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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 Corporation

Doing Business As

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

City or town, state or country, and ZIP + 4
St Louis, MO 63141

D Employer identification number
46-6029223

E Telephone number
(314) 523-8759

G Gross receipts $ 119,962,464

F Name and address of principal officer
WILLIAM THOMPSON
477 N LINDBERGH BLVD
ST LOUIS, MO 63141

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0928

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ HTTP //WWW SSMHC COM

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

L Year of formation 1874

M State of legal domicile MO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
The organization is the parent of the SSM Health Care System The organization provides management and centralized support services to the hospitals and other health care organizations within the system

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	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of employees (Part V, line 2a)	5	303
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	5,639,902
b	Net unrelated business taxable income from Form 990-T, line 34	7b	985,704

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	105,000	0
9	Program service revenue (Part VIII, line 2g)	41,746,244	46,768,765
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	41,375,662	27,884,102
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,444,943	6,190,089
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	85,671,849	80,842,956
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	33,222,863	42,396,728
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	80,772,739	62,107,068
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	113,995,602	104,503,796
19	Revenue less expenses Subtract line 18 from line 12	-28,323,753	-23,660,840
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	1,707,984,591	1,958,756,695
21	Total liabilities (Part X, line 26)	1,944,539,606	1,928,698,089
22	Net assets or fund balances Subtract line 21 from line 20	-236,555,015	30,058,606

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 $ 0 including grants of $ 0) (Revenue $ 41,128,863)

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** ▶ $ 0

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		No
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		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	289		
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	303		
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	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ 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 9		
b	Enter the number of voting members that are independent . .	1b 8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

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 ▶

THERESA KIPPER
12312 OLIVE BLVD SUITE 600
ST LOUIS, MO 63141
(314) 523-8759

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 . . . . . ▶	9,739,289	0	1,148,890

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 ▶ 81

			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
CATHOLIC HEALTHCARE AUDIT NETWORK 231 S BEMISTON ST LOUIS, MO 63105	INTRL AUDIT/ CONSULT	1,945,440
FRANCISCAN SISTERS OF MARY 1100 BELLEVUE AVE ST LOUIS, MO 63117	MANAGEMENT SERVICES	1,926,600
Lockton Companies LLC 3 City Place Drive Suite 900 ST LOUIS, MO 63141	Insurance	2,242,195
Alliant Insurance Company 5847 San Felipe Suite 2750 HOUSTON, TX 77057	Insurance	1,294,214
Premier Inc 5882 Collection Center Drive CHICAGO, IL 60693	Consulting	996,717
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 ▶ 39		

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	0			
Program Service Revenue		Business Code				
	2a	CORPORATE FEES	561,000	26,648,300	26,648,300	
	b	MANAGEMENT FEES	561,000	3,186,533	3,186,533	
	c	OTHER OPERATING REVENUE	519,100	16,933,932	11,294,030	5,639,902
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶		46,768,765		
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		66,948,681		66,948,681
	4	Income from investment of tax-exempt bond proceeds . . ▶		0		0
	5	Royalties . . . . . ▶		0		0
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 23,809 / 31,120				
	b	Less cost or other basis and sales expenses: 39,102,359 / 17,149				
	c	Gain or (loss): -39,078,550 / 13,971				
	d	Net gain or (loss) . . . . . ▶	-39,064,579			-39,064,579
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶	0			0
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶	0			0
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶	0			0
		Miscellaneous Revenue / Business Code				
	11a	OTHER INCOME 900,099	6,190,089			6,190,089
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	6,190,089			
	12	**Total revenue.** See Instructions . . . ▶	80,842,956	41,128,863	5,639,902	34,074,191

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	7,870,159	0	7,870,159	0
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	16,737,516		16,737,516	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14,973,843		14,973,843	
9 Other employee benefits	1,508,344		1,508,344	
10 Payroll taxes	1,306,866		1,306,866	
11 Fees for services (non-employees)				
a Management	0			
b Legal	572,780		572,780	
c Accounting	457,831		457,831	
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	5,936,350		5,936,350	
12 Advertising and promotion	27,737		27,737	
13 Office expenses	4,331,817		4,331,817	
14 Information technology	111,996		111,996	
15 Royalties	0			
16 Occupancy	1,106,022		1,106,022	
17 Travel	366,262		366,262	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	245,987		245,987	
20 Interest	40,633,148		40,633,148	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,048,216		1,048,216	
23 Insurance	18,962		18,962	
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 BOND EXPENSE	5,087,010		5,087,010	
b LOSS FROM EARLY EXT OF DEBT	910,344		910,344	
c DUES AND SUBSCRIPTIONS	548,243		548,243	
d LICENSES AND TAXES	492,317		492,317	
e OTHER EXPENSES	212,046		212,046	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	104,503,796	0	104,503,796	0
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		2,079,574	1	5,220,524
	2	Savings and temporary cash investments		3,613,983	2	5,184,819
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		3,959,193	4	4,195,920
	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		709,969,446	7	771,464,776
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		767,343	9	778,180
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 10,189,010			
	b	Less accumulated depreciation	10b 4,824,460	5,639,159	10c	5,364,550
	11	Investments—publicly traded securities		854,870,860	11	1,009,622,009
	12	Investments—other securities See Part IV, line 11		52,772,755	12	69,834,146
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		74,312,278	15	87,091,771
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,707,984,591	16	1,958,756,695
Liabilities	17	Accounts payable and accrued expenses		127,920,712	17	153,385,661
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		1,074,864,399	20	1,047,549,760
	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		58,059,252	24	53,437,409
	25	Other liabilities Complete Part X of Schedule D		683,695,243	25	674,325,259
	26	**Total liabilities.** Add lines 17 through 25		1,944,539,606	26	1,928,698,089
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		-236,577,639	27	30,032,515
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets		22,624	29	26,091
		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		-236,555,015	33	30,058,606
	34	Total liabilities and net assets/fund balances		1,707,984,591	34	1,958,756,695

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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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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 Corporation

Employer identification number
46-6029223

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

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?
See Additional Data Table									
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

