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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 St Louis

Doing Business As

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

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

D Employer identification number
43-1343281

E Telephone number
(314) 523-8700

G Gross receipts $ 1,051,139,007

F Name and address of principal officer
WILLIAM P THOMPSON
477 NORTH 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: ▶ HTTP //WWW SSMHC COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2000

M State of legal domicile MO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
SSM Health Care of St Louis operates six hospital and health centers and provides other related health care services in the greater St Louis, Missouri metropolitan area

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	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of employees (Part V, line 2a)	5	10,438
6	Total number of volunteers (estimate if necessary)	6	1,288
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	15,252,210
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-163,594

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,950,536	2,295,549
9	Program service revenue (Part VIII, line 2g)	944,316,094	1,005,695,149
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,988,160	16,373,341
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,810,825	18,741,411
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	962,089,295	1,043,105,450
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	107,002	183,589
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)	501,343,692	483,541,158
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 528,991		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	474,667,278	552,017,535
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	976,117,972	1,035,742,282
19	Revenue less expenses Subtract line 18 from line 12	-14,028,677	7,363,168

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	879,771,659	787,534,843
21	Total liabilities (Part X, line 26)	557,267,680	613,131,128
22	Net assets or fund balances Subtract line 21 from line 20	322,503,979	174,403,715

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 L 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 $ 959,573,716 including grants of $ 183,589) (Revenue $ 1,005,695,149)

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** ▶ $ 959,573,716

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*	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	Yes	
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**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**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**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
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	687		
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	10,438		
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 11		
b	Enter the number of voting members that are independent . .	1b 7		
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 ▶

KELLY THOMPSON
1195 CORPORATE LAKE DRIVE
ST LOUIS, MO 63132
(314) 989-3610

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 . . . . . ▶	5,508,907	7,334,246	1,117,871

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 ▶ 282

			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
ST LOUIS UNIVERSITY 1402 S GRAND ST LOUIS, MO 63104	MEDICAL SERVICES	7,579,113
CRITICAL CARE SERVICES INC 999 EXECUTIVE PARKWAY STE 320 ST LOUIS, MO 63141	PHYSICIAN STAFFING	1,692,000
GREENSFELDER HEMKER AND GALE PC 10 S BROADWAY 2000 EQUITABLE BLDG ST LOUIS, MO 631021747	LEGAL SERVICES	1,703,529
NORTHWEST ANESTHESIA LTD 12303 DEPAUL DRIVE BRIDGETON, MO 63044	MEDICAL SERVICES	1,490,360
METRO WEST ANESTHESIA PO BOX 31579 ST LOUIS, MO 63131	MEDICAL SERVICES	1,070,444
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 ▶ 42		

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	21,580			
	d	Related organizations	1d	1,817,641			
	e	Government grants (contributions)	1e	329,405			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	126,923			
	g	Noncash contributions included in lines 1a-1f $ 145,382					
	h	**Total.** Add lines 1a-1f		2,295,549			
			Business Code				
Program Service Revenue	2a	NET PATIENT REVENUE	621,110	986,917,271	986,917,271		
	b	OTHER OPERATING REVENUE	621,110	18,777,878	18,777,878		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		1,005,695,149			
	3	Investment income (including dividends, interest and other similar amounts)		0			
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	2,400,193				
	b	Less rental expenses	1,810,192				
	c	Rental income or (loss)	590,001				
	d	Net rental income or (loss)		590,001			590,001
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	187,611	21,943,609			
	b	Less cost or other basis and sales expenses	2,807,117	2,950,762			
	c	Gain or (loss)	-2,619,506	18,992,847			
	d	Net gain or (loss)		16,373,341			16,373,341
Other Revenue	8a	Gross income from fundraising events (not including $ 21,580 of contributions reported on line 1c) See Part IV, line 18	a 66,373				
	b	Less direct expenses	b 54,820				
	c	Net income or (loss) from fundraising events		11,553			11,553
	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 492,128				
	b	Less cost of goods sold	b 410,666				
	c	Net income or (loss) from sales of inventory		81,462			81,462
		Miscellaneous Revenue	Business Code				
	11a	PHARMACY REVENUE	446,110	9,200,292		9,200,292	
	b	PHYSICIAN CATH LAB	621,500	3,543,681		3,543,681	
	c	CAFETERIA/DIETARY	722,320	2,225,748		171,323	2,054,425
	d	All other revenue		3,088,674		2,336,914	751,760
	e	**Total.** Add lines 11a–11d		18,058,395			
	12	**Total revenue.** See Instructions		1,043,105,450	1,005,695,149	15,252,210	19,862,542

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	183,589	183,589		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,858,514		3,858,514	
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	383,785,156	375,097,226	8,687,930	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	22,205,207	21,587,478	617,729	
9	Other employee benefits	45,535,734	44,140,659	1,395,075	
10	Payroll taxes	28,156,547	27,256,345	900,202	
11	Fees for services (non-employees)				
a	Management	12,202,530	6,308,727	5,893,803	
b	Legal	2,189,229		2,189,229	
c	Accounting	379,969		379,969	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17*	0			
f	Investment management fees	0			
g	Other	115,230,825	109,526,226	5,393,613	310,986
12	Advertising and promotion	4,051,452		4,051,452	
13	Office expenses	206,668,704	199,860,302	6,664,804	143,598
14	Information technology	9,628,012	4,406,332	5,221,680	
15	Royalties	0			
16	Occupancy	28,587,740	20,223,041	8,364,544	155
17	Travel	1,842,986	1,040,357	751,159	51,470
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	440,865	224,349	212,078	4,438
20	Interest	15,979,752	15,958,931	20,821	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	47,487,954	42,153,981	5,323,024	10,949
23	Insurance	9,300,411	163,500	9,136,512	399
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	MEDICAID PROVIDER TAX	55,616,666	55,616,666		
b	BAD DEBTS	29,511,593	29,511,593		
c	RECRUITMENT/RELOCATION	3,995,689		3,995,689	
d	DUES & SUBSCRIPTIONS	1,753,276		1,753,276	
e	BOND FEES	652,155	304,505	340,654	6,996
f	All other expenses	6,497,727	6,009,909	487,818	
25	**Total functional expenses.** Add lines 1 through 24f	1,035,742,282	959,573,716	75,639,575	528,991
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			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		125,849,836	4	124,604,353
	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		3,640,316	7	4,437,422
	8	Inventories for sale or use		15,774,739	8	16,953,808
	9	Prepaid expenses and deferred charges		11,135,698	9	7,816,476
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,088,029,400			
	b	Less accumulated depreciation	10b 570,307,832	478,503,608	10c	517,721,568
	11	Investments—publicly traded securities		7,274,922	11	8,160,638
	12	Investments—other securities See Part IV, line 11		14,668,525	12	14,240,400
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		1,917,545	14	1,386,012
	15	Other assets See Part IV, line 11		221,006,470	15	92,214,166
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		879,771,659	16	787,534,843
Liabilities	17	Accounts payable and accrued expenses		79,521,488	17	87,160,461
	18	Grants payable			18	
	19	Deferred revenue		2,401,061	19	1,649,589
	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		475,345,131	25	524,321,078
	26	**Total liabilities.** Add lines 17 through 25		557,267,680	26	613,131,128
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		313,118,989	27	166,160,389
	28	Temporarily restricted net assets		7,002,513	28	5,748,218
	29	Permanently restricted net assets		2,382,477	29	2,495,108
		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		322,503,979	33	174,403,715
	34	Total liabilities and net assets/fund balances		879,771,659	34	787,534,843

