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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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
SSM Health Care of Wisconsin Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
477 N LINDBERGH

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

D Employer identification number
43-0688874

E Telephone number
(314) 994-7800

G Gross receipts $ 516,832,732

F Name and address of principal officer
WILLIAM THOMPSON
477 N LINDBERGH
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 1912 | **M** State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SSM HEALTH CARE OF WISCONSIN OPERATES TWO HEALTH CENTERS AND TWO SKILLED NURSING FACILITIES THAT ARE LOCATED IN MADISON AND BARABOO WISCONSIN

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**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of employees (Part V, line 2a)	**5**	4,175
6	Total number of volunteers (estimate if necessary)	**6**	1,113
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	17,308,675
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-615,661

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	265,319	432,837
9	Program service revenue (Part VIII, line 2g)	453,922,472	487,855,476
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,434,221	172,690
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,565,255	17,463,314
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	475,187,267	505,924,317
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	50,913	321,574
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	222,695,220	226,957,471
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶754,844		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	219,188,688	237,272,192
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	441,934,821	464,551,237
19	Revenue less expenses Subtract line 18 from line 12	33,252,446	41,373,080

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	608,109,569	580,070,388
21	Total liabilities (Part X, line 26)	218,825,345	220,783,432
22	Net assets or fund balances Subtract line 21 from line 20	389,284,224	359,286,956

Part II Signature Block

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

Sign Here

****** | 2010-11-11
Signature of officer | Date

JUNE PICKETT SECRETARY
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Troy A Lindsey	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BKD LLP 211 N BROADWAY SUITE 600 ST LOUIS, MO 631022733			EIN ▶ Phone no ▶ (314) 231-5544

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 421,170,333 including grants of $ 321,574) (Revenue $ 487,855,476)

SEE SCHEDULE O

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 421,170,333

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	Yes	
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, line10? *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? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes / No)	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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**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? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **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, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	411		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	4,175		
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**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See 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 15		
b	Enter the number of voting members that are independent . .	1b 9		
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	Yes	
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	Yes	

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

KARI KRUEGER
700 S PARK STREET
MADISON, WI 53715
(608) 259-3478

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

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

(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			
See add'l data										

1b Total . . . . . ▶	2,638,820	4,396,438	587,069

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 ▶ 133

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
DEAN HEALTH SERVICES 1808 W BELTINE HWY MADISON, WI 53713	PHYSICIAN SERVICES	5,360,088
BOARD OF REGENTS OF UNIV OF WISCONS 1100 DELAPLAINE CT MILWAUKEE, WI 537151896	PHYSICIAN SERVICES	5,133,100
ASSOCIATED PATHOLOGISTS SC PO BOX 44308 MADISON, WI 537444308	PHYSICIAN SERVICES	1,300,076
UNIVERSITY OF WI HOSPITALS CLINIC DRAWER 853 MILWAUKEE, WI 532780853	PHYSICIAN SERVICES	512,592
KRAEMER BROTHERS LLC 925 PARK AVENUE PLAIN, WI 535770219	PHYSICIAN SERVICES	876,025
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 ▶ 20		

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	394,488			
	e	Government grants (contributions)	1e	16,949			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	21,400			
	g	Noncash contributions included in lines 1a-1f $ 13,885					
	h	**Total.** Add lines 1a-1f		432,837			
Program Service Revenue			Business Code				
	2a	NET PATIENT REVENUE	621,110	479,044,805	479,044,805		
	b	OTHER OPERATING REVENUE	621,990	8,810,671	8,810,671		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		487,855,476			
	3	Investment income (including dividends, interest and other similar amounts)		10,395,733			10,395,733
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	446,164				
	b	Less rental expenses	394,904				
	c	Rental income or (loss)	51,260				
	d	Net rental income or (loss)		51,260			51,260
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	112,488	176,373			
	b	Less cost or other basis and sales expenses	10,373,924	137,980			
	c	Gain or (loss)	-10,261,436	38,393			
	d	Net gain or (loss)		-10,223,043			-10,223,043
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a	9,907				
	b	Less direct expenses b	1,607				
	c	Net income or (loss) from fundraising events		8,300			8,300
	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	LABORATORY	621,500	5,730,427		5,730,427	
	b	IT, ADMINISTRATIVE, & SUPPORT SERVICES	561,000	9,910,100		9,910,100	
	c	CHILD CARE CENTER	624,410	1,039,560		1,039,560	
	d	All other revenue		723,667		628,588	95,079
	e	**Total.** Add lines 11a–11d		17,403,754			
	12	**Total revenue.** See Instructions		505,924,317	487,855,476	17,308,675	327,329

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	315,574	315,574		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	6,000	6,000		
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	1,344,452		1,344,452	
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	170,826,100	157,448,339	13,352,132	25,629
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,448,750	7,787,110	660,372	1,268
9 Other employee benefits	33,946,463	31,288,042	2,653,328	5,093
10 Payroll taxes	12,391,706	11,421,285	968,562	1,859
11 Fees for services (non-employees)				
a Management	307,056		307,056	
b Legal	1,088,718		1,088,718	
c Accounting	211,747		211,747	
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	56,584,603	38,535,744	17,344,421	704,438
12 Advertising and promotion	97,722		97,722	
13 Office expenses	93,478,249	91,328,587	2,145,311	4,351
14 Information technology	276,906	23,035	253,871	
15 Royalties	0			
16 Occupancy	11,494,424	11,003,268	481,926	9,230
17 Travel	461,164	263,739	197,407	18
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	242,511	166,783	73,387	2,341
20 Interest	6,207,947	6,207,947		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	26,371,911	25,673,229	698,235	447
23 Insurance	1,224,987	1,190,154	34,833	
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 DEBTS	17,618,387	17,618,387		
b TAXES & LICENSES	17,999,716	17,877,775	121,941	
c BOND FEES	1,109,615	1,091,495	18,120	
d DUES & SUBSCRIPTIONS	697,463	349,892	347,501	70
e MISCELLANEOUS	1,590,619	1,465,029	125,590	
f All other expenses	208,447	108,919	99,428	100
25 **Total functional expenses.** Add lines 1 through 24f	464,551,237	421,170,333	42,626,060	754,844
26 **Joint costs.** Check here ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		40,154,354	2	19,685,866
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		47,774,490	4	45,553,741
	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		1,486,638	7	1,004,479
	8	Inventories for sale or use		5,105,923	8	4,807,260
	9	Prepaid expenses and deferred charges		2,445,483	9	1,549,953
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 474,599,171			
	b	Less accumulated depreciation	10b 219,294,443	250,401,623	10c	255,304,728
	11	Investments—publicly traded securities		155,656,037	11	151,296,368
	12	Investments—other securities See Part IV, line 11		46,920,528	12	52,905,415
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		46,080,246	14	42,073,254
	15	Other assets See Part IV, line 11		12,084,247	15	5,889,324
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		608,109,569	16	580,070,388
Liabilities	17	Accounts payable and accrued expenses		37,574,689	17	34,868,199
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		181,250,656	25	185,915,233
	26	**Total liabilities.** Add lines 17 through 25		218,825,345	26	220,783,432
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		380,193,514	27	346,878,114
	28	Temporarily restricted net assets		7,358,449	28	10,468,163
	29	Permanently restricted net assets		1,732,261	29	1,940,679
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		389,284,224	33	359,286,956
	34	Total liabilities and net assets/fund balances		608,109,569	34	580,070,388

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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	

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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
SSM Health Care of Wisconsin Inc

Employer identification number
43-0688874

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?