Additional Data

Software ID:
Software Version:
EIN: 46-6029223
Name: SSM Health Care Corporation

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
SSM HEALTH CARE ST LOUIS	431343281	03	Yes						0
SSM CARDINAL GLENNON CHILDREN'S HOSPITAL	430738490	03	Yes						0
SSM HEALTH CARE OF WISCONSIN INC	430688874	03	Yes						0
SSM HEALTH CARE OF OKLAHOMA INC	730657693	03	Yes						0
SSM REGIONAL HEALTH SERVICES	440579850	03	Yes						0
GOOD SAMARITAN REGIONAL HEALTH CENTER	430653587	03	Yes						0
ST MARY'S HOSPITAL	370662580	03	Yes						0

Additional Data

Software ID:
Software Version:
EIN: 46-6029223
Name: SSM Health Care Corporation

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SR ROSE DOWLING FSM DIRECTOR & FORMER CHAIRPERSON	1.0	X		X				0	0	0
SR SUSAN SCHOLL FSM DIRECTOR	1.0	X						0	0	0
SR MARITA ANNE MARRAH FSM DIRECTOR	1.0	X						0	0	0
SR SANDRA JEAN SCHWARTZ FSM DIRECTOR	1.0	X						0	0	0
SR MARGARET MARY O'GORMAN FSM DIRECTOR	1.0	X						0	0	0
THOMAS M NOONAN DIRECTOR	1.0	X						0	0	0
JOHN MOTEN DIRECTOR	1.0	X						0	0	0
SR MARY JEAN RYAN FSM CHAIRPERSON & CEO	40.0	X		X				0	0	0
WILLIAM THOMPSON PRESIDENT & COO	40.0	X		X				805,223	0	113,006
WILLIAM C SCHOENHARD EXECUTIVE VP & COO	40.0			X				815,805	0	52,373
KRIS A ZIMMER TREAS & ASST SECR	40.0			X				695,884	0	99,041
JUNE L PICKETT SECRETARY	40.0			X				207,839	0	20,718
JAMES SANGER REGIONAL PRESIDENT	40.0				X			786,115	0	96,001
MARY STARMANN-HARRISON REGIONAL PRESIDENT	40.0				X			717,656	0	88,367
CHRISTOPHER HOWARD REGIONAL PRESIDENT	40.0				X			602,631	0	91,587
DIXIE PLATT SENIOR VP	40.0				X			521,399	0	71,227
PHILLIP GUSTAFSON REGIONAL PRESIDENT	40.0				X			521,121	0	25,396
STEVEN BARNEY SENIOR VP	40.0				X			507,160	0	35,230
THOMAS LANGSTON REGIONAL PRESIDENT	40.0				X			502,119	0	77,292
PAULA FRIEDMAN SENIOR VP	40.0				X			349,175	0	67,794
STEVEN JOHNSON REGIONAL PRESIDENT	40.0					X		588,837	0	76,375
GASPARE CALVARUSO HOSPITAL PRESIDENT	40.0					X		570,376	0	63,317
FRANK BYRNE HOSPITAL PRESIDENT	40.0					X		567,316	0	68,201
SHERILYN HAILSTONE HOSPITAL PRESIDENT	40.0					X		529,074	0	39,286
ROBERT PORTER REGIONAL VP	40.0					X		451,559	0	63,679

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
BOND EXPENSE	5,087,010		5,087,010	
LOSS FROM EARLY EXT OF DEBT	910,344		910,344	
DUES AND SUBSCRIPTIONS	548,243		548,243	
LICENSES AND TAXES	492,317		492,317	
OTHER EXPENSES	212,046		212,046	

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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 Corporation	46-6029223

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		27,617
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		81,719
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			109,336
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation

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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 Corporation

Employer identification number
46-6029223

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	22,624	22,624			
b Contributions					
c Investment earnings or losses	3,468				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	26,092	22,624			

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 100 000 %
- c Term endowment ▶ 0 %

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		

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				
b Buildings				
c Leasehold improvements		1,274,010	985,799	288,211
d Equipment		4,408,036	3,838,661	569,375
e Other		4,506,964		4,506,964
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				5,364,550

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
CAPITAL LEASE OBLIGATIONS	37,728,189
DEFERRED COMPENSATION	967,632
SWAPS MARK TO MARKET LIABILITY	44,070,997
RABBI TRUST LIABILITY	84,604,057
PENSION LIABILITY	506,928,319
OTHER LIABILITIES	26,065
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	674,325,259

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

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

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

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

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

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

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Schedule 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 Corporation