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 St Louis

Employer identification number
43-1343281

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 St Louis	43-1343281

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)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		31,193
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			31,193
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?		No	

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, LINE 1	THE ORGANIZATION PROVIDED EDUCATION AND INFORMATION TO STATE LEGISLATORS CONCERNING THE ENTITIES REIMBURSEMENT UNDER THE MISSOURI 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 St Louis

Employer identification number
43-1343281

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	2,565,757	2,623,975			
b Contributions	163,187	3,000			
c Investment earnings or losses	44,663	-55,299			
d Grants or scholarships					
e Other expenditures for facilities and programs	138,576	5,919			
f Administrative expenses					
g End of year balance	2,635,031	2,565,757			

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

- a Board designated or quasi-endowment ▶ 3 800 %
- b Permanent endowment ▶ 1 500 %
- c Term endowment ▶ 94 700 %

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		34,962,616		34,962,616
b Buildings		644,568,238	311,631,880	332,936,358
c Leasehold improvements		11,296,977	5,970,619	5,326,358
d Equipment		367,900,238	252,705,333	115,194,905
e Other		29,301,331		29,301,331
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				517,721,568

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

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

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

(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
OTHER ASSETS	3,544,181
DUE FROM RELATED ENTITIES	88,624,813
EXECUTIVE LIFE INSURANCE	45,172
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	92,214,166

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
PAYABLE TO THIRD-PARTY PAYORS	2,833,703
DUE TO RELATED PARTIES	8,345,286
OTHER LIABILITIES	5,199,954
ARO LIABILITY	4,690,944
CASH OVERDRAFT	112,676,096
CAPITAL LEASES	33,069,912
PENSION FUNDING LIABILITY	33,004,240
ALLOCATED TAX EXEMPT DEBT	324,500,943
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	524,321,078

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

Additional Data

Software ID:
Software Version:
EIN: 43-1343281
Name: SSM Health Care of St Louis

Form 990, Schedule D, Part X, - Other Liabilities

1	**(a)** Description of Liability	**(b)** Amount
	PAYABLE TO THIRD-PARTY PAYORS	2,833,703
	DUE TO RELATED PARTIES	8,345,286
	OTHER LIABILITIES	5,199,954
	ARO LIABILITY	4,690,944
	CASH OVERDRAFT	112,676,096
	CAPITAL LEASES	33,069,912
	PENSION FUNDING LIABILITY	33,004,240
	ALLOCATED TAX EXEMPT DEBT	324,500,943

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
SSM Health Care of St Louis

Employer identification number
43-1343281

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	(iii) No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 JEWELRY SALE (event type)	(b) Event #2 UNIFORM SALE (event type)	(c) Other Events 3 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	36,721	20,223	31,009	87,953
	2 Less Charitable contributions	0	0	21,580	21,580
	3 Gross income (line 1 minus line 2)	36,721	20,223	9,429	66,373
Direct Expenses	4 Cash prizes	0	0	880	880
	5 Non-cash prizes	0	0	528	528
	6 Rent/facility costs	0	0	3,802	3,802
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	28,815	16,210	4,585	49,610
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				54,820
	11 Net income summary Combine lines 3, column d, and line 10 ▶				11,553

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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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 St Louis

Employer identification number
43-1343281

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)		46,981	38,014,022		38,014,022	3 270 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		59,891	182,725,509	203,661,911	-20,936,402	1 800 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs		106,872	220,739,531	203,661,911	17,077,620	1 470 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	65	32,241	800,526	44,729	755,797	0 070 %
f Health professions education (from Worksheet 5)	11	3,370	9,207,242		9,207,242	0 790 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)	13	20,554	384,710		384,710	0 030 %
j **Total** Other Benefits	89	56,165	10,392,478	44,729	10,347,749	0 890 %
k **Total.** Add lines 7d and 7j	89	163,037	231,132,009	203,706,640	27,425,369	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			116		116	
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building			106,714		106,714	0 010 %
7	Community health improvement advocacy			1,286		1,286	
8	Workforce development			233		233	
9	Other						
10	**Total**			108,349		108,349	0 010 %

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	13,762,456		
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	449,964		
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	293,044,464		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	308,056,197		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-15,011,733		
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	SSM SJ ENDOSCOPY CTR	OPERATE AN ENDOSCOPY CENTER	50 000 %	0 %	50 000 %
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)

See Additional Data Table

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

SSM HEALTH CARE OF ST LOUIS INCLUDES THE FOLLOWING OPERATING HOSPITALS - DEPAUL HEALTH CENTER - ST JOSEPH HEALTH CENTER - ST JOSEPH HEALTH CENTER - WENTZVILLE - ST JOSEPH HOSPITAL WEST - ST MARY'S HEALTH CENTER - ST CLARE HEALTH CENTER ALL HOSPITALS USE THE FEDERAL POVERTY GUIDELINES (FPG) TO DETERMINE ELIGIBILITY FOR PROVIDING FREE CARE TO LOW INCOME INDIVIDUALS 200% OF THE FPG IS USED AS THE FAMILY INCOME LIMIT FOR ELIGIBILITY FOR FREE CARE SCHEDULE H, PART I, QUESTION 3B ALL SSM HEALTH CARE OF ST LOUIS OPERATING HOSPITALS USE FEDERAL POVERTY GUIDELINES (FPG) TO DETERMINE ELIGIBILITY FOR PROVIDING DISCOUNTED CARE TO LOW INCOME INDIVIDUALS FOR ALL HOSPITALS THE APPLICABLE PERCENTAGE VARIES BASED ON HOW MUCH THE APPLICANT'S INCOME EXCEEDS FPG GUIDELINES THE FOLLOWING SCHEDULE IS USED TO DETERMINE ELIGIBILTY FOR PROVIDING DISCOUNTED CARE APPLICANT'S INCOME IS CHARITY CARE PERCENTAGE LESS THAN OR EQUAL TO 2 TIMES FPG 100% MORE THAN 2 TIMES, LESS THAN 2 5 TIMES FPG 80% MORE THAN 2 5 TIMES, LESS THAN 3 TIMES FPG 60% MORE THAN 3 TIMES, LESS THAN 3 5 TIMES FPG 40% MORE THAN 3 5 TIMES, LESS THAN 4 TIMES FPG 20% 4 OR MORE TIMES FPG 0%

THE ORGANIZATION HAD BAD DEBT EXPENSE IN THE AMOUNT OF $29,511,593 REPORTED ON PART IX, LINE 24B, HOWEVER, IT HAS BEEN SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN AS WELL AS CALCULATING THE PERCENTAGE IN PART II, COLUMN F