	Yes	No
(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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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 III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 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 ▶

b **33 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 ▶

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

Part IV **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

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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	Employer identification number
SSM Health Care of Wisconsin Inc	43-0688874

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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the 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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		279
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		21,381
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		118,085
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			139,745
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
LOBBYING ACTIVITIES	SCHEDULE C, PART II-B, QUESTION 1	THE ORGANIZATION PROVIDED EDUCATION AND INFORMATION TO STATE LEGISLATORS CONCERING THE ENTITIES REIMBURSEMENT UNDER THE WISCONSIN MEDICAID PROGRAM WE BELIEVE THESE COMMUNICATIONS TO STATE LEGISLATIVE BODIES DO NOT CONSTITUTE LOBBYING ACTIVITIES BECAUSE DECISIONS MADE BY THESE LEGISLATIVE BODIES COULD AFFECT THE EXISTENCE OF THE ENTITY AND POWERS AND DUTIES (SEE REGULATION SECTION 56-4911-(C)(4))

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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
SSM Health Care of Wisconsin Inc

Employer identification number
43-0688874

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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	8,508,695	8,868,016			
b Contributions	227,929	93,062			
c Investment earnings or losses	237,889	-285,074			
d Grants or scholarships					
e Other expenditures for facilities and programs	89,820	167,309			
f Administrative expenses					
g End of year balance	8,884,693	8,508,695			

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

- a Board designated or quasi-endowment ▶ 78 200 %
- b Permanent endowment ▶ %
- c Term endowment ▶ 21 800 %

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

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

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		9,707,217		9,707,217
b Buildings		305,529,219	122,704,281	182,824,938
c Leasehold improvements		16,900,679	7,377,895	9,522,784
d Equipment		121,174,137	86,485,350	34,688,787
e Other		21,287,920	2,726,918	18,561,002
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				255,304,728

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other EQUITY INVESTMENTS	52,905,415	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	52,905,415	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
OTHER LONG-TERM LIABILIITES	794,886
ARO LIABILITY	1,084,946
PENSION FUNDING LIABILITY	11,357,060
CAPITAL LEASES	3,199,674
(ISSUED THROUGH SSM HEALTH CARE)	163,935,052
DUE TO THIRD PARTY PAYORS	5,543,615
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	185,915,233

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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
USE OF ENDOWMENT FUNDS	PART V, LINE 4	ALL FUNDS LISTED WILL BE USED TO PROVIDE HEALTH CARE SERVICES
FIN 48 DISCLOSURE	PART X, LINE 2	THERE HAVE BEEN NO UNCERTAIN TAX POSITIONS RECORDED IN 2009

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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
SSM Health Care of Wisconsin Inc

Employer identification number
43-0688874

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 ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☑ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____	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		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
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)		5,589	8,963,012		8,963,012	1 820 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		43,906	76,832,382	56,255,069	20,577,313	4 190 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)		1,214	1,964,348	1,545,566	418,782	0 090 %
d **Total** Charity Care and Means-Tested Government Programs		50,709	87,759,742	57,800,635	29,959,107	6 100 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	54	77,338	2,322,256	112,323	2,209,933	0 450 %
f Health professions education (from Worksheet 5)	15	2,138	9,546,318	1,996,876	7,549,442	1 540 %
g Subsidized health services (from Worksheet 6)	6	954	1,273,251	487,793	785,458	0 160 %
h Research (from Worksheet 7)	2		230,596		230,596	0 050 %
i Cash and in-kind contributions to community groups (from Worksheet 8)	33	48,454	843,439	215	843,224	0 170 %
j **Total** Other Benefits	110	128,884	14,215,860	2,597,207	11,618,653	2 370 %
k **Total.** Add lines 7d and 7j	110	179,593	101,975,602	60,397,842	41,577,760	0

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support	12	936	36,167	1,895	34,272	0 010 %
4	Environmental improvements	1	16	302		302	
5	Leadership development and training for community members						
6	Coalition building	82	13,273	120,923		120,923	0 030 %
7	Community health improvement advocacy	19	600	28,017		28,017	0 010 %
8	Workforce development	2		17,575		17,575	
9	Other	3		29,922	2,000	27,922	0 010 %
10	**Total**	119	14,825	232,906	3,895	229,011	0 060 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	11,165,944		
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	60,000		
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	123,367,400		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	146,743,358		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-23,375,958		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?		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 IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ST MARY'S HOSPITAL 700 SOUTH PARK STREET MADISON, WI 53715	X	X		X			X		
ST CLARE HOSPITAL & HEALTH SERVICES 707 FOURTEENTH STREET BARABOO, WI 53913	X	X		X			X		
ST CLARE CENTER 1510 JEFFERSON STREET BARABOO, WI 53913								X	AODA TREATMENT
ST CLARE DIALYSIS 1600 JEFFERSON STREET BARABOO, WI 53913								X	DIALYSIS CENTER
ST CLARE URGENT CARE 530 WISCONSIN DELLS PARKWAY LAKE DELTON, WI 53965								X	O/P CLINIC
WI DELLS URGENT CARE 1310 BROADWAY ROAD WISCONSIN DELLS, WI 53965								X	URGENT CARE CENTER
ST CLARE CHILD CARE CENTER 1605 JEFFERSON ST BARABOO, WI 53913								X	CHILD DAY CARE

Part VI Supplemental Information

Complete this part to provide the following information

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

PART I, QUESTION 3a The organization uses Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals St Mary's Hospital uses 200% as the family income limit for eligibility for free care St Clare Hospital uses 250% as the family income limit for eligibility for free care PART I, QUESTION 3b The organization uses Federal Poverty Guidelines (FPG) to determine eligibility for providing discounted care to low income individuals St Mary's Hospital uses 400% as the family income limit for eligibility for discounted care St Clare Hospital uses 250% as the family income limit for eligibility for discounted care

THE ORGANIZATION HAD BAD DEBT EXPENSE IN THE AMOUNT OF $17,618,387 REPORTED ON PART IX, LINE 25 OF THE FORM 990, HOWEVER, IT HAS BEEN SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGES IN THIS PART I, LINE 7, COLUMN F

