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Form

990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization
St Mary's Hospital

Doing Business As

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

Room/suite

City or town, state or country, and ZIP + 4
ST LOUIS, MO 63141

D Employer identification number
37-0662580

E Telephone number
(618) 436-8000

G Gross receipts \$ 102,321,963

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?

☐ Yes☒ No

H(b) Are all affiliates included?

☐ Yes☐ No

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

H(c) Group exemption number ▶ 0928

I Tax-exempt status ☒ 501(c) (3) ◀(Insert no)

☐ 4947(a)(1) or☐ 527

J Website: ▶ WWW.SSMHC.COM

K Form of organization ☒ Corporation☐ Trust☐ Association☐ Other ▶L Year of formation 1939M State of legal domicile IL

Part I Summary

Activities & Governance

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 1

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

5 Total number of employees (Part V, line 2a)5 96

6 Total number of volunteers (estimate if necessary)6 12

7a Total gross unrelated business revenue from Part VIII, column (C), line 127a

b Net unrelated business taxable income from Form 990-T, line 347b

Revenue

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

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

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

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

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

Prior YearCurrent Year

1,411,6801,277,287

93,595,57398,934,627

1,062,303468,322

1,336,3351,434,286

97,405,891102,114,522

Expenses

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

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

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

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

b Total fundraising expenses (Part IX, column (D), line 25) ▶⁰

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

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

19 Revenue less expenses Subtract line 18 from line 12

044,757,93446,366,859

0

47,689,27748,897,234

92,447,21195,264,093

4,958,6806,850,429

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Beginning of Current YearEnd of Year

64,521,51966,661,243

65,590,17865,121,741

-1,068,6591,539,502

Part II Signature Block

Sign Here

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

Date

*****2010-11-11

JUNE PICKETT SECRETARYType or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4BKD LLP211 N BROADWAY SUITE 600ST LOUIS, MO 631022733

EIN ▶

Phone no ▶ (314) 231-5544












1 Briefly describe the organization's mission

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

Form **990** (2009)

Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. 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.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• 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.			
	• 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.			
	• 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.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• 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.			
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	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No	
1a	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	1a	0		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	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	2a	966		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)				2b
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
	b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12			10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b		
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders			11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b		

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
1a	Enter the number of voting members of the governing body . . .	1a	13	
b	Enter the number of voting members that are independent . . .	1b	6	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		No
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		

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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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	

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

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

Form **990** (2009)

1b	Total	1,495,419	4,468,121	523,174
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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
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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

2

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

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

Part XI **Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . .	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes
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	2c	Yes
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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	3a	Yes
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .	3b	Yes

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

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 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)

(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	
Total									

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 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 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 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

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 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. 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 stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (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
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years 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 stop here						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation 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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

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 funtion 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.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		3,844
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i			3,844
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3 Did the organization agree to 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".

1 Dues, assessments and similar amounts from members	1	
2 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).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

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 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization St Mary's Hospital	Employer identification number 37-0662580
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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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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

	Amount
1c	
1d	
1e	
1f	

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.

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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

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.

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

Schedule D (Form 990) 2009

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

SCHEDULE 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.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Mary's Hospital

Employer identification number
37-0662580

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a Yes	
b	If "Yes," is it a written policy?	1b Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>		
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 <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____</div>	3a Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____</div>	3b Yes	
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"?	4 Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a	Does the organization prepare an annual community benefit report?	6a Yes	
6b	If "Yes," does the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

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

Part IICommunity 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					
10	Total					

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense (at cost)	2	3,469,496
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	3	
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.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	30,803,465
6	Enter Medicare allowable costs of care relating to payments on line 5	6	34,326,431
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-3,522,966
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes
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.	9b	No

Part IVManagement 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	Children's hospital	General medical & surgical	Licensed hospital

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

X

X

X

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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.

Name of the organization
St Mary's Hospital

Employer identification number

37-0662580

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
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	1b	
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?	2	
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		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) 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?	5a	No
b	Any related organization?	5b	No
	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?	6a	No
b	Any related organization?	6b	No
	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	7	No
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	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

For each individual whose compensation must be reported 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

[illegible]

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493319007220	
SCHEDULE O (Form 990)	Supplemental Information to Form 990				OMB No 1545-0047
					2009
	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
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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 mssion, how the mssion 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 SECTION 1 - QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT 1 Organizational Commitment to Providing Community Benefit 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 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 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 o The patient's responsibility for payment, o The availability of financial assistance from public programs and entity charity care and payment arrangements, o The entity's charity policy and application process, and o Whom to contact to get additional information or financial counseling The following types of notices to the public shall be provided o Signs in the emergency department, outpatient and inpatient registration and public waiting areas o Brochures or fliers provided at time of registration and available in the financial counseling areas o Notices sent with or on patient bills or communications sent to patients and guarantors related to medical services 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 Information about the entity's charity policies will also be provided to public agencies 2 Organizational Description for Tax Exemption SSMHC hospitals o operate an emergency room that is open to all persons regardless of ability to pay, o have an open medical staff with privileges available to all qualified physicians in the area, o have a governing body in which independent persons representative of the community comprise a majority, o engage in the training and education of health care professionals, o participate in Medicaid, Medicare, CHAMPUS, Tricare, and/or other government-sponsored health care programs 3 Description of Community Benefit Programs 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 4 Link to Additional Community Benefit Information Additional information regarding SSMHC's 2009 community benefit report can be found at www.ssmhc.com SECTION 2 - QUANTIFIABLE COMMUNITY BENEFIT This section includes a list of the types of programs and services that could be included as community benefit activities 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</p>

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

Related Organizations and Unrelated Partnerships

2009

Open to Public Inspection

▶ **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.**

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?	
							Yes	No		Yes	No

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

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

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	MO B	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	MO B	MO	NA	N/A							
Center for Comp Cancer Care LLC 477 N Lindbergh Blvd St Louis, MO 63141 20-1382727	MO B	IL	NA	N/A							
Classen Associates 1110 N Classen Blvd Oklahoma City, OK 73103 73-1158158	MO B	OK	NA	N/A							
M&C Realty LLC 1603 Wentzville Parkway STE 121 Wentzville, MO 63385 62-1851447	MO B	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							
The Vascular Institute at 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?	
							Yes	No		Yes	No
SSM St Care Surgical Center LLC 477 N Lindbergh Blvd St Louis, MO 63141 26-1439695	Surgery Services	MO	NA	N/A							

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	Officer	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

(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	Officer	Key employee	Highest compensated employee	Former			
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