THE COSTS REPORTED IN THE TABLE IN PART 1, 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, THE 2009 BAD DEBT EXPENSE REPORTED IN THE 2009 ANNUAL LICENSING SURVEY OF MISSOURI HOSPITALS WAS MULTIPLIED BY THE COST TO CHARGE RATIO CALCULATED IN SECTION 2A OF SCHEDULE H FOR LINE 3, SSM HEALTH CARE OF ST LOUIS APPLIED THE SAME COST TO CHARGE RATIO TO BAD DEBT

REPORTING OF COST IS CONSISTENT WITH THE MISSOURI HOSPITAL ASSOCIATION COMMUNITY INVESTMENT REPORT SURVEY METHODOLOGY CURRENTLY, ONLY 2008 COST IS AVAILABLE

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

1 SSM ENTITY PATIENT DEMOGRAPHIC DATA (AS PROVIDED BY STRATEGIC PLANNING DEPARTMENTS) 2 LOCAL UNIVERSITY DEPARTMENTS OF PUBLIC HEALTH 3 COMMUNITY AGENCIES (I E , UNITED WAY, AMERICAN HEART ASSOCIATION, ETC) 4 STATE/LOCAL HEALTH DEPARTMENTS

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

EACH ENTITY PROVIDING MEDICAL SERVICES SHALL PROVIDE INFORMATION TO THE PUBLIC REGARDING ITS CHARITY CARE POLICIES AND THE QUALIFICATION REQUIREMENTS FOR EACH OF ITS FACILITIES WHEN STANDARD SYSTEM NOTICES AND COMMUNICATIONS REGARDING CHARITY CARE ARE AVAILABLE, THESE MUST BE USED MODIFICATIONS TO THE STANDARD MAY BE MADE TO COMPLY WITH STATE AND LOCAL LAWS, AS WELL AS REFLECT CULTURALLY SENSITIVE TERMINOLOGY FOR THE POLICY ALL NOTICES SHOULD BE EASY TO UNDERSTAND BY THE GENERAL PUBLIC, CULTURALLY APPROPRIATE AND AVAILABLE IN THOSE LANGUAGES THAT ARE PREVALENT IN THE COMMUNITY THEY SHOULD PROVIDE INFORMATION ABOUT - THE PATIENT'S RESPONSIBILITY FOR PAYMENT, - THE AVAILABILITY OF FINANCIAL ASSISTANCE FROM PUBLIC PROGRAMS AND ENTITY CHARITY CARE AND PAYMENT ARRANGEMENTS, - THE ENTITY'S CHARITY POLICY AND APPLICATION PROCESS, AND - WHOM TO CONTACT TO GET ADDITIONAL INFORMATION OR FINANCIAL COUNSELING THE FOLLOWING TYPES OF NOTICES TO THE PUBLIC SHALL BE PROVIDED - SIGNS IN THE EMERGENCY DEPARTMENT, OUTPATIENT AND INPATIENT REGISTRATION AND PUBLIC WAITING AREAS - BROCHURES OR FLIERS PROVIDED AT TIME OF REGISTRATION AND AVAILABLE IN THE FINANCIAL COUNSELING AREAS - NOTICES SENT WITH OR ON PATIENT BILLS OR COMMUNICATIONS SENT TO PATIENTS AND GUARANTORS RELATED TO MEDICAL SERVICES - APPLICATIONS PROVIDED TO UNINSURED PATIENTS AT THE TIME OF REGISTRATION

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

SSM HEALTH CARE OF ST LOUIS SERVES THE GREATER ST LOUIS AREA AND SURROUNDING COUNTIES THROUGH ITS PARTNERSHIP WITH OTHER NOT-FOR-PROFIT ORGANIZATIONS

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

Additional Data

Software ID:
Software Version:
EIN: 43-1343281
Name: SSM Health Care of St Louis

Form 990 Schedule H, Part V - Facility Informaiton

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)
Depaul Health Center 12303 DePaul Drive ST LOUIS, MO 63044	X	X					X		
St Joseph Health Care 300 First Capitol Drive ST CHARLES, MO 63301	X	X					X		
St Joseph Health Center - Wentzville 500 Medical Drive WENTZVILLE, MO 63385	X						X		
St Joseph Surgery Center 1475 Kisker Road ST CHARLES, MO 63304		X							
SSM St Joseph Hospital West 100 Medical Plaza LAKE ST LOUIS, MO 63367	X	X					X		
St Mary's Health Center 6420 Clayton Road ST LOUIS, MO 63117	X	X		X			X		
SSM Rehab 300 First Capitol Drive St Charles, MO 63301									Rehabilitation Clinic
SSM Rehab 100 Medical Plaza Lake St Louis, MO 63367									Rehabilitation Clinic
SSM Rehab 525 Couch Avenue Kirkwood, MO 63122									Rehabilitation Clinic
SSM Rehab 12303 DePaul Drive Bridgeton, MO 63044									Rehabilitation Clinic
SSM Rehab 500 Medical Drive Wentzville, MO 63385									Rehabilitation Clinic
SSM Rehab 1 Village Square Drive Hazelwood, MO 63042									Rehabilitation Clinic
SSM Rehab 4 Arnold Park Mall Arnold, MO 63010									Physical Therapy Center
SSM Rehab 1551 Wall Street St Charles, MO 63301									Physical Therapy Center
SSM Rehab 201 South Kirkwood Kirkwood, MO 63122									Physical Therapy Center
SSM Rehab 2730 W Osage Pacific, MO 63069									Physical Therapy Center
SSM Rehab 511 Ashland Warrenton, MO 63069									Physical Therapy Center
SSM Rehab 1704 Broadway St Louis, MO 63104									Physical Therapy Center
SSM Rehab 8793 Watson Road St Louis, MO 63119									Physical Therapy Center
SSM Rehab 1475 Kisker Road St Charles, MO 63304									Physical Therapy Center
SSM Rehab 6555 Chippewa Suite 150 St Louis, MO 63109									Physical Therapy Center
SSM Rehab 3789 New Town Blvd St Charles, MO 63301									Physical Therapy Center
SSM Rehab 600 Medical Dr ste 109 Wentzville, MO 63385									Physical Therapy Center
SSM Rehab 100 Brevco Plaza Ste 106 Lake St Louis, MO 63367									Rehabilitation Clinic
SSM Rehab 1027 Bellevue Suite 15 St Louis, MO 63117									Physical Therapy Center
SSM Rehab 2 Harbor Bend Court Lake St Louis, MO 63367									Physical Therapy Center
SSM Rehab 400 1st Capitol Dr Ste 101 St Charles, MO 63301									Physical Therapy Center
SSM Rehab 20 The Legends Pkwy Suite 130 Eureka, MO 63025									Physical Therapy Center
SSM Rehab 300 St Peters Center Blvd Ste 150 St Peters, MO 63376									Workhealth / Occupational Therapy
SSM Rehab 2321B McCausland St Louis, MO 63143									Workhealth / Occupational Therapy
SSM Rehab 7421 Highway N Suite B Dardenne Prairie, MO 63368									Physical Therapy Center
SSM Rehab 12266 DePaul Drive Suite 115 Bridgeton, MO 63044									Physical Therapy Center
St Clare Health Center 1015 Bowles Avenue Fenton, MO 63026	X	X					X		
St Joseph Medical Park 1475 Kisker Road St Charles, MO 63304									Outpatient Procedure for Radiation Oncol, Radiology/Imaging