THE COSTS REPORTED IN THE TABLE IN PART I, LINE 7 ARE COMPUTED USING THE COST ACCOUNTING APPROACH, WHICH INCLUDES TAKING CHARITY CARE, UNREIMBURSED MEDICAID AND OTHER COMMUNITY BENEFITS AT COST THIS METHODOLOGY WAS USED FOR ALL PATIENT SEGMENTS

Line 4a In some cases, SSMHC does not receive the amount billed for patient services even though it did not receive information necessary to determine if the patients met the criteria for financial assistance Bad debt expense is the estimated amount of patient sevice revenues that SSMHC will not collect Line 4b For line 2, used 2009 Bad Debt Expense reported in the 2009 Annual Licensing Survey of Missouri Hospitals, multiplied by the cost to charge ratio calculated in Section 2a, 11 For line 3, applied same cost to charge ratio of bad debt expense which is the bad debt write off on accounts which also have a charity write off

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

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

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

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

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

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

St Clare serves the Baraboo and surrounding communities of Wisconsin Dells, Lake Delton, Mauston, Portage, Reedsburg, Merrimac, Sauk City, North Freedom, Rock Springs, Adams, Lyndon Station and Friendship Some of the hospital's regional services, including radiation oncology, serve a population from more than 70 zipcodes in southern Wisconsin St Marys Hospital serves an 18-county service area, including the following counties Dane (primary), Sauk and Columbia (secondary), and Grant, Crawford, Iowa, Lafayette, Green, Rock, Walworth, Jefferson, Dodge, Fond du Lac, Green Lake, Marquette, Juneau, Adams and Richland

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

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

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

Please see the discussion above regarding the community building activities

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

Please see the discussion above regarding the community building activities

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

IL,MO,OK,WI

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SSM Health Care of Wisconsin Inc

Employer identification number
43-0688874

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 15

3 Enter total number of other organizations . . . ▶ 2

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	10	6,000			
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
EXPLANATION MONITORING GRANTS	PARTS II & III	THE PROCEDURES USED TO MONITOR THE USE OF GRANT FUNDING VARIES BASED ON THE GRANT RECIPIENT GRANTS TO RELATED ENTITIES ARE MONITORED DIRECTLY BY THE ORGANIZATION WHEREBY THE RECIPIENT REPORTS ON THE SPECIFIC USE OF THE FUNDING FOR GRANTS TO UNRELATED ENTITIES, THE ORGANIZATION UTILIZES THE COMMUNITY BENEFIT INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA) TO TRACK, STORE, AND REPORT A WIDE RANGE OF INFORMATION RELATED TO GRANTS AND OVERALL COMMUNITY IMPACT GRANTS TO INDIVIDUALS MADE IN THE FORM OF ACADEMIC SCHOLARSHIPS ARE CHOSEN BASED UPON SUCH FACTORS AS FINANCIAL NEED, SCHOLASTIC ACHIEVEMENT, AND AN INTERVIEW PROCESS

Additional Data Return to Form

Software ID:
Software Version:
EIN: 43-0688874
Name: SSM Health Care of Wisconsin Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST CLARE HEALTH CARE FOUNDATION477 N LINDBERGH ST LOUIS,MO 63141	43-1940683	501(c)(3)	17,600				FUND HEALTH CARE
UW VET SCHOOL2015 LINDEN DR MADISON,WI 53706	20-5217122	501(c)(3)		17,531	FMV	MED PRODUCTS	GRANT
MADISON MALLARDS2920 N SHERMAN AVE MADISON,WI 53704			8,500				SPONSORSHIP
THRIVE615 E WASHINGTON AVE MADISON,WI 53701	71-1015136	501(c)(3)	10,000				SPONSORSHIP
ABC FOR HEALTH32 N BASSETT MADISON,WI 53703	20-5217122	501(c)(3)	7,500				SPONSORSHIP
MARCH OF DIMES5315 WALL ST STE 10 MADISON,WI 53718	39-1208891	501(c)(3)	15,000				SPONSORSHIP
SHARING RESOURCES4417 ROBERTSON RD MADISON,WI 53715	20-2702372	501(C)(3)		22,799	FMV	MED PRODUCTS	GRANT
HOSPICECARE INC5359 E CHERYL PKWY MADISON,WI 53711	30-0001703	501(c)(3)	7,000				SPONSORSHIP
BREAST CANCER RECOVERY2800 ROYAL AVE MADISON,WI 53713	39-1894850	501(c)(3)	7,000				SPONSORSHIP
BOYS AND GIRLS CLUB 2001 TAFT ST MADISON,WI 53713	39-1925617	501(c)(3)	6,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACCESS COMMUNITY HEALTH3434 W WASHINGTON MADISON,WI 53704	39-1391134	501(c)(3)	12,500				SPONSORSHIP
SAFE COMMUNITIESPO BOX 6652 MADISON,WI 53716	39-2010839	501(c)(3)	5,600				SPONSORSHIP
WI WOMEN'S HEALTH FDNT 2503 TODD DR MADISON,WI 53713	39-1900678	501(c)(3)	11,000				SPONSORSHIP
UNITED WAY OF DANEPO BOX 7548 MADISON,WI 53707	39-0817532	501(c)(3)	5,288				SPONSORSHIP
AMERICAN HEART ASSOCIATION2850 DAIRY DRIVE SUITE 300 MADISON,WI 53718	13-5613797	501(c)(3)	5,250				SPONSORSHIP
201 STATE FOUNDATION 201 STATE STREET MADISON,WI 53703	01-0645482	501(c)(3)	10,733				SPONSORSHIP
AREA AGENCY ON AGING 2306 S PARK ST MADISON,WI 53713				7,907	FMV	PRINTNG SVCS	GRANT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SSM Health Care of Wisconsin Inc

Employer identification number
43-0688874

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
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 ☐ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed 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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) 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 accured 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**		

