						0	0	0
SR RAMONA DOMBROWSKI CSSF DIRECTOR	09	X						0	0	0
BRUCE FLANIGAN DIRECTOR	09	X						0	0	0
D BRUCE GEARY DIRECTOR	09	X						0	0	0
SAJJAN NEMANI MD DIRECTOR	09	X						264,283	14,425	0
JITENDRA TRIVEDI MD DIRECTOR	09	X						0	270,889	5,868
BRUCE MERRELL HOSPITAL PRESIDENT	40 0	X	X					0	343,306	60,225
MIKE WARREN DIRECTOR	09	X						0	343,146	61,335
JAMES SANGER DIRECTOR	09	X						0	786,115	96,001
WILLIAM P THOMPSON PRESIDENT, VP, & DIRECTOR	09	X	X					0	805,224	113,006
JUNE PICKETT SECRETARY	09		X					0	207,839	20,718
KRIS ZIMMER TREASURER	09		X					0	695,884	99,041
KAY TINSLEY VP FISCAL SERVICES	20 0			X				186,544	0	5,906
VIRGINIA TELFORD VP NURSING	40 0			X				171,259	0	3,051
MARK CLARK VP OPERATIONS	20 0			X				164,483	0	5,718
RICHARD HUNTINGTON VP BUSINESS DEVELOPMENT	20 0			X				0	189,275	5,548
GREG SIMS VP MEDICAL GROUP	20 0			X				0	182,039	3,536
WAYNE GROTE DIR ADMINSTRATIVE SERVICES	20 0			X				0	167,318	3,610
JULIE LONG VP PLANNING & MARKETING	20 0			X				0	154,656	902
MICHELLE DARNELL VP SYSTEMS IMPROVEMENT	20 0			X				0	154,433	8,741
TOM BLYTHE VP HUMAN RESOURCES	20 0			X				0	153,572	9,348
JAMES REUTER CRNA	40 0				X			201,531	0	3,112
JEFFREY RAPP PHARMACIST	40 0				X			129,678	0	7,130

**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	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee			
DENA FISHER PHARMACIST	40 0				X		123,124	0	2,203
RAJENDRA SHROFF MEDICAL DIRECTOR	40 0				X		127,363	0	3,266
PATTI NEUDECKER PHYSICAL THERAPIST	40 0				X		127,154	0	4,909