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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 St Louis

Employer identification number
43-1343281

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
ST JOSEPH HCHW FOUNDATION300 FIRST CAPITAL DR ST CHARLES,MO 63301	431591556	501(c)(3)	36,985				To Fund Health Care
MISSOURI HOSPITAL ASSOCIATION (POISON CONTROL)1465 S GRAND BLVD ST LOUIS,MO 63104	430738490	501(c)(3)	30,103				GENERAL SUPPORT
OPERATION FOOD SEARCH 6282 OLIVE BLVD UNIVERSITY CITY,MO 63130	431241854	501(c)(3)		67,584	FMV	FOOD	GENERAL SUPPORT
OUR LADY OF PERPETUAL HELP4335 WARNE AVE ST LOUIS,MO 63107	680662503	501(c)(3)		6,574	FMV	VARIOUS EQUIPMENT	GENERAL SUPPORT
FRANCISCAN SISTERS OF MARY1100 BELLEVUE AVE ST LOUIS,MO 63117	431012492	501(c)(3)		6,574	FMV	VARIOUS EQUIPMENT	GENERAL SUPPORT
VOLUNTEERS IN MEDICINE INCWESTBURY DRIVE ST CHARLES,MO 63301	431791543	501(c)(3)		8,610	FMV	VARIOUS EQUIPMENT	GENERAL SUPPORT
ST LOUIS CRISIS NURSERY 11710 ADMINISTRATION DR ST LOUIS,MO 63146	431410297	501(c)(3)		23,160	FMV	VARIOUS EQUIPMENT	GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 7

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

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

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 FOR MONITORING GRANTS	Parts II	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

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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 St Louis

Employer identification number
43-1343281

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
TAX INDEMNIFICATION AND GROSS UP PAYMENTS	SCHEDULE J, PART I, QUESTION 1	THE FOLLOWING INDIVIDUALS LISTED ON SCHEDULE J, PART II RECEIVED A TAX INDEMNIFICATION PAYMENT / GROSS UP PAYMENT IN 2009 THESE PAYMENTS ARE INCLUDED IN THEIR TAXABLE COMPENSATION MARY SUE EMBERTSON KEVIN TODD JOHNSON LYNN F LENKER RICHARD B WHITE DEBORAH G WALKENHORST
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 INDIVIDUALS LISTED ON PART VII OF THE FORM 990 RECEIVED DISTRIBUTIONS FROM THIS PLAN IN 2009 ALL DISTRIBUTIONS RECEIVED FROM THE PLAN IN THE CURRENT YEAR WERE INCLUDED IN THE INDIVIDUALS' TAXABLE COMPENSATION 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 MARY SUE EMBERTSON KEVIN TODD JOHNSON LYNN F LENKER RICHARD B WHITE DEBORAH G WALKENHORST WILLIAM THOMPSON JAMES SANGER KRIS ZIMMER MARGARET M FOWLER WILLIAM L HOLCOMB STEVEN JOHNSON GASPARE CALVARUSO PATRICE KOMOROSKI WILLIAM JENNINGS SHERRY HAUSMANN CAPITAL ACCUMULATION PLAN SSMHC PROVIDES THIS SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN TO EXECUTIVE-LEVEL EMPLOYEES THE ORGANIZATION CONTRIBUTES A PERCENTAGE OF THE EMPLOYEE'S BASE SALARY INTO THEIR CHOICE OF A SELECT LIST OF INVESTMENTS THE DEPOSITS AND EARNINGS OF THE PLAN ARE OWNED BY SSMHC AND ARE TAX-DEFERRED UNTIL A DISTRIBUTION IS MADE TO THE EMPLOYEE IN ADDITION, THE PLAN HAS SPECIAL TRUST SAFEGUARDS IN PLACE TO PROTECT THE FUNDS FROM CONTINGENCIES, OTHER THAN INSOLVENCY FOR CONTRIBUTIONS MADE TO THE PLAN PRIOR TO 2008, THE DISTRIBUTION DATE WILL BE THE EARLIEST OF THE FOLLOWING EVENTS (1) A ELECTION TO TAKE A DISTRIBUTION BY AN EMPLOYEE, (2) EMPLOYEE DEATH, (3) TERMINATION OF EMPLOYMENT DUE TO DISABILITY, (4) THE EMPLOYEE'S POSITION IS ELIMINATED, (5) INVOLUNTARY TERMINATION OF EMPLOYMENT WITHOUT CAUSE, OR (6) ANY OTHER TERMINATION OF EMPLOYMENT EXCEPT TERMINATION WITH CAUSE FOR CONTRIBUTIONS MADE TO THE PLAN IN 2008 OR AFTER, THE DISTRIBUTION WILL OCCUR AFTER THE COMPLETION OF TWO PLAN YEARS FOR ALL EXECUTIVES THAT ARE STILL ACTIVELY EMPLOYED ON THE DISTRIBUTION DATE ANY ACTIVE PARTICIPANT 65 YEARS OLD OR OLDER WILL RECEIVE THE CONTRIBUTION IN THE CURRENT YEAR THE FOLLOWING INDIVIDUALS LISTED ON PART VII OF THE FORM 990 RECEIVED DISTRIBUTIONS FROM THIS PLAN IN 2009 ALL DISTRIBUTIONS RECEIVED FROM THE PLAN IN THE CURRENT YEAR WERE INCLUDED IN THE INDIVIDUALS' TAXABLE COMPENSATION RICHARD B WHITE $ 34,139 KRIS ZIMMER $ 42,286 MARGARET M FOWLER $ 9,046 PATRICE KOMOROSKI $ 19,487 JUNE PICKETT $ 5,811 VERNA S MEACHAM $ 8,392 SHERLYN HAILSTONE $ 15,996 THE FOLLOWING INDIVIDUALS LISTED ON PART VII OF THE FORM 990 PARTICIPATED IN THE PLAN BUT DID NOT RECEIVE ANY DISTRIBUTIONS DURING 2009 MARY SUE EMBERTSON KEVIN TODD JOHNSON LYNN F LENKER DEBORAH G WALKENHORST WILLIAM THOMPSON JAMES SANGER WILLIAM SCHOENHARD STEVEN JOHNSON GASPARE CALVARUSO WILLIAM JENNINGS SHERRY HAUSMANN LEE A BERNSTEIN LORRAINE MAE YEHLEN SHARON R DUDLEY MICHAEL RAY HANDLER VICTORIA A HORST
SEVERANCE PAYMENTS	SCHEDULE J, PART I, QUESTION 4A	THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT FROM SSM HEALTH CARE THESE PAYMENTS ARE INCLUDED IN THEIR TAXABLE COMPENSATION WILLIAM SCHOENHARD $ 112,000 VERNA S MEACHAM $ 212,308