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

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
SEVERANCE PAYMENT DETAIL	SCHEDULE J, PART I, LINE 4A	WILLIAM SHOENHARD RECEIVED A TAXABLE SEVERANCE PAYMENT IN 2009 IN THE AMOUNT OF $112,000
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS	SCHEDULE J, PART I, QUESTION 4B	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 individual listed on Part VII of the Form 990 participated in the plan and received a distribution in 2009 William Schoenhard $110,059 The following individuals listed on Part VII of the Form 990 participated in the plan but did not receive any distributions during 2009 Charlie Johnson Marilyn Biros Jon Rozenfeld Sandra Anderson Frank Byrne, MD Mary Starmann-Harrison Kris Zimmer 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 participated in the plan and received a distribution during 2009 Marlene Pechan $6,074 Sandra Anderson $13,812 Kris Zimmer $42,286 June Pickett $5,811 The following individuals listed on Part VII of the Form 990 participated in the plan but did not receive any distributions during 2008 Charlie Johnson Marilyn Biros Jon Rozenfeld Frank Byrne, MD William Schoenhard Mary Starmann-Harrison Kerry Swanson William Thompson
TAX INDEMNIFICATION AND GROSS UP PAYMENTS	SCHEDULE J, PART I, LINE 1	THE FOLLOWING INDIVIDUALS THAT ARE LISTED ON SCHEDULE J PART II RECEIVED A TAX INDEMNIFICATION / GROSS UP PAYMENT IN 2009 THESE PAYMENTS WERE INCLUDED IN THEIR TAXABLE COMPENSATION CHARLIE JOHNSON MARILYN BIROS JON ROZENFELD

Additional Data

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Software ID:
Software Version:
EIN: 43-0688874
Name: SSM Health Care of Wisconsin Inc

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				
MARY STARMANN HARRISON	(I)	0	0	0	0	0	0	0
	(II)	600,331	0	117,326	78,410	9,957	806,024	0
WILLIAM C SCHOENHARD	(I)	0	0	0	0	0	0	0
	(II)	470,580	0	345,226	34,974	17,399	868,179	0
FRANK BYRNE MD	(I)	0	0	0	0	0	0	0
	(II)	418,562	0	148,754	56,539	11,662	635,517	0
SANDRA ANDERSON	(I)	0	0	0	0	0	0	0
	(II)	250,047	0	48,465	34,546	3,185	336,243	0
CHARLIE JOHNSON	(I)	338,187	0	75,929	9,053	14,148	437,317	0
	(II)	0	0	0	0	0	0	0
JON ROZENFELD	(I)	261,404	0	35,989	7,818	21,556	326,767	0
	(II)	0	0	0	0	0	0	0
MARILYN BIROS	(I)	219,142	0	49,950	7,212	16,185	292,489	0
	(II)	0	0	0	0	0	0	0
EDWARD BUENO MD	(I)	285,108	0	21,169	1,122	576	307,975	0
	(II)	0	0	0	0	0	0	0
MANUEL MENDOZA MD	(I)	259,698	0	27,496	1,622	270	289,086	0
	(II)	0	0	0	0	0	0	0
JOHN BUTLER	(I)	315,074	0	24,803	696	3,703	344,276	0
	(II)	0	0	0	0	0	0	0
KERRY SWANSON	(I)	0	0	0	0	0	0	0
	(II)	231,969	0	56,231	0	0	288,200	0
WILLIAM P THOMPSON	(I)	0	0	0	0	0	0	0
	(II)	655,456	0	149,767	98,849	14,157	918,229	0
ALICE FACEY	(I)	151,138	0	10,533	985	1,053	163,709	0
	(II)	0	0	0	0	0	0	0
KIMBERLY JANE KURTZ	(I)	194,071	0	42,984	1,340	566	238,961	0
	(II)		0	0	0	0	0	0
MARLENE PECHAN	(I)	58,806	0	200,099	749	13,833	273,487	0
	(II)		0	0	0	0	0	0
KRIS A ZIMMER	(I)	0	0	0	0	0	0	0
	(II)	605,037	0	90,848	75,691	23,350	794,926	0
JUNE L PICKETT	(I)	0	0	0	0	0	0	0
	(II)	184,185	0	23,654	8,436	12,282	228,557	0

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SSM Health Care of Wisconsin Inc

Employer identification number
43-0688874

Identifier	Return Reference	Explanation
FORM 990	LISTING OF INCLUDED DIVISIONS	DIVISION FEIN ST MARY'S HOSPITAL 39-0806393 ST MARY'S HOSPITAL MEDICAL STAFF 39-0806393 ST MARY'S CARE CENTER 39-0806393 ST MARY'S JANESVILLE HOSPITAL 43-0688874 ST MARY'S HOSPITAL CAMPUS CONDO ASSOC 43-0806393 ST CLARE HOSPITAL & HEALTH SERVICES 39-1023846 ST CARE MEADOWS CARE CENTER 39-1023846 ST CLARE AUXILIARY 39-1023846