Employer identification number
46-6029223

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 INDEMNIFICATIONS / GROSS UP PAYMENTS	PART I, LINE 1(A)	THE FOLLOWING INDIVIDUALS THAT ARE LISTED ON SCHEDULE J PART II RECEIVED TAX INDEMNIFICATION / GROSS UP PAYMENTS IN 2009 THESE PAYMENTS WERE INCLUDED IN THEIR TAXABLE COMPENSATION GASPARE CALVARUSO WILLIAM THOMPSON WILLIAM SCHOENHARD KRIS ZIMMER JAMES SANGER MARY STARMANN-HARRISON CHRISTOPHER HOWARD DIXIE PLATT PHILLIP GUSTAFSON THOMAS LANGSTON PAULA FRIEDMAN STEVEN JOHNSON FRANK BYRNE ROBERT PORTER
HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	PART I, LINE 1(A)	THE FOLLOWING INDIVDUALS THAT ARE LISTED ON SCHEDULE J PART II RECEIVED HEALTH OR SOCIAL CLUB DUES IN 2009 THESE DUES WERE INCLUDED IN THEIR TAXABLE COMPENSATION WILLIAM SCHOENHARD JAMES SANGER MARY STARMANN-HARRISON CHRISTOPHER HOWARD GASPARE CALVARUSO PHILLIP GUSTAFSON STEVEN BARNEY STEVEN JOHNSON FRANK BYRNE ROBERT PORTER
SEVERANCE PAYMENT OR CHANGE OF CONTROL PAYMENT	PART I, LINE 4(a)	WILLIAM SCHOENHARD, WHO IS LISTED ON PART VII OF THE FORM 990, RECEIVED A SEVERANCE PAYMENT OF $112,000 IN 2009 THE PAYMENT WAS INCLUDED IN HIS TAXABLE COMPENSATION
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 Christopher Howard Dixie Platt Gaspare Calvaruso James Sanger Kris Zimmer Mary Starmann-Harrison Paula Friedman Steven Johnson Thomas Langston William Thompson Capital Accumulation Plan SSMHC provides this supplemental nonqualified retirement plan to executive-level employees The organization contributes a percentage of the employee's base salary into their choice of a select list of investments The deposits and earnings of the plan are owned by SSMHC and are tax-deferred until a distribution is made to the employee In addition, the plan has special trust safeguards in place to protect the funds from contingencies, other than insolvency For contributions made to the plan prior to 2008, the distribution date will be the earliest of the following events (1) a election to take a distribution by an employee, (2) employee death, (3) termination of employment due to disability, (4) the employee's position is eliminated, (5) involuntary termination of employment without cause, or (6) any other termination of employment except termination with cause For contributions made to the plan in 2008 or after, the distribution will occur after the completion of two plan years for all executives that are still actively employed on the distribution date Any active participant 65 years old or older will receive the contribution in the current year The following individuals listed on Part VII of the Form 990 received distributions from this plan in 2009 All distributions received from the plan in the current year were included in the individuals' taxable compensation Sheryln Hailstone $ 15,996 Christopher Howard $ 18,214 Dixie Platt $ 95,110 June Pickett $ 5,811 Kris Zimmer $ 42,286 The following individuals listed on Part VII of the Form 990 participated in the plan but did not receive any distributions during 2009 Gaspare Calvaruso James Sanger Mary Starmann-Harrison Paula Friedman Phillip Gustafson Steven Barney Steven Johnson Thomas Langston William Schoenhard William Thompson
HOUSING ALLOWANCE / RESIDENCE FOR PERSONAL USE	PART I, LINE 1(A)	THE FOLLOWING INDIVIDUAL THAT IS LISTED ON SCHEDULE J PART II RECEIVED A HOUSING ALLOWANCE IN 2009 THIS ALLOWANCE WAS INCLUDED IN HIS TAXABLE COMPENSATION GASPARE CALVARUSO

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 46-6029223
Name: SSM Health Care Corporation

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
WILLIAM THOMPSON	(I)	655,456	0	149,767	98,849	14,157	918,229	0
	(II)	0	0	0	0	0	0	0
WILLIAM C SCHOENHARD	(I)	470,580	0	345,225	34,974	17,399	868,178	0
	(II)	0	0	0	0	0	0	0
KRIS A ZIMMER	(I)	605,037	0	90,847	75,691	23,350	794,925	0
	(II)	0	0	0	0	0	0	0
JUNE L PICKETT	(I)	184,185	0	23,654	8,436	12,282	228,557	0
	(II)	0	0	0	0	0	0	0
JAMES SANGER	(I)	644,321	0	141,794	80,881	15,120	882,116	0
	(II)	0	0	0	0	0	0	0
MARY STARMANN-HARRISON	(I)	600,331	0	117,325	78,410	9,957	806,023	0
	(II)	0	0	0	0	0	0	0
CHRISTOPHER HOWARD	(I)	506,200	0	96,431	65,807	25,780	694,218	0
	(II)	0	0	0	0	0	0	0
DIXIE PLATT	(I)	366,177	0	155,222	49,373	21,854	592,626	0
	(II)	0	0	0	0	0	0	0
PHILLIP GUSTAFSON	(I)	458,959	0	62,162	0	25,396	546,517	0
	(II)	0	0	0	0	0	0	0
STEVEN BARNEY	(I)	446,685	0	60,475	18,102	17,128	542,390	0
	(II)	0	0	0	0	0	0	0
THOMAS LANGSTON	(I)	404,705	0	97,414	55,056	22,236	579,411	0
	(II)	0	0	0	0	0	0	0
PAULA FRIEDMAN	(I)	315,557	0	33,618	55,916	11,878	416,969	0
	(II)	0	0	0	0	0	0	0
STEVEN JOHNSON	(I)	482,576	0	106,261	57,651	18,724	665,212	0
	(II)	0	0	0	0	0	0	0
GASPARE CALVARUSO	(I)	352,990	0	217,386	45,443	17,874	633,693	0
	(II)	0	0	0	0	0	0	0
FRANK BYRNE	(I)	418,562	0	148,754	56,539	11,662	635,517	0
	(II)	0	0	0	0	0	0	0
SHERILYN HAILSTONE	(I)	460,282	0	68,792	20,038	19,248	568,360	0
	(II)	0	0	0	0	0	0	0
ROBERT PORTER	(I)	356,899	0	94,660	46,160	17,519	515,238	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SSM Health Care Corporation

Employer identification number
46-6029223

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	HEFA OF THE STATE OF MO HFRB (SSMHC) 2008A	46-6029223	60635R2Z9	05-15-2008	104,000,000	TO FINANCE/REFINANCE CAPITAL IMPRV		X		X
B	HEFA OF THE STATE OF MO HFRB (SSMHC) 2005A	46-6029223	60635RU70	08-01-2005	119,200,000	TO FINANCE/REFINANCE CAPITAL IMPRV		X		X
C	HEFA OF THE STATE OF MO HFRB (SSMHC) 2005B	46-6029223	60635RU96	08-01-2005	79,600,000	TO FINANCE/REFINANCE CAPITAL IMPRV		X		X
D	HEFA OF THE STATE OF MO HFRB (SSMHC) 2005C	46-6029223	60635RV53	08-01-2005	364,700,000	TO FINANCE/REFINANCE CAPITAL IMPRV		X		X
E	HEFA OF THE STATE OF MO HFRB (SSMHC) 2005D	46-6029223	60635RW29	08-01-2005	190,400,000	TO FINANCE/REFINANCE CAPITAL IMPRV		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	100,851,259	119,200,000	79,600,000	364,700,000	190,400,000
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows	23,330,000				23,330,000
4	Other unspent proceeds					
5	Issuance costs from proceeds	897,327	2,604,412	350,000	6,162,998	3,763,386
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	99,953,932	116,595,588	79,250,000	358,537,002	163,306,614
8	Year of substantial completion	2008	2008	2008	2008	2008