Additional Data Return to Form

Software ID:
Software Version:
EIN: 43-1343281
Name: SSM Health Care of St Louis

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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other 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
James M Sanger	(I)	0	0	0	0	0	0	0
	(II)	644,321	0	141,794	80,881	15,120	882,116	0
William C Schoenhard	(I)	0	0	0	0	0	0	0
	(II)	470,579	0	345,226	34,974	17,399	868,178	0
Kris Zimmer	(I)	0	0	0	0	0	0	0
	(II)	605,037	0	90,848	75,691	23,350	794,926	0
June Pickett	(I)	0	0	0	0	0	0	0
	(II)	184,185	0	23,654	8,436	12,282	228,557	0
Steven Johnson	(I)	0	0	0	0	0	0	0
	(II)	482,576	0	106,261	57,651	18,724	665,212	0
William Jennings	(I)	0	0	0	0	0	0	0
	(II)	392,501	0	36,263	50,732	21,048	500,544	0
Gaspare Calvaruso	(I)	0	0	0	0	0	0	0
	(II)	352,990	0	217,386	45,442	17,874	633,692	0
Patrice Komoroski	(I)	0	0	0	0	0	0	0
	(II)	352,029	0	85,011	46,075	7,017	490,132	0
Sherry Hausmann	(I)	0	0	0	0	0	0	0
	(II)	285,736	0	38,182	38,500	16,366	378,784	0
Sharon Dudley	(I)	263,115	0	44,892	13,558	3,648	325,213	0
	(II)	0	0	0	0	0	0	0
Lee Bernstein	(I)	249,165	0	20,680	14,715	4,855	289,415	0
	(II)	0	0	0	0	0	0	0
Mary Sue Embertson	(I)	418,482	0	92,184	0	3,117	513,783	0
	(II)	0	0	0	0	0	0	0
James Scott	(I)	447,760	264,578	1,414	36,898	30,840	781,490	0
	(II)	0	0	0	0	0	0	0
Deborah G Walkenhorst	(I)	271,634	0	30,585	0	3,535	305,754	0
	(II)	0	0	0	0	0	0	0
Lynn F Lenker	(I)	297,157	0	38,688	0	9,488	345,333	0
	(II)	0	0	0	0	0	0	0
Kevin Todd Johnson	(I)	401,118	0	52,700	0	6,750	460,568	0
	(II)	0	0	0	0	0	0	0
Richard B White	(I)	268,171	0	53,013	0	6,650	327,834	0
	(II)	0	0	0	0	0	0	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
Margaret M Fowler	(I)	231,393	0	33,748	13,991	6,682	285,814	0
	(II)	0	0	0	0	0	0	0
Andrew L Karanas	(I)	371,525	28,270	877	20,025	3,535	424,232	0
	(II)	0	0	0	0	0	0	0
Lorraine Mae Yehlen	(I)	226,247	0	11,075	12,517	4,056	253,895	0
	(II)	0	0	0	0	0	0	0
Hagop M Tabakian	(I)	360,342	0	4,902	16,965	3,216	385,425	0
	(II)	0	0	0	0	0	0	0
Michael Ray Handler	(I)	259,537	0	9,343	14,692	6,827	290,399	0
	(II)	0	0	0	0	0	0	0
Verna S Meacham	(I)	25,463	0	252,587	2,344	1,878	282,272	0
	(II)	0	0	0	0	0	0	0
Dale R Yingling	(I)	406,875	0	1,351	19,746	3,587	431,559	0
	(II)	0	0	0	0	0	0	0
Victoria A Horst	(I)	0	0	0	0	0	0	0
	(II)	173,683	0	26,967	9,663	3,964	214,277	0
Sherlyn Hailstone	(I)	0	0	0	0	0	0	0
	(II)	460,282	0	68,792	20,038	12,148	561,260	0
William L Holcomb	(I)	0	0	0	0	0	0	0
	(II)	390,834	35,800	66,527	30,149	1,745	525,055	0
ROBERT PORTER	(I)	0	0	0	0	0	0	0
	(II)	356,899	0	94,660	46,160	17,519	515,238	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **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 St Louis

Employer identification number
43-1343281

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	**(a)** Name of disqualified person	**(b)** Description of transaction	**(c)** Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	**(b)** Loan to or from the organization? To	From	**(c)** Original principal amount	**(d)** Balance due	**(e)** In default? Yes	No	**(f)** Approved by board or committee? Yes	No	**(g)** Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues? Yes	No
MISSOURI CANCER CARE	S CORP >5% DIRECTOR OWNED	514,610	MEDICAL SERVICES		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▸Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▸ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SSM Health Care of St Louis

Employer identification number
43-1343281

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (DONOR RECOGNITION WALL)	X	1	33,609	FMV
26	Other ▸ (FALLING LEAVES SCULPTURE)	X	1	35,900	FMV
27	Other ▸ (EMERG PREPAREDNESS EQUIPMENT)	X	4	65,924	FMV
28	Other ▸ (EMERG PREPAREDNESS EQUIPMENT)	X	2	9,949	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 |

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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 St Louis

Employer identification number
43-1343281

Identifier	Return Reference	Explanation
LISTING OF INCLUDED DIVISIONS	FORM 990	ENTITY NAME FEIN SSM CARE MANAGEMENT 43-1343281 SSM NETWORK STL 43-1343281 ST CLARE HEALTH CENTER 43-1343281 ST MARY'S HEALTH CENTER - ST LOUIS 43-0652681 ST MARY'S HEALTH CENTER AUXILIARY 51-0235916 DEPAUL HEALTH CENTER 43-1704972 SSM REHABILITATION INSTITUTE 43-0652662 SSM REHABILITATION INSTITUTE AUXILIARY 43-1112095 ST JOSEPH HOSPITAL WEST 43-1417442 ST JOSEPH HEALTH CENTER 43-0652671 ST JOSEPH HEALTH CENTER AUXILIARY 51-0234274 ST JOSEPH SURGERY CENTER 43-1822767 ST JOSEPH MEDICAL PARK 43-1343281 DEPAUL MEDICAL STAFF 43-1092983 ST JOSEPH HEALTH CENTER WOMENTS & 43-1835246 CHILDRENS SERVICES CLINIC ST CLARE HEALTH CENTER MOB 43-1343281