Identifier	Return Reference	Explanation
2009 HOSPITAL COMMUNITY BENEFIT REPORT	FORM 990, SUPPLEMENT TO PART III, LINE 4A	THE COMMUNITY BENEFIT CONTRIBUTION OF SSM HEALTH CARE OF WISCONSIN, INC INCLUDES PROGRAMS AND ACTIVITIES THAT IMPROVE ACCESS TO HEALTH CARE AND IMPROVE HEALTH IN OUR COMMUNITIES IN ORDER TO PORTRAY THE FULL BREADTH OF OUR CONTRIBUTION, OUR COMMUNITY BENEFIT INFORMATION IS DESCRIBED BELOW SECTION 1 QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT - DESCRIBES THE CORPORATION'S COMMUNITY BENEFIT MISSION, HOW THE MISSION IS TRANSLATED INTO A PROACTIVE APPROACH DESIGNED TO MEET COMMUNITY HEALTH NEEDS, HOW THE CORPORATION MEETS TAX-EXEMPT REQUIREMENTS, AND A DESCRIPTION OF COMMUNITY BENEFIT PROGRAMS AND SERVICES THAT HIGHLIGHT THE CORPORATION'S IMPACT ON COMMUNITY HEALTH SECTION 2 QUANTITATIVE DESCRIPTION OF COMMUNITY BENEFIT - DESCRIBES THE CORPORATION'S COMMUNITY BENEFIT CONTRIBUTION IN FINANCIAL TERMS PRESENTING THE AMOUNT OF CHARITY CARE, THE UNPAID SHORTFALL FROM GOVERNMENT HEALTH CARE FOR THE INDIGENT, AND THE NET EXPENSE OF COMMUNITY BENEFIT SERVICES 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 ST MARY'S HOSPITAL - MADISON, WI ST MARY'S HAS DONE PRIMARY RESEARCH AND COLLECTED AND ANALYZED DATA FROM SECONDARY RESEARCH TO IDENTIFY HEALTH NEEDS PRIMARY RESEARCH HAS INCLUDED FOCUS GROUPS ON COMMUNITY BENEFIT, INCLUDING IN-DEPTH STUDY INTO THE NEEDS OF MINORITY POPULATIONS, AND EXTENSIVE PERSONAL INTERVIEWS WITH COMMUNITY MEMBERS REPRESENTING DIVERSE DEMOGRAPHICS SECONDARY SOURCES HAVE INCLUDED HEALTH ASSESSMENTS FROM THE UNITED WAY, THE COUNTY HEALTH RANKINGS REPORT FROM THE POPULATION HEALTH INSTITUTE, AND THE WISCONSIN BEHAVIORAL RISK FACTOR SURVEY WE HAVE REVIEWED SURVEY DATA FROM THE DANE COUNTY YOUTH SURVEY AND A NATIONAL HEALTH SURVEY CONDUCTED BY OUR CRM (CUSTOMER RELATIONSHIP MANAGEMENT) PROVIDER WE ALSO UTILIZE THE COMMUNITY HEALTH INDEX THROUGH THOMSON HEALTHCARE AND THE GOALS AND PRIORITIES ESTABLISHED BY HEALTHIEST WISCONSIN 2010 (STATE HEALTH DEPARTMENT) ADDITIONAL DATA COMES FROM THE HOSPITAL'S OWN CASE MIX INDEX AND HOSPITAL READMISSIONS REPORTS IN 2010, WE ARE UTILIZING THESE SAME SOURCES, AND HAVE ESTABLISHED A HEALTHY COMMUNITIES TEAM TO FOLLOW A MORE FORMAL PROCESS TO DEVELOP A NEEDS ASSESSMENT AND COMMUNITY BENEFIT PLAN THIS INCLUDES A REVIEW OF CURRENT PROGRAMMING, ANALYSIS OF OUTCOMES, IDENTIFICATION OF POSSIBLE COLLABORATIONS AND DEVELOPMENT OF NEW PROGRAMMING TO ADDRESS UNMET NEEDS, ESPECIALLY IN THE AREA OF CHRONIC DISEASE PREVENTION ST CLARE HOSPITAL AND HEALTH SERVICES - BARABOO, WI ST CLARE HOSPITAL & HEALTH SERVICES SEEKS TO PARTNER WITH THE COMMUNITY TO MEET LOCAL HEALTH CARE NEEDS EACH YEAR, MARKET RESEARCH IS CONDUCTED IN ORDER TO COMPILE AN ENVIRONMENTAL ASSESSMENT THIS ASSESSMENT, WHICH INCLUDES A COMMUNITY HEALTH NEEDS COMPONENT, IS PART OF THE HOSPITAL'S STRATEGIC AND FINANCIAL PLANNING PROCESS ST MARY'S CARE CENTER - MADISON, WI ST MARY'S CARE CENTER STRIVES TO BE MORE THAN A BUILDING IN WHICH TO HOUSE OLDER RESIDENTS WE WANT TO CREATE A HUB WHICH ACTS AS A CENTER IN WHICH TO BOTH ATTRACT COMMUNITY AND A STARTING POINT IN WHICH RESIDENTS CAN GO BACK INTO THE COMMUNITY AND SHARE IN THE RICHNESS AND FULLNESS OF LIFE AS THEY SEE FIT WE CHOOSE ACTIVITIES WHICH WILL ENHANCE THE RESIDENTS' LIVES IN A GIVE AND TAKE MANNER IT IS NEVER FUN TO ALWAYS BE THE RECEIVER IN ORDER FOR ONE TO FEEL FULFILLED THERE HAS TO BE A SENSE OF FULFILLING OTHERS AS WELL WHETHER WE ARE ENGAGING STUDENTS, PROVIDING LEARNING OPPORTUNITIES OR BRINGING LOVE OUT INTO THE COMMUNITY, SMCC STRIVES TO MANIFEST THE VALUES OF SSMHC, PROVIDE FOR THE HEALTH NEEDS OF THE COMMUNITY AND ANALYZE HOW TO BEST ADDRESS THOSE NEEDS 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 ENTITY'S CHARITY POLICIES WILL ALSO BE PROVIDED TO PUBLIC AGENCIES 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 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