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?		X		X		X		X		X
10	Were the bonds issued as part of an advance refunding issue?		X	X		X		X		X	
11	Has the final allocation of proceeds been made?	X		X		X		X		X	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		X
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X		X		X
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X		X		X
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?		X	X			X	X		X	
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		X
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X		X		X		X
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X		X

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 Corporation

Employer identification number
46-6029223

Identifier	Return Reference	Explanation

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 CORPORATION 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'S CORPORATE OFFICE OVERSEES COMMUNITY BENEFIT REPORTING FOR THE ENTIRE SYSTEM THE CORPORATE OFFICE MANDATES THAT EVERY SSM FACILITY ASSESS THE UNMET HEALTH NEEDS OF ITS COMMUNITY AND ADDRESS THOSE NEEDS STRATEGICALLY EITHER THROUGH ITS OWN ACTIONS OR BY PARTNERING WITH OTHERS IN THE COMMUNITY 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 O THE PATIENT'S RESPONSIBILITY FOR PAYMENT, O THE AVAILABILITY OF FINANCIAL ASSISTANCE FROM PUBLIC PROGRAMS AND ENTITY CHARITY CARE AND PAYMENT ARRANGEMENTS, O THE ENTITY'S CHARITY POLICY AND APPLICATION PROCESS, AND O WHOM TO CONTACT TO GET ADDITIONAL INFORMATION OR FINANCIAL COUNSELING THE FOLLOWING TYPES OF NOTICES TO THE PUBLIC SHALL BE PROVIDED O SIGNS IN THE EMERGENCY DEPARTMENT, OUTPATIENT AND INPATIENT REGISTRATION AND PUBLIC WAITING AREAS O BROCHURES OR FLIERS PROVIDED AT TIME OF REGISTRATION AND AVAILABLE IN THE FINANCIAL COUNSELING AREAS O NOTICES SENT WITH OR ON PATIENT BILLS OR COMMUNICATIONS SENT TO PATIENTS AND GUARANTORS RELATED TO MEDICAL SERVICES O APPLICATIONS PROVIDED TO UNINSURED PATIENTS AT THE TIME OF REGISTRATION THE APPLICATION FOR CHARITY CARE, TOGETHER WITH ANY INSTRUCTIONS, MUST CLEARLY STATE THE POLICIES REGARDING CHARITY CARE, INCLUDING EXCLUDED SERVICES, ELIGIBILITY CRITERIA AND DOCUMENTATION REQUIREMENTS INFORMATION ABOUT THE ENTITY'S CHARITY POLICIES WILL ALSO BE PROVIDED TO PUBLIC AGENCIES 2 ORGANIZATIONAL DESCRIPTION FOR TAX EXEMPTION SSMHC HOSPITALS O OPERATE AN EMERGENCY ROOM THAT IS OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY, O HAVE AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA, O HAVE A GOVERNING BODY IN WHICH INDEPENDENT PERSONS REPRESENTATIVE OF THE COMMUNITY COMPRISE A MAJORITY, O ENGAGE IN THE TRAINING AND EDUCATION OF HEALTH CARE PROFESSIONALS, O PARTICIPATE IN MEDICAID, MEDICARE, CHAMPUS, TRICARE, AND/OR OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS 3 DESCRIPTION OF COMMUNITY BENEFIT PROGRAMS 1 STAFF MEMBERS PARTICIPATED WITH THE CENTER FOR HEALTH TRANSFORMATION, A HIGH-IMPACT COLLABORATION OF PRIVATE AND PUBLIC SECTOR LEADERS COMMITTED TO CREATING A 21ST CENTURY INTELLIGENT HEALTH SYSTEM THAT SAVE LIVES AND SAVES MONEY FOR ALL AMERICANS 2 STAFF MEMBERS CONTRIBUTED THEIR TIME TO THE ST LOUIS REGIONAL COMMERCE AND GROWTH ASSOCIATION, INCLUDING THEIR PUBLIC POLICY COMMITTEE THE ORGANIZATION UNITES THE ST LOUIS REGION'S BUSINESS COMMUNITY TO DEVELOP AND SUSTAIN A WORLD-CLASS ECONOMY AND COMMUNITY 3 STAFF MEMBERS CONTRIBUTED THEIR TIME TO ASSOCIATED INDUSTRIES OF MISSOURI, A GROUP THAT BELIEVES THAT THE TRANSPORTATION SYSTEM IN MISSOURI DEMANDS CONTINUING CARE AND ATTENTION BECAUSE IT IS VITAL TO THE STATE'S ECONOMIC WELFARE AND QUALITY OF LIFE 4 SSM'S CORPORATE OFFICE PARTICIPATED IN FOUR FOOD DRIVES IN 2009, THREE THAT BENEFITED OPERATION FOOD SEARCH AND ONE THAT BENEFITED THE ST LOUIS FOOD BANK THE FOOD DRIVES HELPED TO BRING FOOD TO MORE THAN 9,000 INDIVIDUALS IN NEED 4 LINK TO ADDITIONAL COMMUNITY BENEFIT INFORMATION ADDITIONAL INFORMATION REGARDING SSMHC'S 2009 COMMUNITY BENEFIT REPORT CAN BE FOUND AT WWW SSMHC COM SECTION 2 - QUANTIFIABLE COMMUNITY BENEFIT THIS SECTION INCLUDES A LIST OF THE TYPES OF PROGRAMS AND SERVICES THAT COULD BE INCLUDED AS COMMUNITY BENEFIT ACTIVITIES COMMUNITY BENEFIT PROGRAMS $ 74,293