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 St Louis 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 SSM Health Care of St Louis uses several approaches to understand the health care needs of our communities For example, our leaders serve on the Boards of two regional organizations that oversee the health care safety net for our region, the St Louis Regional Health Commission (RHC) and St Louis Connectcare The RHC is a collaborative effort of St Louis City, St Louis County, the state of Missouri, health providers, and community members to improve the health of uninsured and underinsured citizens in St Louis City and County St Louis Connectcare is the largest provider of specialty care to the medically underserved in St Louis City and County We participate in and utilize the community health assessments and related studies coordinated by the Regional Health Commission Each SSM hospital takes an active role in participating in community organizations and task forces which are focused on strengthening the community (i e regional economic development organizations, chamber of commerce) We participate in healthy community initiatives specific to the individual market areas that we serve For example, SSM St Joseph Health Center and SSM St Joseph Hospital West participated in a health needs assessment developed for St Charles County Each SSM hospital supports a Community Advisory Board that serves as a listening post for dialogue and ideas that are specific to health needs for each local market SSM service lines and clinical departments also conduct assessments to focus on specific community health needs Examples include Senior Services, Women's Health, Behavioral Medicine and Project Boost, a case management initiative at SSM St Mary's Health Center to improve support for patients post-discharge SSM Health Care of St Louis uses demographic, utilization and technology trends generated by the Health Care Advisory Board to size the market for both inpatient and outpatient health care needs for the immediate and long-term term We use this information to adjust capacity to meet future demand for health care services C Describe the corporation's financial assistance policies or programs (e g charity care, discounting) for low-income persons and how they are communicated to the public All SSMHC facilities will strive to provide exceptional health care services to all persons in need regardless of their ability to pay All billing and collection policies and practices will reflect the mission and values of SSMHC, including our special concern for people who are 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 - The patient's responsibility for payment, - The availability of financial assistance from public programs and entity charity care and payment arrangements, - The entity's charity policy and application process, and - Whom to contact to get additional information or financial counseling The following types of notices to the public shall be provided - Signs in the emergency department, outpatient and inpatient registration and public waiting areas - Brochures or fliers provided at time of registration and available in the financial counseling areas - Notices sent with or on patient bills or communications sent to patients and guarantors related to medical services - Applications provided to uninsured patients at the time of registration 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 - operate an emergency room that is open to all persons regardless of ability to pay, - have an open medical staff with privileges available to all qualified physicians in the area, - have a governing body in which independent persons representative of the community comprise a majority, - engage in the training and education of health care professionals, - participate in Medicaid, Medicare, CHAMPUS, Tricare, and/or other government-sponsored health care programs Description of Community Benefit Programs SSM Health Care St Louis provides many community building activities that promote the health of the communities we serve Listed are a sampling of these initiatives and their impact Parish Nurse Program Parish Nurses are SSM employees who do 100% of their work in their churches Parish nurses serve as health educator, health counselor, resource and referral person, and coordinator of health related services in their church They offer assistance to individuals in modifying life styles, adjusting to disease, and coping with chronic illness They provide emotional and spiritual support in times of anxiety, crisis, and terminal illness

2009 HOSPITAL COMMUNITY BENEFIT REPORT (CONTINUED) FORM 990, SUPPLEMENT TO PART III, LINE 4A Educational & Wellness Classes Healthy Living - a weight management program for adults, Look Good Feel Better - a free non-medical, brand-neutral national public service program to help women offset appearance-related changes from cancer treatment, Nutrition Consultation, Yoga and Tai Chi Classes Support Groups, for example Life After Breast Cancer, Tobacco Free For Life, Weekly Cancer Survivors Group, Monthly Cancer Caregivers Group, International Myeloma Foundation Group, Loss & Grief Collaboration with local non-profit organizations on a variety of issues from direct health related concerns to quality of life topics For example St Louis Crisis Nursery, March of Dimes, Hydrocephalus Foundation, Vision for Children at Risk, Mississippi Valley Regional Blood Bank, United Way, American Heart Association, American Diabetes Association, American Cancer Association, Child-Center Marygrove, St Charles County Youth in Need, Almost Home Participation in Community Organizations & Task Forces Each SSM Health Care St Louis entity takes an active role in participating in community organizations and task forces which are focused on strengthening the community, i e regional economic development organizations, chamber of commerces, serving as police department sub-stations Health Fairs & Medical Screenings Participate in a variety of Health Fairs and offer a variety of free medical screenings i e Susan G Komen/Show Me Healthy Women/ WISE - Women's Information and Screening Endeavor - free screening and diagnostic mammograms for underinsured and uninsured women aged 40 and older, community health fairs Speakers Bureau Physicians, nurses and other health care professionals affiliated with SSM Health Care are available to speak to businesses, schools, and civic organizations on a variety of health care topics Community Advisory Boards These boards are comprised of a diversity of community leaders We sponsor regular meetings to get feedback from the leaders and to share information to take to the community Car Seat Safety Program Monthly car seat safety checks and hands-on education for parents at no cost Car seats are given to parents who are unable to afford their own Heart Safe Community Program In collaboration with American Red Cross and other organizations Provide discounted equipment (e g AEDs), medical oversight, and ongoing training so that local businesses and organizations have the tools to respond quickly to sudden cardiac arrest Domestic Violence Several of the hospitals has a group of nurses, specially trained to deal with domestic violence and sexual assault cases, available through the Emergency Room The women in crisis not only have their medical needs addressed, but are also provided with referrals for other community resources, such as safe houses and community sponsored counseling Nursing schools affiliations Chamberlain College, Maryville University, Southern Illinois University - Edwardsville, St Louis University, University of Missouri - St Louis, Central Methodist University, East Central Community College, Lewis and Clark Community College, Lutheran School of Nursing, St Louis Community College at Florissant Valley, Forest Park and Meramec, St Charles Community College, Southwestern Illinois Community College and Pike Lincoln Tech Partnership with local EMS providers, providing medical directorship and protocols for care delivery and monthly education on various topics to enhance field knowledge Link to Additional Community Benefit Information Additional information regarding SSMHC's 2009 community benefit report can be found at www ssmhc com 2009 HOSPITAL COMMUNITY BENEFIT REPORT (CONT) FORM 990, SUPPLEMENT TO PART III, LINE 4A 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 $ 38,014,022 Unpaid Cost of Medicare $ 15,011,733 Unpaid Cost of Medicaid $(20,936,402) Cost of Bad Debt $ 13,762,456 Community Benefit Programs $ 10,559,698 - - - - - - Total Quantifiable Community Benefit $56,411,507 MEMBERS AND STOCKHOLDERS FORM 990, PART VI, SECTION A, LINE 6 THE SOLE CORPORATE MEMBER IS SSM HEALTH CARE CORPORATION MEMBERS AND STOCKHOLDERS FORM 990, PART VI, SECTION A, LINE 7A The member has the power to appoint and remove Board of Director members, with or without cause, except for those who serve Ex Officio MEMBERS AND STOCKHOLDERS FORM 990, PART VI, SECTION A, LINE 7B The member has the following powers (a) to establish and change the mission, philosophy and values of the Corporation, (b) to appoint additional, successor or replacement Members, (c) to appoint and remove the Appointed Directors and the Ex Officio Directors, (d) to appoint and remove the President of the Corporation and the chief executive officer of any operating division of the Corporation, (e) to approve amendments to the Articles of Incorporation of the Corporation as provided therein, (f) to approve amendments to the Bylaws of the Corporation, (g) to approve the merger, consolidation or dissolution of the Corporation, (h) to approve the formation of a Controlled Subsidiary or a Remotely Controlled Subsidiary, (i) to approve the sale of all or substantially all of the assets of the Corporation, (j) to approve the acquisition or disposition by the Corporation of another legal entity or an interest in another legal entity, (k) to authorize or approve the acquisition or disposition by the Corporation of real property or any interest in real property, (l) to establish centralized employee benefit, insurance, investment,financing, corporate responsibility, performance assessment and improvement and other operational and support programs, to require the participation of the Corporation in such programs, and to authorize the opening and closing of bank accounts and investment accounts in the name of the Corporation In connection with such programs, (m) to approve the strategic, financial and human resources plan of the Corporation, (n) to appoint the auditor and corporate counsel for the Corporation, (o) to authorize and approve borrowing money and entering into financial guaranties by the Corporation, including actions relating to the formation, joining, operation, withdrawal from and termination of a credit group or an obligated group and the granting of security interests in the property of the Corporation, (p) to require the Corporation to transfer assets, including but not limited to cash, to the Member or to any entity exempt from federal income tax as an organization described in 501(c)(3) of the Internal Revenue Code of 1986, as amended, or the corresponding provision of any future United States Internal Revenue Law, which is controlled by the Member, to the extent necessary to accomplish the mission, goals and objectives of the Member as determined by the Member, (q) to approve the transfer of assets by the Corporation to any entity other than the Member, other than transfers made in the ordinary course of operations of the Corporation which will not require Member approval, and (r) to determine the extent to which and the manner in which the powers described in this section which are reserved to the MembeR with respect to the Corporation are to be included in the governing documents of any Controlled Subsidiary, Remotely Controlled Subsidiary or Non-Controlled Subsidiary and exerciseD with respect to any Controlled Subsidiary, any Remotely Controlled Subsidiary or any Non-Controlled Subsidiary FORM 990 REVIEW PROCESS FORM 990, PART VI, SECTION B, QUESTION 11 ACCOUNTING/FINANCE PERSONNEL AT EACH SSMHC (SSM HEALTH CARE SYSTEM) ENTITY PREPARE A CHECKLIST CONTAINING INFORMATION AND SUPPORTING SCHEDULES THAT ARE USED TO PREPARE THE 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 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 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