2009 HOSPITAL COMMMUNITY BENEFIT REPORT (CONT) FORM 990, SUPPLEMENT TO PART III, LINE 4A 3 DESCRIPTION OF COMMUNITY BENEFIT PROGRAMS ST MARY'S HOSPITAL - MADISON, WI FREE ASTHMA CLINIC A FREE CLINIC PROVIDING FREE DIAGNOSTIC AND TREATMENT SERVICES TO ASTHMATICS OPERATES IN A STOREFRONT NEAR A LOW INCOME NEIGHBORHOOD IN 2009, VOLUNTEER PROVIDERS SAW 774 INDIVIDUALS, AN INCREASE OF 13%, AND, 94% OF PATIENTS WERE UNINSURED THE CLINIC PROVIDED THE EQUIVALENT OF $626,387 IN FREE CARE AND MEDICATIONS IN 2009 PATIENT SURVEYS ARE USED TO MONITOR HEALTH IMPROVEMENT, WITH 89% REPORTING THEIR ASTHMA HAS STAYED THE SAME OR IMPROVED STORK'S NEST A NEED FOR INCREASED PRENATAL CARE HAS LED TO A NEW PROGRAM CALLED STORK'S NEST, WHICH PROVIDES PRENATAL EDUCATION PROGRAMMING AND PROVIDES INCENTIVES FOR WOMEN FROM DISADVANTAGED CIRCUMSTANCES PROGRAM PARTICIPANTS ARE REWARDED FOR ATTENDING CLASSES AND PRENATAL PHYSICIAN VISITS TO DATE, 100% OF BABIES BORN TO PROGRAM PARTICIPANTS HAVE BEEN FULL-TERM, HEALTHY BIRTHS AS A RESULT OF A NEW COLLABORATION WITH DEAN HEALTH PLAN, THE PROGRAM IS EXPECTED TO SERVE SIGNIFICANTLY MORE WOMEN IN 2010 PARISH NURSE PROGRAM TO IMPROVE ACCESS AND PROVIDE ASSISTANCE IN IDENTIFYING AND FINDING CARE FOR HEALTH CARE ISSUES, THE PARISH NURSE PROGRAM PLACES REGISTERED NURSES IN SITES AROUND MADISON, MOST OF WHICH ARE CHURCHES EACH YEAR THE PROGRAM REVIEWS HEALTH CARE NEEDS AND SETS GOALS IN SPECIFIC AREAS, E G , IN 2009, THE PROGRAM ACCOMPLISHED ITS GOAL OF DOING PROGRAMS ON CHILDHOOD OBESITY IN 100% OF SITES, AS WELL AS EXPANDING THE NUMBER OF LOW INCOME RESIDENTS SERVED IN 2010 THE PROGRAM WILL BE TRACKING A NEW OUTCOMES MEASURE IMPACT ON QUALITY OF LIFE ST CLARE HOSPITAL AND HEALTH SERVICES - BARABOO, WI ST CLARE HOSPITAL & HEALTH SERVICES IS A MAJOR SPONSOR OF FARM SAFETY DAYS, WHICH TEACHES CHILDREN AND YOUNG ADULTS HOW TO BE SAFE ON THE FARM SINCE 2000, THE HOSPITAL HAS ALSO PARTNERED WITH THE ST CLARE FOUNDATION IN THE DEVELOPMENT OF HEALTHY COMMUNITIES PROGRAMS AND HAS SPONSORED OTHER ORGANIZATIONS' ACTIVITIES AS A WAY TO GIVE BACK TO THE COMMUNITY THE ST CLARE HEALTH CARE FOUNDATION, THROUGH ITS PATHWAYS TO WELLNESS INITIATIVE, HAS DEVELOPMENT AND SPONSORED HEALTH AND WELLNESS PROGRAMS AND ACTIVITIES AS A WAY TO GIVE BACK TO THE COMMUNITY IN 2009, THE FOUNDATION 1) CO-SPONSORED THE ST CLARE 5K WALK/RUN, 2) CO-SPONSORED THE BARABOO BIKES & WALKS TO SCHOOL WEEK, CO-SPONSORED THE FESTIVAL OF LOVE & LIGHT, AN EVENING OF HONORING AND REMEMBERING LOVED ONES AT THE HOLIDAYS, 4) ASSISTED QUALIFYING PATIENTS AT THE ST CLARE HOSPICE HOUSE WITH THEIR ROOM AND BOARD FEES, AND 5) PRESENTED "EATING FROM THE RAINBOW," A PROGRAM ABOUT EATING A RAINBOW OF FRUITS AND VEGETABLES AND GETTING ADEQUATE PHYSICAL ACTIVITY, TO THIRD GRADE STUDENTS IN THE BARABOO AND WISCONSIN DELLS SCHOOL DISTRICTS ST MARY'S CARE CENTER - MADISON, WI MSCR SUMMER CAMP SERVICE LEARNING OPPORTUNITY TOTAL OF 50 CHILDREN SERVED THIS WIN/WIN SITUATION ALLOWS BOTH YOUNG PERSONS AND OLDER PERSONS TO APPRECIATE THE OTHER GENERATION THE YOUTH LEARN ABOUT AGING, ADAPTATION AND THE WISDOM WHICH COMES FROM A LONG LIFE THE ELDERS ENJOY THE NUANCES OF YOUTH AND APPRECIATE THE TIME SHARED TOGETHER THIS IS A POSITIVE PROGRAM WHICH HAS BEEN HAPPENING SINCE 2004 VFW BAND REHEARSAL ROOM SAVING THE VOLUNTEER BAND APPROXIMATELY $300 IN ROOM RENTAL FEES, THE BAND PROVIDES MUSIC ON 12 EVENINGS FREE OF CHARGE MEALS ON WHEELS APPROXIMATELY 2,160 MEALS PER YEAR DELIVERED BY 4 DEPARTMENT MANAGERS IN ROTATION PROVIDES THE DINNER ON TUESDAY EVENINGS TO SHUT-IN RESIDENTS ON MADISON'S SOUTHWEST SIDE DANE COUNTY JOB CENTER-W2 PROGRAM ST MARY'S CARE CENTER PROVIDED WORK EXPERIENCE OPPORTUNITIES FOR THOSE ON W2/WELFARE PROGRAM THRU THE DANE COUNTY JOB CENTER WHEN SMCC SIMULATES THE EMPLOYMENT PROCESS FROM INTERVIEWING THROUGH ACTUAL WORK EXPERIENCE, JOB CENTER PARTICIPANTS GAIN SKILLS AND CONFIDENCE TO BECOME EMPLOYED IN "REAL LIFE" JOB SITUATIONS IN EXCHANGE FOR THEIR WORK HERE DANE COUNTY PROVIDES BENEFITS TO THE PARTICIPANTS 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 $ 8,963,012 UNPAID COST OF MEDICAID $ 20,577,313 UNPAID COST OF MEDICARE $ 23,375,958 COST OF BAD DEBT $ 11,165,944 COMMUNITY BENEFIT PROGRAMS $ 12,252,555 TOTAL QUANTIFIABLE COMMUNITY BENEFIT $ 76,334,782 MEMBERS AND STOCKHOLDERS PART VI, SECTION A, LINE 6 THE SOLE CORPORATE MEMBER IS SSM HEALTH CARE CORPORATION MEMBERS AND STOCKHOLDERS 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 PART VI, SECTION A, LINE 7B THE MEMBER HAS THE FOLLOWING POWERS (A) TO ESTABLISH AND CHANGE THE PHILOSOPHY OF THE CORPORATION, (B) TO APPOINT THE BOARD OF DIRECTORS, EXCEPT FOR THE DIRECTORS NAMED IN THE ARTICLES OF INCORPORATION FOR THEIR INITIAL TERM AND EXCEPT FOR ANY DIRECTOR WHO SERVES EX OFFICIO, AND TO REMOVE THE DIRECTORS WITH OR WITHOUT CAUSE, (C) TO APPROVE AMENDMENTS TO THE ARTICLES OF INCORPORATION OF THE CORPORATION AS PROVIDED THEREIN, (D) TO APPROVE THE BYLAWS OF THE CORPORATION AND ANY AMENDMENTS THERETO, (E) TO APPROVE THE MERGER, CONSOLIDATION, OR DISSOLUTION OF THE CORPORATION, (F) TO APPROVE THE SALE, CONVEYANCE, ASSIGNMENT, TRANSFER, ALIENATION, PLEDGE, ENCUMBRANCE, MORTGAGE OR LEASE OF REAL PROPERTY OR ANY INTEREST THEREIN OF THE CORPORATION IN ACCORDANCE WITH POLICIES APPROVED BY THE MEMBER FROM TIME TO TIME, (G) TO APPROVE (I) THE ACQUISITION OF REAL PROPERTY OR ANY INTEREST THEREIN OR (II) THE ACQUISITION OF STOCK OF A CORPORATION IF, AFTER THE ACQUISITION, THE CORPORATION WILL OWN A MAJORITY OF THE VOTING STOCK OF SUCH CORPORATION, IN ACCORDANCE WITH POLICIES APPROVED BY THE MEMBER FROM TIME TO TIME, (H) TO APPROVE THE SALE, TRANSFER OR OTHER DISPOSITION ("DISPOSITION") OF THE VOTING STOCK OF A CORPORATION IF BEFORE THE DISPOSITION THE CORPORATION OWNED A MAJORITY OF THE VOTING STOCK OF THE CORPORATION AND AFTER SUCH DISPOSITION THE CORPORATION WOULD NOT OWN A MAJORITY OF THE VOTING STOCK OF THE CORPORATION, IN ACCORDANCE WITH POLICIES APPROVED BY THE MEMBER FROM TIME TO TIME, (I) TO APPROVE ANY BORROWING OR GUARANTEES OF THE CORPORATION IN ACCORDANCE WITH POLICIES APPROVED BY THE MEMBER FROM TIME TO TIME, (J) 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, (K) TO APPROVE THE ACCEPTANCE OF ANY GIFT OR CONTRIBUTION WHICH, IN CONNECTION THEREWITH, WOULD IMPOSE A CONTINUING OBLIGATION UPON THE CORPORATION, INCLUDING, WITHOUT LIMITATION, THE OBLIGATION TO PROVIDE HEALTH CARE SERVICES, PAY AN ANNUITY OR UNDERTAKE ANY OTHER OBLIGATIONS, EXCEPT AS OTHERWISE DETERMINED BY THE MEMBER PURSUANT TO POLICIES ADOPTED BY THE MEMBER FROM TIME TO TIME, AND (L) TO APPROVE OR REJECT PROPOSALS FOR EXPENDITURES OR CONTRIBUTIONS IN ACCORDANCE WITH ARTICLE IX OF THE BYLAWS IN THE EVENT THE PRESIDENT OF THE HOSPITAL AND THE BOARD OF DIRECTORS DO NOT AGREE WITH RESPECT TO THE APPROVAL OF SUCH PROPOSAL FORM 990 REVIEW PROCESS FORM 990, PART VI, SECTION A, LINE 11a 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

Identifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, SECTION B, QUESTION 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

DOCUMENTS AVAILABLE TO THE PUBLIC FORM 990, PART VI, SECTION C, QUESTION 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 SSMHC DOES NOT MAKE THE CONFLICT OF INTEREST POLICY OR GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319036340

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SSM Health Care of Wisconsin Inc

Employer identification number
43-0688874

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
See Additional Data Table											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e	Yes	
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	Yes	
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	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
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	Q	3,248,048
(2)	DELLS MEDICAL BUILDING	A	192,825
(3)	DELLS MEDICAL BUILDING	D	482,159
(4)	ST CLARE HEALTH CARE FOUNDATION	C	329,154
(5)	ST MARY'S FOUNDATION	C	65,334
(6)			

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

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

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

Additional Data Return to Form

Software ID:
Software Version:
EIN: 43-0688874
Name: SSM Health Care of Wisconsin Inc

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
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
St Mary's Hospital 477 N Lindbergh Blvd St Louis, MO 63141 37-0662580	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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner? Yes	(j) No
SSM St Joseph Endoscopy Center LLC 477 N Lindbergh Blvd St Louis, MO63141 27-0046559	Surgery Services	MO	NA	N/A							
SJHK Medicine Co-Management Co LLC 477 N Lindbergh Blvd St Louis, MO63141 26-1895667	Management	MO	NA	N/A							
SSMCDI Imaging Centers LLC 12303 DePaul Drive Bridgeton, MO63044 26-3791858	Imaging Services	MO	NA	N/A							
SSM Select Rehab St Louis LLC 4716 Old Gettysburg Road Mechanicsburg, PA17055 26-3694972	Health Care	MO	NA	N/A							
St Anthony Mt Amb Surg Center LLC 1110 N Lee Oklahoma City, OK73103 73-1528341	Surgery Services	OK	NA	N/A							
Bone & Joint Hospital LLC 1111 N Dewey Oklahoma City, OK73103 76-0828314	Health Care	OK	NA	N/A							
B&J McBride Office Building LLC 1110 N Lee Oklahoma City, OK73103 73-1533449	MOB	OK	NA	N/A							
Bone & Joint Management Company LLC 1000 N Lee Oklahoma City, OK73102 36-4645813	Management	OK	NA	N/A							
WI Int Info Tech Telemedicine Sys L 1808 W Beltline Hwy Madison, WI53713 39-2016715	Med Inf Systems	WI	NA	RELATED	-7,879,706	5,795,836		No	0		No
Shared Imaging Services LLC 915 17th Street Prairie du Sac, WI53578 39-1971378	Diag Services	WI	NA	RELATED	392,961	1,539,971		No	0		No
St Clare Imaging Services LLC 707 Fourteenth St Baraboo, WI53913 20-0122365	Diag Services	WI	NA	RELATED	516,928	418,304		No	0		No
Meadow Ridge LLC 1700 Jefferson Baraboo, WI53913 39-1991403	Asst Living	WI	NA	RELATED	16,528	348,599		No	0		No
Dean Health Holdings LLC 1277 Deming Way Madison, WI53717 26-1594709	IT Services	WI	NA	RELATED	-1,568,122	21,719,268		No	0		No
Navitus Health Solutions LLC 999 Fourier Drive STE 301 Madison, WI53717 04-3608530	Drug Provider	WI	DEAN HLTH HOLD	N/A							
Mt Vernon Radiation Therapy Center LLC 477 N Lindbergh Blvd St Louis, MO63141 20-1382620	Radiation Therapy	IL	NA	N/A							
Sleep & Neurology Center of So IL LLC 477 N Lindbergh Blvd St Louis, MO63141 20-8468195	Diag Services	IL	NA	N/A							
SMHC Surgical Co-Mgmt Company LLC 100 St Marys Medical Plaza Jefferson City, MO65101 20-8929305	Management	MO	NA	N/A							
SMHC Cardio Co-Mgmt Company LLC 100 St Marys Medical Plaza Jefferson City, MO65101 20-8929381	Management	MO	NA	N/A							
SMHC Musculoskeletal Co-Mgmt Co LLC 100 St Marys Medical Plaza Jefferson City, MO65101 20-8929237	Management	MO	NA	N/A							
ChowSMGSI Office Building LLC 477 N Lindbergh Blvd St Louis, MO63141 37-1383861	MOB	MO	NA	N/A							
Center for Comp Cancer Care LLC 477 N Lindbergh Blvd St Louis, MO63141 20-1382727	MOB	IL	NA	N/A							
Classen Associates 1110 N Classen Blvd Oklahoma City, OK73103 73-1158158	MOB	OK	NA	N/A							
M&C Realty LLC 1603 Wentzville Parkway STE 121 Wentzville, MO63385 62-1851447	MOB	MO	NA	N/A							
Surgery Center at Midwest City LP 8121 National Ave Midwest City, OK73110 23-2697171	Surgery Services	OK	NA	N/A							
SSM Wellbridge Ctrs LLC 1700 Broadway STE 1900 Denver, CO80290 43-1794814	Fitness Center	MO	NA	N/A							
MIA at St Charles County LLC 1475 Kisker Road St Charles, MO63301 42-2125740	Diag Services	MO	NA	N/A							
Meadow Ridge Memory Care LLC 1700 Jefferson Baraboo, WI53913 20-3163929	Health Care	WI	NA	N/A							
SSM Berland-Eureka Imaging Services LLC 477 N Lindbergh Blvd St Louis, MO63141 20-5039552	Imaging Services	MO	NA	N/A							
HPI - OKC LLC 14024 Quail Pointe Drive Oklahoma City, OK73134 20-5144487	Health Care	OK	NA	N/A							
The Vascular Institute at DePaul LLC 12303 DePaul Drive Bridgeton, MO63044 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) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner? Yes	(j) General or Managing Partner? 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			

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Form **4797**

Department of the Treasury
Internal Revenue Service (99)

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return. ▶ See separate instructions.