MEMBERS AND STOCKHOLDERS PART VI, SECTION A, LINE 6 THE ORGANIZATION HAS ONE CLASS OF MEMBERS THESE MEMBERS CONSIST OF THE PRESIDENT AND COUNCILORS OF THE FRANCISCAN SISTERS OF MARY (4 INDIVIDUALS) THE VOTING RIGHTS, INTEREST AND PRIVILEGES OF EACH MEMBER IS EQUAL MEMBERS AND STOCKHOLDERS PART VI, SECTION A, LINE 7A THE MEMBERS HAVE THE POWER TO APPOINT AND REMOVE BOARD OF DIRECTOR MEMBERS, WITH OR WITHOUT CAUSE, EXCEPT FOR THOSE WHO SERVE EX OFFICIO MEMBERS AND STOCKHOLDERS PART VI, SECTION A, LINE 7B THE MEMBERS HAVE THE FOLLOWING POWERS (A) TO ESTABLISH AND CHANGE THE MISSION, PHILOSOPHY AND VALUES OF THE CORPORATION, (B) TO APPOINT THE BOARD OF DIRECTORS, EXCEPT FOR THOSE DIRECTORS WHO SERVE EX OFFICIO, AND TO REMOVE THE APPOINTED DIRECTORS WITH OR WITHOUT CAUSE, (C) TO APPROVE AMENDMENTS TO THE ARTICLES OF INCORPORATION OF THE CORPORATION AS PROVIDED THEREIN, (D) TO APPROVE AMENDMENTS TO THE BYLAWS OF THE CORPORATION, (E) TO APPROVE THE MERGER, CONSOLIDATION, OR DISSOLUTION OF THE CORPORATION, (F) TO APPROVE THE SALE, CONVEYANCE, ASSIGNMENT, TRANSFER, ALIENATION, PLEDGE, ENCUMBRANCE, MORTGAGE OR LEASE OF REAL PROPERTY OR ANY INTEREST THEREIN OF THE CORPORATION IN ACCORDANCE WITH POLICIES APPROVED BY THE MEMBERS FROM TIME TO TIME, (G) TO APPROVE ANY BORROWING OR GUARANTEES OF THE CORPORATION IN ACCORDANCE WITH POLICIES APPROVED BY THE MEMBERS FROM TIME TO TIME, AND (H) TO APPROVE ANY ACTIONS OF THE CORPORATION FOR ITSELF OR ITS CONTROLLED SUBSIDIARIES, REMOTELY CONTROLLED SUBSIDIARIES AND NON-CONTROLLED SUBSIDIARIES WHICH UNDER THE CODE OF CANON LAW WOULD REQUIRE THE CONSENT OR APPROVAL OF THE MEMBERS IN THEIR CAPACITY AS THE GOVERNANCE OF THE RELIGIOUS INSTITUTE, FRANCISCAN SISTERS OF MARY 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 FORM 990 THIS CHECKLIST IS THEN REVIEWED BY A SUPERVISOR/MANAGER AND SENT TO THE CORPORATE OFFICE FOR COORDINATION OF THE SYSTEM LEVEL FORM 990 INFORMATION THE INFORMATION IS THEN SUBMITTED TO AN OUTSIDE TAX CONSULTING FIRM WHO PREPARES THE FORMS 990 FROM THE SSMHC INFORMATION THE OUTSIDE PREPARER CONDUCTS AT LEAST TWO LEVELS OF REVIEW FOR EACH FORM 990 PRIOR TO FINALIZING THE RETURNS, A DRAFT IS SENT TO PERSONNEL AT SSMHC FOR REVIEW AND APPROVAL UPON SSMHC APPROVAL, THE OUTSIDE PREPARER FORWARDS THE COMPLETED FORMS 990 TO SSMHC FOR THE APPROPRIATE SIGNATURES AND FILING ACTION THE GOVERNING BODY RECEIVES A COPY OF THE FORM 990 AFTER THE DOCUMENT IS FILED THIS PROCESS IS USED BECAUSE OF THE TIMING OF THE BOARD MEETINGS COMPLIANCE WITH CONFLICT OF INTEREST POLICY FORM 990, PART VI, SECTION B, LINE 12C BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY, AND IT IS USUALLY DONE AT THE ANNUAL BOARD MEETINGS THE CHAIRPERSONS AND SECRETARIES TO THE BOARDS OVERSEE COMPLIANCE WITH THIS REQUIREMENT EMPLOYEES WITH PURCHASING AUTHORITY AND/OR ABILITY TO INFLUENCE PURCHASING DECISIONS ARE ASSIGNED THE CONFLICT OF INTEREST DISCLOSURE COURSE (COI) WHICH MUST BE COMPLETED ON LINE PERIODICALLY THROUGH THE YEAR, EACH ENTITY'S CORPORATE RESPONSIBILITY CONTACT PERSON (WITH THE HELP OF THE ENTITY'S LEARNING MANAGEMENT SYSTEM COORDINATOR) SENDS DEPARTMENT MANAGERS A LIST OF EMPLOYEES WHO HAVE NOT YET COMPLETED THEIR (COI) SO THEY CAN REMIND THE EMPLOYEES AND ENSURE THE EMPLOYEES HAVE TIME IN THEIR SCHEDULE TO COMPLETE THE REQUIRED COURSE RESOLUTION OF ANY CONFLICTS THAT ARE DISCLOSED MUST BE DOCUMENTED AND KEPT ON FILE AT EACH ENTITY THEIR SUPERVISORS VERIFY REQUIRED COURSE COMPLETION PRIOR TO YEAR END, OFTEN IN CONJUNCTION WITH THE PERFORMANCE REVIEW PROCESS PROCESS FOR DETERMINING COMPENSATION FORM 990, PART VI, SECTION B, 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) (2009 - SULLIVAN COTTLER & ASSOCIATES) 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

Identifier	Return Reference	Explanation
EXPLANATION OF SUPPORT	FORM 990, SCHEDULE A, PART I, LINE 11	SSM HEALTH CARE CORPORATION IS THE PARENT ORGANIZATION OF THE SSM HEALTH CARE SYSTEM THE ORGANIZATION PROVIDES MANAGEMENT AND CENTRALIZED SUPPORT SERVICES TO THE HOSPITALS AND OTHER HEALTH CARE ORGANIZATIONS WITHIN THE SSM HEALTH CARE SYSTEM THE ORGANIZATION ALSO OVERSEES THE COMMUNITY BENEFIT REPORTING FOR THE ENTIRE SSM HEALTH CARE SYSTEM AND MANDATES THAT EVERY SSM FACILITY ASSESS THE UNMET HEALTH NEEDS OF ITS COMMUNITY AND ADDRESS THOSE NEEDS STRATEGICALLY EITHER THROUGH ITS OWN ACTIONS OR BY PARTNERING WITH OTHERS IN THE COMMUNITY PLEASE SEE LINE 11H FOR A LIST OF SUPPORTED ORGANIZATIONS