Identifier	Return Reference	Explanation
COMPLIANCE WITH CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C	Board members are required to complete a conflict of interest disclosure statement annually, and it is usually done at the annual board meetings The chairpersons and secretaries to the boards oversee compliance with this requirement Employees with purchasing authority and/or ability to influence purchasing decisions are assigned the Conflict of Interest Disclosure Course (COI) which must be completed on line Periodically through the year, each entity's Corporate Responsibility Contact Person (with the help of the entity's Learning Management System Coordinator) sends Department managers a list of employees who have not yet completed their (COI) so they can remind the employees and ensure the employees have time in their schedule to complete the required course Resolution of any conflicts that are disclosed must be documented and kept on file at each entity Their supervisors verify required course completion prior to year end, often in conjunction with the performance review process

PROCESS FOR DETERMINING COMPENSATION FORM 990, PART VI, SECTION B, 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 ADDITIONAL 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 SSM HEALTH CARE DOES NOT MAKE THE CONFLICT OF INTEREST POLICY OR GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" 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 St Louis

Employer identification number
43-1343281

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
SSM ST JOSEPH SURGERY CENTER 477 NORTH LINDBERGH ST LOUIS, MO 63141 43-1822767	HEALTH CARE	MO	-1,046,771	0	NA

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.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
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		No
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	Yes	
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	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) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? 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: 43-1343281
Name: SSM Health Care of St Louis

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 Cardinal Glennon Children's Hospital 477 N Lindbergh Blvd St Louis, MO 63141 43-0738490	Health Care	MO	501(c)(3)	3	NA
Glennon Hospital Guild 477 N Lindbergh Blvd St Louis, MO 63141 43-1030299	Fundraising	MO	501(c)(3)	9	NA
Cardinal Glennon Children's Foundation 477 N Lindbergh Blvd St Louis, MO 63141 43-1754347	Fundraising	MO	501(c)(3)	7	NA
SSM DePaul Health Center Foundation 477 N Lindbergh Blvd St Louis, MO 63141 43-1776109	Fundraising	MO	501(c)(3)	7	NA
SSM Rehab Foundation 477 N Lindbergh Blvd St Louis, MO 63141 43-1544988	Fundraising	MO	501(c)(3)	7	NA
SSM St Joseph Foundation 477 N Lindbergh Blvd St Louis, MO 63141 43-1591556	Fundraising	MO	501(c)(3)	7	NA
St Clare Health Center Foundation 477 N Lindbergh Blvd St Louis, MO 63141 43-1273310	Fundraising	MO	501(c)(3)	7	NA
SSM St Mary's Health Center Foundation 477 N Lindbergh Blvd St Louis, MO 63141 43-1552945	Fundraising	MO	501(c)(3)	7	NA
SSM Health Care of Oklahoma Inc 477 N Lindbergh Blvd St Louis, MO 63141 73-0657693	Health Care	OK	501(c)(3)	3	NA
Lee Dewey Corporation 477 N Lindbergh Blvd St Louis, MO 63141 73-1279603	MOB	OK	501(c)(3)	11 - I	NA
St Anthony Hospital Foundation Inc 477 N Lindbergh Blvd St Louis, MO 63141 73-6104300	Fundraising	OK	501(c)(3)	7	NA
SSM Health Care of Wisconsin Inc 477 N Lindbergh Blvd St Louis, MO 63141 43-0688874	Health Care	WI	501(c)(3)	3	NA
Dells Medical Building Inc 477 N Lindbergh Blvd St Louis, MO 63141 39-1613292	MOB	WI	501(c)(2)	N/A	NA
St Mary's Hospital Auxiliary 477 N Lindbergh Blvd St Louis, MO 63141 23-7083559	Fundraising	WI	501(c)(3)	11 - III-FI	NA
St Mary's Foundation Inc 477 N Lindbergh Blvd St Louis, MO 63141 43-1940686	Fundraising	WI	501(c)(3)	7	NA
St Clare Health Care Foundation Inc 477 N Lindbergh Blvd St Louis, MO 63141 43-1940683	Fundraising	WI	501(c)(3)	7	NA
Home Health United Inc 4639 Hammersley Road Madison, WI 53713 39-1539827	Health Care	WI	501(c)(3)	9	NA
Home Care United Inc 4639 Hammersley Road Madison, WI 53713 39-1776340	Health Care	WI	501(c)(3)	9	NA
Hhu Xtra Care Inc 4639 Hammersley Road Madison, WI 53713 39-1705111	Health Care	WI	501(c)(3)	9	NA
SSM Regional Health Services 477 N Lindbergh Blvd St Louis, MO 63141 44-0579850	Health Care	MO	501(c)(3)	3	NA
St Francis Hospital Foundation 477 N Lindbergh Blvd St Louis, MO 63141 43-1099253	Fundraising	MO	501(c)(3)	7	NA
St Mary's Health Center Foundation 477 N Lindbergh Blvd St Louis, MO 63141 43-1575307	Fundraising	MO	501(c)(3)	11 - II	NA
Good Samaritan Regional Health Center 477 N Lindbergh Blvd St Louis, MO 63141 43-0653587	Health Care	IL	501(c)(3)	3	NA
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	Related	1,252,591	721,699		No	0	Yes	
SJHK Medicine Co-Management Co LLC 477 N Lindbergh Blvd St Louis, MO63141 26-1895667	Management	MO	NA	Related	23,999	0		No	0	Yes	
SSMCDI Imaging Centers LLC 5775 WAYZATA BLVD STE 400 ST LOUIS PARK, MN55416 26-3791858	Imaging Services	MO	NA	Related	-11,719	1,178,921		No	0	Yes	
SSM Select Rehab St Louis LLC 4716 Old Gettysburg Road Mechanicsburg, PA17055 26-3694972	Health Care	MO	NA	Related	-392,867	23,222,160		No	0	Yes	
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	N/A							
Shared Imaging Services LLC 915 17th Street Prairie du Sac, WI53578 39-1971378	Diag Services	WI	NA	N/A							
St Clare Imaging Services LLC 707 Fourteenth St Baraboo, WI53913 20-0122365	Diag Services	WI	NA	N/A							
Meadow Ridge LLC 1700 Jefferson Baraboo, WI53913 39-1991403	Asst Living	WI	NA	N/A							
Dean Health Holdings LLC 1277 Deming Way Madison, WI53717 26-1594709	IT Services	WI	NA	N/A							
Navitus Health Solutions LLC 999 Fourier Drive STE 301 Madison, WI53717 04-3608530	Drug Provider	WI	NA	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) No	(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner? Yes	(j) 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	497,683	1,957,151	100 000 %
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			