OMB No 1545-0184

2009

Attachment Sequence No **27**

Name(s) shown on return
SSM Health Care of Wisconsin Inc

Identifying number
43-0688874

1	Enter the gross proceeds from sales or exchanges reported to you for 2009 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)	**1**	

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
VAR EQUIPMENT - SCH			1,500	353,621	357,655	-2,534

3	Gain, if any, from Form 4684, line 43	**3**	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	**4**	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	**5**	
6	Gain, if any, from line 32, from other than casualty or theft	**6**	
7	Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows	**7**	-2,534
	Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below		
8	Nonrecaptured net section 1231 losses from prior years (see instructions)	**8**	
9	Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	**9**	

Part II Ordinary Gains and Losses (see instructions)

10	Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less)		
11	Loss, if any, from line 7	**11**	(2,534)
12	Gain, if any, from line 7, or amount from line 8, if applicable	**12**	
13	Gain, if any, from line 31	**13**	40,927
14	Net gain or (loss) from Form 4684, lines 35 and 42a	**14**	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	**15**	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	**16**	
17	Combine lines 10 through 16	**17**	38,393
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below For individual returns, complete lines a and b below		
a	If the loss on line 11 includes a loss from Form 4684, line 39, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a " See instructions	**18a**	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, line 14	**18b**	

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)
A VAR EQUIPMENT - SMH		
B VAR EQUIPMENT - SCM		
C		
D		

These columns relate to the properties on lines 19A through 19D ▶		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** *See line 1 before completing*)	20	171,373	3,500		
21 Cost or other basis plus expense of sale . .	21	14,277,186	12,912		
22 Depreciation (or depletion) allowed or allowable	22	14,143,252	12,900		
23 Adjusted basis Subtract line 22 from line 21 .	23	133,934	12		
24 Total gain Subtract line 23 from line 20 . .	24	37,439	3,488		
25 **If section 1245 property:**					
a Depreciation allowed or allowable from line 22	25a	14,143,252	12,900		
b Enter the **smaller** of line 24 or 25a	25b	37,439	3,488		
26 **If section 1250 property:** If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291					
a Additional depreciation after 1975 (see instructions)	26a				
b Applicable percentage multiplied by the **smaller** of line 24 or line 26a (see instructions) . . .	26b				
c Subtract line 26a from line 24 If residential rental property **or** line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the **smaller** of line 26c or 26d . . .	26e				
f Sections 291 amount (corporations only) . .	26f				
g Add lines 26b, 26e, and 26f	26g				
27 **If section 1252 property:** Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)					
a Soil, water, and land clearing expenses . .	27a				
b Line 27a multiplied by applicable percentage (see instructions)	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 **If section 1254 property:**					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a				
b Enter the **smaller** of line 24 or 28a	28b				
29 **If section 1255 property:**					
a Applicable percentage of payments excluded from income under section 126 (see instructions) .	29a				
b Enter the **smaller** of line 24 or 29a (see instructions) .	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties Add property columns A through D, line 24	30	40,927
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b Enter here and on line 13 .	31	40,927
32	Subtract line 31 from line 30 Enter the portion from casualty or theft on Form 4684, line 37 Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years . .	33		
34	Recomputed depreciation (see instructions)	34		
35	Recapture amount Subtract line 34 from line 33 See the instructions for where to report . .	35		

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			
MANUEL MENDOZA MD PHYSICIAN	40 0					X		287,194	0	1,892
KIMBERLY JANE KURTZ ANESTHESIST	40 0					X		237,055	0	1,906
MARLENE PECHAN VP OF DEAN/ST MARY CARDIAC CTR	40 0					X		258,905	0	14,582

Additional Data

Software ID:
Software Version:
EIN: 43-0688874
Name: SSM Health Care of Wisconsin Inc

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			
MARY STARMANN HARRISON PRESIDENT & CEO	40.0	X		X				0	717,657	88,367
WILLIAM C SCHOENHARD FORMER VICE PRESIDENT	0.7	X		X				0	815,806	52,373
MICHELLE BEHNKE DIRECTOR	1.9	X						0	0	0
JIM EBBEN DIRECTOR	1.1	X						0	0	0
KATHRYN LILLEY MD DIRECTOR	1.9	X						0	0	0
DAVID SORBER MD DIRECTOR	1.9	X						0	0	0
TRACEY COTTER MD DIRECTOR	1.9	X						0	0	0
FRANK BYRNE MD DIRECTOR/HOSPITAL PRESIDENT	40.0	X						0	567,316	68,201
SANDRA ANDERSON DIRECTOR/HOSPITAL PRESIDENT	40.0	X						0	298,512	37,731
KARNA HANNA DIRECTOR	0.7	X						0	0	0
MARK MEIER MD DIRECTOR	1.5	X						0	0	0
ANNETTE MILLER DIRECTOR	1.1	X						0	0	0
ALBERT MUSA DIRECTOR	2.3	X						0	0	0
KERRY SWANSON DIRECTOR/HOSPITAL PRESIDENT	40.0	X						0	288,200	0
WILLIAM P THOMPSON VICE PRESIDENT	1.1	X		X				0	805,223	113,006
SR MARY JEAN RYAN FSM CHAIRPERSON	1.5			X				0	0	0
LAURA BOWERS ASSIST SECRETARY	40.0			X				67,240	0	5,145
KRIS A ZIMMER TREASURER	0.0			X				0	695,885	99,041
JUNE L PICKETT SECRETARY	0.0			X				0	207,839	20,718
CHARLIE JOHNSON REGIONAL VP FINANCE	40.0				X			414,116	0	23,201
JON ROZENFELD EXECUTIVE VP/COO	40.0				X			297,393	0	29,374
JOHN BUTLER REG VP MEDICAL AFFAIRS/CMO	40.0				X			339,877	0	4,399
ALICE FACEY NURSING DIRECTOR	40.0				X			161,671	0	2,038
MARILYN BIROS REG VP STRATEGIC DEVELOPMENT	40.0					X		269,092	0	23,397
EDWARD BUENO MD PHYSICIAN	40.0					X		306,277	0	1,698

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BAD DEBTS	17,618,387	17,618,387		
TAXES & LICENSES	17,999,716	17,877,775	121,941	
BOND FEES	1,109,615	1,091,495	18,120	
DUES & SUBSCRIPTIONS	697,463	349,892	347,501	70
MISCELLANEOUS	1,590,619	1,465,029	125,590	