LOBBYING ACTIVITIES SCHEDULE C, PART II-B, QUESTION 1 THE ORGANIZATION PROVIDED EDUCATION AND INFORMATION TO STATE LEGISLATORS CONCERNING THE ENTITY'S REIMBURSEMENT UNDER THE MISSOURI, ILLINOIS, WISCONSIN, AND OKLAHOMA MEDICAID PROGRAMS 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 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 Corporation

Employer identification number
46-6029223

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

See Additional Data Table

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

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

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

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

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

			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**		Yes	
b Gift, grant, or capital contribution to other organization(s)	**1b**			No
c Gift, grant, or capital contribution from other organization(s)	**1c**			No
d Loans or loan guarantees to or for other organization(s)	**1d**		Yes	
e Loans or loan guarantees by other organization(s)	**1e**			No
f Sale of assets to other organization(s)	**1f**			No
g Purchase of assets from other organization(s)	**1g**			No
h Exchange of assets	**1h**			No
i Lease of facilities, equipment, or other assets to other organization(s)	**1i**			No
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**			No
n Sharing of paid employees	**1n**		Yes	
o Reimbursement paid to other organization for expenses	**1o**			No
p Reimbursement paid by other organization for expenses	**1p**		Yes	
q Other transfer of cash or property to other organization(s)	**1q**		Yes	
r Other transfer of cash or property from other organization(s)	**1r**		Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) 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: 46-6029223
Name: SSM Health Care Corporation

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 Employee Health Care Fund 477 N Lindbergh Blvd St Louis, MO 63141 43-1328934	Benefit Plans	MO	501(c)(9)	N/A	NA
SSMHCS Liability Trust I 477 N Lindbergh Blvd St Louis, MO 63141 43-6331003	Insurance	MO	501(c)(3)	11 - I	NA
SSM Consolidated Health Services 477 N Lindbergh Blvd St Louis, MO 63141 43-1473657	Health Care	MO	501(c)(3)	11 - I	NA
SSM Policy Institute 477 N Lindbergh Blvd St Louis, MO 63141 43-1788151	Health Care	MO	501(c)(4)	N/A	NA
SSM Portfolio Management Co 477 N Lindbergh Blvd St Louis, MO 63141 43-1825256	Management	MO	501(c)(3)	11 - I	NA
SSM Health Care St Louis 477 N Lindbergh Blvd St Louis, MO 63141 43-1343281	Health Care	MO	501(c)(3)	3	NA
SSM Cardinal Glennon Children's Hospital 477 N Lindbergh Blvd St Louis, MO 63141 43-0738490	Health Care	MO	501(c)(3)	3	SSM HC STL
Glennon Hospital Guild 477 N Lindbergh Blvd St Louis, MO 63141 43-1030299	Fundraising	MO	501(c)(3)	9	SSM CG HOSP
Cardinal Glennon Children's Foundation 477 N Lindbergh Blvd St Louis, MO 63141 43-1754347	Fundraising	MO	501(c)(3)	7	SSM CG HOSP
SSM DePaul Health Center Foundation 477 N Lindbergh Blvd St Louis, MO 63141 43-1776109	Fundraising	MO	501(c)(3)	7	SSM HC STL
SSM Rehab Foundation 477 N Lindbergh Blvd St Louis, MO 63141 43-1544988	Fundraising	MO	501(c)(3)	7	SSM HC STL
SSM St Joseph Foundation 477 N Lindbergh Blvd St Louis, MO 63141 43-1591556	Fundraising	MO	501(c)(3)	7	SSM HC STL
St Clare Health Center Foundation 477 N Lindbergh Blvd St Louis, MO 63141 43-1273310	Fundraising	MO	501(c)(3)	7	SSM HC STL
SSM St Mary's Health Center Foundation 477 N Lindbergh Blvd St Louis, MO 63141 43-1552945	Fundraising	MO	501(c)(3)	7	SSM HC STL
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	SSM HC OK
St Anthony Hospital Foundation Inc 477 N Lindbergh Blvd St Louis, MO 63141 73-6104300	Fundraising	OK	501(c)(3)	7	SSM HC OK
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	SSM HC WI
St Mary's Hospital Auxiliary 477 N Lindbergh Blvd St Louis, MO 63141 23-7083559	Fundraising	WI	501(c)(3)	11 - III-FI	SSM HC WI
St Mary's Foundation Inc 477 N Lindbergh Blvd St Louis, MO 63141 43-1940686	Fundraising	WI	501(c)(3)	7	SSM HC WI
St Clare Health Care Foundation Inc 477 N Lindbergh Blvd St Louis, MO 63141 43-1940683	Fundraising	WI	501(c)(3)	7	SSM HC WI
Home Health United Inc 4639 Hammersley Road Madison, WI 53713 39-1539827	Health Care	WI	501(c)(3)	9	SSM HC WI
Home Care United Inc 4639 Hammersley Road Madison, WI 53713 39-1776340	Health Care	WI	501(c)(3)	9	SSM HC WI
Hhu Xtra Care Inc 4639 Hammersley Road Madison, WI 53704 39-1705111	Health Care	WI	501(c)(3)	9	SSM HC WI
SSM Regional Health Services 477 N Lindbergh Blvd St Louis, MO 63141 44-0579850	Fundraising	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	SSM REG HC
St Mary's Health Center Foundation 477 N Lindbergh Blvd St Louis, MO 63141 43-1575307	Fundraising	MO	501(c)(3)	11 - II	SSM REG HC
Good Samaritan Regional Health Center 477 N Lindbergh Blvd St Louis, MO 63141 43-0653587	Health Care	IL	501(c)(3)	3	SSM REG HC
St Mary's Hospital 477 N Lindbergh Blvd St Louis, MO 63141 37-0662580	Health Care	IL	501(c)(3)	3	SSM REG HC