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	SSM EMPLOYEE HEALTH CARE FUND	Q	64,079,486
(2)	DEPAUL HEALTH CENTER FOUNDATION	C	558,119
(3)	DEPAUL HEALTH CENTER FOUNDATION	R	500,000
(4)	ST JOSEPH HCHW FOUNDATION	C	595,130
(5)	SSM CARDINAL GLENNON CHILDRENS HOSPITAL	O	6,260,951
(6)	SSM CARDINAL GLENNON CHILDRENS HOSPITAL	P	1,841,678
(7)	SSM REHAB FOUNDATION	P	173,596
(8)	ST CLARE FOUNDATION	C	330,325
(9)	ST MARY'S HEALTH CARE FOUNDATION	C	284,176

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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 St Louis

Identifying number
43-1343281

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)
2	See Additional Data Table						

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**	359,168
7	Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows	**7**	-1,108,841
	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**	(1,108,841)
12	Gain, if any, from line 7, or amount from line 8, if applicable	**12**	
13	Gain, if any, from line 31	**13**	8,888
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**	-1,099,953
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 EQUIP- SJHC		
B VAR EQUIP- NETWORK		
C VAR EQUIP- DEPAUL HC		
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	874,674	0	25,613	
21 Cost or other basis plus expense of sale . .	21	515,506	14,799	131,033	
22 Depreciation (or depletion) allowed or allowable	22		15,167	113,940	
23 Adjusted basis Subtract line 22 from line 21 .	23	515,506	-368	17,093	
24 Total gain Subtract line 23 from line 20 . .	24	359,168	368	8,520	
25 If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a		15,167	113,940	
b Enter the **smaller** of line 24 or 25a	25b		368	8,520	
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	368,056
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b Enter here and on line 13 .	31	8,888
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	359,168

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		

Additional Data

Software ID:
Software Version:
EIN: 43-1343281
Name: SSM Health Care of St Louis

Form 4797, Part I, Line 2 - 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:

(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) for entire year. Subtract (f) from the sum of (d) and (e)
VAR EQUIP- SSM REHAB			0	583,855	868,413	-284,558
VAR EQUIP- SJHW			0	11,153	11,153	0
VAR EQUIP- SCHC			43,322	34,273	154,873	-77,278
VAR EQUIP- SMHC			0		635,441	-635,441
VAR EQUIP- SJMP			0	33,402	37,046	-3,644
FIXED ASSETS- REHAB			907,200		1,374,288	-467,088

Additional Data

Software ID:
Software Version:
EIN: 43-1343281
Name: SSM Health Care of St Louis

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			
David G Cosby Director	23	X						0	0	0
Carolyn W Losos Director	12	X						0	0	0
Dan W Luedke MD Director	23	X						0	0	0
Brenda D Newberry Director	15	X						0	0	0
Rudolph W Nickens Jr Director	12	X						0	0	0
Robert W Wilmott MD Director	15	X						0	0	0
Thomas Cy Wong MD Director	23	X						0	0	0
Sr Mary Jean Ryan FSM Chairperson/DIRECTOR	19	X		X				0	0	0
James M Sanger Director/President	40 0	X		X				0	786,115	96,001
William C Schoenhard Vice President/DIRECTOR	15	X		X				0	815,805	52,373
William P Thompson Director/Vice President	07	X		X				0	805,223	113,006
James A Sandfort Director	15	X						0	0	0
Kris Zimmer Treasurer	15			X				0	695,885	99,041
June Pickett Secretary	15			X				0	207,839	20,718
Judy Gartland Assistant Secretary	40 0			X				70,036	0	11,802
Steven Johnson PRESIDENT/ COO - HOSPITAL OPS	40 0				X			0	588,837	76,375
William Jennings President, St Mary's HC	40 0				X			0	428,764	71,780
Gaspare Calvaruso President, St Joseph HC	40 0				X			0	570,376	63,316
Patrice Komoroski President, DePaul HC	40 0				X			0	437,040	53,092
Sherry Hausmann President, ST CLARE	40 0				X			0	323,918	54,866
Sharon Dudley Exec VP COO, South Operations	40 0				X			308,007	0	17,206
Lee Bernstein Exec VP COO, North Operations	40 0				X			269,845	0	19,570
Mary Sue Embertson Regional VP Finance/CFO	40 0				X			510,666	0	3,117
Deborah G Walkenhorst Reg VP, Human Resources	40 0				X			302,219	0	3,535
Lynn F Lenker Reg VP, Nursing	40 0				X			335,845	0	9,488

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			
Kevin Todd Johnson REG VP - Medical Affairs	40.0				X			453,818	0	6,750
Margaret M Fowler VP, Patient Care	40.0				X			265,141	0	20,673
Andrew L Karanas VP, Chief Medical Officer	40.0				X			400,672	0	23,560
Lorraine Mae Yehlen VP, Patient Care	40.0				X			237,322	0	16,573
Michael Ray Handler VP, Chief Medical Officer	40.0				X			268,880	0	21,519
Verna S Meacham Interim President	40.0				X			278,050	0	4,222
Victoria A Horst EVP, Rehab Operations	40.0				X			0	200,650	13,627
Sherlyn Hailstone President - CG	40.0				X			0	529,074	32,186
ROBERT PORTER PRESIDENT / PROGRAM & SERVICES	40.0				X			0	451,559	63,679
James Scott Physician	40.0					X		713,752	0	67,738
Richard B White Regional Medical Director/CPIC	40.0					X		321,184	0	6,650
Hagop M Tabakian Physician	40.0					X		365,244	0	20,181
Dale R Yingling Physician	40.0					X		408,226	0	23,333
William L Holcomb Physician	40.0					X		0	493,161	31,894

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
MEDICAID PROVIDER TAX	55,616,666	55,616,666		
BAD DEBTS	29,511,593	29,511,593		
RECRUITMENT/RELOCATION	3,995,689		3,995,689	
DUES & SUBSCRIPTIONS	1,753,276		1,753,276	
BOND FEES	652,155	304,505	340,654	6,996