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	SSM REG HC
St Mary's - Good Samaritan Inc 477 N Lindbergh Blvd St Louis, MO 63141 36-4170833	Health Care	IL	501(c)(3)	11 - I	SSM REG HC
Good Samaritan Reg Health Center Found 477 N Lindbergh Blvd St Louis, MO 63141 26-2884795	Fundraising	IL	501(c)(3)	7	ST MR GS
St Mary's Hospital Foundation 477 N Lindbergh Blvd St Louis, MO 63141 36-4636691	Fundraising	IL	501(c)(3)	7	ST MR GS
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	SSM HLT BUS
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	SSM HC STL	N/A							
SJHK Medicine Co-Management Co LLC 477 N Lindbergh Blvd St Louis, MO63141 26-1895667	Management	MO	SSM HC STL	N/A							
SSMCDI Imaging Centers LLC 12303 DePaul Drive Bridgeton, MO63044 26-3791858	Imaging Services	MO	SSM HC STL	N/A							
SSM Select Rehab St Louis LLC 4716 Old Gettysburg Road Mechanicsburg, PA17055 26-3694972	Health Care	MO	SSM HC STL	N/A							
St Anthony Mt Amb Surg Center LLC 1110 N Lee Oklahoma City, OK73103 73-1528341	Surgery Services	OK	SSM HC OK	N/A							
Bone & Joint Hospital LLC 1111 N Dewey Oklahoma City, OK73103 76-0828314	Health Care	OK	SSM HC OK	N/A							
B&J McBride Office Building LLC 1110 N Lee Oklahoma City, OK73103 73-1533449	MOB	OK	SSM HC OK	N/A							
Bone & Joint Management Company LLC 1000 N Lee Oklahoma City, OK73102 36-4645813	Management	OK	SSM HC OK	N/A							
WI Int Info Tech Telemedicine Sys L 1808 W Beltline Hwy Madison, WI53713 39-2016715	Med Inf Systems	WI	SSM HC WI	N/A							
Shared Imaging Services LLC 915 17th Street Prairie du Sac, WI53578 39-1971378	Diag Services	WI	SSM HC WI	N/A							
St Clare Imaging Services LLC 707 Fourteenth St Baraboo, WI53913 20-0122365	Diag Services	WI	SSM HC WI	N/A							
Meadow Ridge LLC 1700 Jefferson Baraboo, WI53913 39-1991403	Asst Living	WI	SSM HC WI	N/A							
Dean Health Holdings LLC 1277 Deming Way Madison, WI53717 26-1594709	IT Services	WI	SSM HC WI	N/A							
Navitus Health Solutions LLC 999 Fourier Drive STE 301 Madison, WI53717 04-3608530	Drug Provider	WI	SSM HC WI	N/A							
Mt Vernon Radiation Therapy Center LLC 477 N Lindbergh Blvd St Louis, MO63141 20-1382620	Radiation Therapy	IL	GS REG HC	N/A							
Sleep & Neurology Center of So IL LLC 477 N Lindbergh Blvd St Louis, MO63141 20-8468195	Diag Services	IL	GS REG HC	N/A							
SMHC Surgical Co-Mgmt Company LLC 100 St Marys Medical Plaza Jefferson City, MO65101 20-8929305	Management	MO	SSM REG HC	N/A							
SMHC Cardio Co-Mgmt Company LLC 100 St Marys Medical Plaza Jefferson City, MO65101 20-8929381	Management	MO	SSM REG HC	N/A							
SMHC Musculoskeletal Co-Mgmt Co LLC 100 St Marys Medical Plaza Jefferson City, MO65101 20-8929237	Management	MO	SSM REG HC	N/A							
ChowSMGSI Office Building LLC 477 N Lindbergh Blvd St Louis, MO63141 37-1383861	MOB	MO	SSM PROP INC	N/A							
Center for Comp Cancer Care LLC 477 N Lindbergh Blvd St Louis, MO63141 20-1382727	MOB	IL	SSM PROP INC	N/A							
Classen Associates 1110 N Classen Blvd Oklahoma City, OK73103 73-1158158	MOB	OK	SSM PROP INC	N/A							
M&C Realty LLC 1603 Wentzville Parkway STE 121 Wentzville, MO63385 62-1851447	MOB	MO	SSM PROP INC	N/A							
Surgery Center at Midwest City LP 8121 National Ave Midwest City, OK73110 23-2697171	Surgery Services	OK	FPP INC	N/A							
SSM Wellbridge Ctrs LLC 1700 Broadway STE 1900 Denver, CO80290 43-1794814	Fitness Center	MO	FPP INC	N/A							
MIA at St Charles County LLC 1475 Kisker Road St Charles, MO63301 42-2125740	Diag Services	MO	FPP INC	N/A							
Meadow Ridge Memory Care LLC 1700 Jefferson Baraboo, WI53913 20-3163929	Health Care	WI	FPP INC	N/A							
SSM Berland-Eureka Imaging Services LLC 477 N Lindbergh Blvd St Louis, MO63141 20-5039552	Imaging Services	MO	FPP INC	N/A							
HPI - OKC LLC 14024 Quail Pointe Drive Oklahoma City, OK73134 20-5144487	Health Care	OK	FPP INC	N/A							
The Vascular Institute at DePaul LLC 12303 DePaul Drive Bridgeton, MO63044 20-5511708	Vascular Clinic	MO	FPP INC	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	FPP INC	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	SSM HC STL	C			
FPP Inc 477 N Lindbergh Blvd St Louis, MO 63141 43-1465174	Health Care	MO	NA	C	-15,627,366	61,608,763	100 000 %
Diversified Health Services Corp 477 N Lindbergh Blvd St Louis, MO 63141 43-1369305	Medical Equipment	MO	FPP INC	C			
SSM Cardio and Thoracic Services Inc 477 N Lindbergh Blvd St Louis, MO 63141 26-0286559	Health Care	MO	FPP INC	C			
SSM Properties Inc 477 N Lindbergh Blvd St Louis, MO 63141 43-1462486	Property Services	MO	FPP INC	C			
SSM DePaul Medical Group Inc 477 N Lindbergh Blvd St Louis, MO 63141 43-1715106	Health Care	MO	FPP INC	C			
SSM St Charles Clinic Med Group Inc 477 N Lindbergh Blvd St Louis, MO 63141 43-0626408	Physician Offices	MO	FPP INC	C			
Health First Phys Management Services 477 N Lindbergh Blvd St Louis, MO 63141 73-1534336	Medical Services	MO	FPP INC	C			
SSMHCS Liability Trust II 477 N Lindbergh Blvd St Louis, MO 63141 81-6128118	Insurance	MO	FPP INC	C			
SSM Neurosciences Inc 477 N Lindbergh Blvd St Louis, MO 63141 26-3413981	Health Care	MO	FPP INC	C			
SSM Medical Group Inc 477 N Lindbergh Blvd St Louis, MO 63141 43-1664107	Physician Offices	MO	FPP INC	C			
SSMHC Insurance Company 477 N Lindbergh Blvd St Louis, MO 63141 03-0310431	Insurance	CJ	NA	C	558,660	6,890,024	100 000 %

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 Health Care St Louis	P	12,329,406
(2)	SSM Health Care of Oklahoma	P	3,536,130
(3)	SSM Health Care of Wisconsin	P	4,684,462
(4)	SSM Regional Health Services	P	2,378,879
(5)	SSM Health Businesses	P	592,816
(6)	SSM Cardinal Glennon Children's Hospital	P	2,403,375
(7)	Good Samaritan Regional Health Center	P	1,912,972
(8)	St Mary's Hospital Centralia Illinois	P	769,836
(9)	SSMHCS Liability Trust I	P	82,566
(10)	SSM Health Care St Louis	R	23,364,993
(11)	SSM Health Care of Oklahoma	Q	209,406
(12)	SSM Health Care of Wisconsin	R	108,944,488
(13)	SSM Regional Health Services	Q	11,044,220
(14)	SSM Health Businesses	Q	117,050
(15)	SSM Cardinal Glennon Children's Hospital	R	4,339,275
(16)	Good Samaritan Regional Health Center	Q	599,772
(17)	St Mary's Hospital Centralia Illinois	Q	61,578
(18)	FPP Inc	Q	27,979,350
(19)	FPP Inc	D	726,998
(20)	Good Samaritan Regional Health Center	D	432,888
(21)	SSM Health Businesses	D	601,418
(22)	SSM Health Care of Oklahoma Inc	D	2,882,258
(23)	SSM Health Care of Wisconsin Inc	D	5,197,255
(24)	SSM Health Care St Louis	D	7,971,768
(25)	SSM Regional Health Services	D	914,997
(26)	Lee Dewey Corporation	D	160,472
(27)	SSM Cardinal Glennon Children's Hospital	D	1,007,479
(28)	FPP Inc	A	863,216
(29)	Good Samaritan Regional Health Center	A	505,471
(30)	SSM Health Businesses	A	702,258
(31)	SSM Health Care of Oklahoma Inc	A	3,400,717
(32)	SSM Health Care of Wisconsin Inc	A	6,085,930
(33)	SSM Health Care St Louis	A	9,449,366
(34)	SSM Regional Health Services	A	1,075,842
(35)	Lee Dewey Corporation	A	187,379
(36)	SSM Cardinal Glennon Children's Hospital	A	1,194,884
(37)	SSM Employee Health Care Fund	Q	2,860,231
(38)	SSM Health Care of Oklahoma Inc	K	1,492,985
(39)	SSM Health Care of Wisconsin Inc	K	1,819,800
(40)	SSM Health Care St Louis	K	4,438,086
(41)	SSM Regional Health Services	K	582,000
(42)	Good Samaritan Regional Health Center	K	522,000
(43)	SSM Cardinal Glennon Children's Hospital	K	832,450
(44)	St Mary's Hospital Centralia Illinois	K	446,400
(45)	FPP INC	N	261,956
(46)	SSM Employee Health Care Fund	N	327,893
(47)	SSM Health Businesses	N	874,915
(48)	SSMHCS Liability Trust I	N	1,503,910
(49)	SSMHC Insurance Company	Q	6,263,738

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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 Corporation

Identifying number
46-6029223

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							

3	Gain, if any, from Form 4684, line 43	**3**	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	**4**	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	**5**	
6	Gain, if any, from line 32, from other than casualty or theft	**6**	
7	Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows	**7**	
	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**	( )
12	Gain, if any, from line 7, or amount from line 8, if applicable	**12**	
13	Gain, if any, from line 31	**13**	13,971
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**	13,971
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 AUTOMOBILES		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D ▶		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** *See line 1 before completing*)	20	31,120			
21 Cost or other basis plus expense of sale . .	21	139,454			
22 Depreciation (or depletion) allowed or allowable	22	122,305			
23 Adjusted basis Subtract line 22 from line 21 .	23	17,149			
24 Total gain Subtract line 23 from line 20 . .	24	13,971			
25 If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a	122,305			
b Enter the **smaller** of line 24 or 25a	25b	13,971			
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	13,971
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b Enter here and on line 13 .	31	13,971
32	Subtract line 31 from line 30 Enter the portion from casualty or theft on Form 4684, line 37 Enter the portion from other than casualty or theft on Form 4797, line 6	32	

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

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

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TY 2009 Itemized Other Current Liabilities Schedule

Name: SSM Health Care Corporation

EIN: 46-6029223

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		UNEARNED PREMIUM	4,177,028	3,739,200
		LIABILITY FOR OUTSTANDING LOSSES	1,200,000	500,005

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TY 2009 Itemized Other Current Assets Schedule

Name: SSM Health Care Corporation

EIN: 46-6029223

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		ACCRUED INTEREST	21,272	4,758
		PREPAID REINSURANCE PREMIUMS	3,459,023	3,523,353
		PREPAID EXPENSES	135,531	163,715
		REINSURANCE RECOVERABLE	1,200,000	500,005

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TY 2009 Other Deductions Schedule

Name: SSM Health Care Corporation

EIN: 46-6029223

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
OTHER EXPENSES		390,167

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TY 2009 Other Income Statement

Name: SSM Health Care Corporation

EIN: 46-6029223

Description	Foreign Amount	Amount
PREMIUM INCOME, NET		921,140