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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320084272

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SSM HEALTH BUSINESSES

Doing Business As
SEE SCHEDULE O

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

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

D Employer identification number
43-1333488

E Telephone number
(314) 523-8791

G Gross receipts $ 180,665,471

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

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ WWW SSMHC COM

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

L Year of formation 1984

M State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO MEET THE HEALTH NEEDS OF THE COMMUNITY IT SERVES AND PROVIDE EXCEPTIONAL HEALTH CARE BOTH IN THE HOSPITAL AND IN THE PATIENTS' PLACES OF RESIDENCE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	0
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	1,401
6	Total number of volunteers (estimate if necessary)	**6**	68
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,008,468
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	357,798

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	55,010	71,927
9	Program service revenue (Part VIII, line 2g)	157,321,394	173,787,172
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,965,061	4,297,064
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,857,948	2,409,191
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	161,199,413	180,565,354
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)	80,711,371	93,266,518
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–24e)	71,217,879	80,184,462
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	151,929,250	173,450,980
19	Revenue less expenses Subtract line 18 from line 12	9,270,163	7,114,374

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	185,696,803	189,198,258
21	Total liabilities (Part X, line 26)	43,902,057	47,204,704
22	Net assets or fund balances Subtract line 21 from line 20	141,794,746	141,993,554

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

****** | 2012-11-15
Signature of officer | Date

JUNE L PICKETT SECRETARY
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶☐	Preparer's taxpayer identification number (see instructions)
SRIRAM SRINIVASAN			P00654717

Firm's name (or yours if self-employed), address, and ZIP + 4
DELOITTE TAX LLP
1111 BAGBY STREET SUITE 4500
HOUSTON, TX 770022591

EIN ▶ 86-1065772

Phone no ▶ (713) 982-2000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 146,656,862 including grants of $) (Revenue $ 171,804,844)

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** ▶ $ 146,656,862

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* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b	Yes	
c	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.*	11c		No
d	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.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 and IV*	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 and IV*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**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**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	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

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	1,401		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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?			**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**	0			
e	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**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**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0		
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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 15a or 15b, 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made 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 made 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 ▶

DONNA WALLACE
12312 OLIVE BLVD SUITE 600
ST LOUIS, MO 63141
(314) 523-8793

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

- 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, if any 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) STEVEN BARNEY DIRECTOR & VICE PRES	1 00	X		X				0	677,427	38,184
(2) JOAN BEGLINGER DIRECTOR	1 00	X						0	232,574	129,448
(3) PAULA FRIEDMAN DIRECTOR	1 00	X						0	540,978	207,654
(4) CHRISTOPHER HOWARD DIRECTOR	1 00	X						0	822,289	217,130
(5) THOMAS LANGSTON DIRECTOR, SENIOR VP-CIO	1 00	X		X				0	581,866	308,345
(6) PHILIP P GUSTAFSON DIRECTOR	1 00	X						0	593,241	116,181
(7) DIXIE L PLATT DIRECTOR	1 00	X						0	465,606	187,812
(8) JAMES M SANGER DIRECTOR	1 00	X						0	842,896	24,901
(9) WILLIAM P THOMPSON DIRECTOR & PRESIDENT	1 00	X		X				0	1,518,393	741,005
(10) KRIS A ZIMMER DIRECTOR & TREASURER	1 00	X		X				0	708,536	189,289
(11) MARY STARMANN-HARRISON PART YR DIRECTOR	1 00	X						0	198,348	124,522
(12) JUNE L PICKETT SECRETARY	1 00			X				0	224,061	185,772
(13) ALISON RUEHL PRESIDENT SSM HOME CARE	40 00			X				0	267,602	162,446
(14) JONATHAN KIMERLE VP CLINIC TRANSFORMATION	40 00					X		311,056	0	79,557
(15) DAVID LUNDAL VP CIO - WI	40 00					X		288,596	0	71,909
(16) MICHAEL PAASCH VP CIO - STL	40 00					X		227,919	0	149,305
(17) KEVIN OLSON VP CIO-OK	40 00					X		211,033	0	51,718

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) KEVIN CROSS VP IT OPERATIONS	40 00					X		204,973	0	133,100
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								1,243,577	7,673,817	3,118,278

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 79

			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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
EPIC 1979 MILKY WAY VERONA, WI 53593	INFORMATION TECHNOLOGY CONSULTING AND MA	13,058,990
GE HEALTHCARE BIN 265 MILWAUKEE, WI 53288	MAINTENANCE AGREEMENTS	4,287,909
SSM SELECT REHAB OF ST LOUIS LLC 3572 SOLUTIONS CENTER CHICAGO, IL 60677	MEDICAL THERAPY	3,615,174
MICROSOFT LICENSING GP 1950 N STEMMONS FWY STE 5010 DALLAS, TX 75207	MAINTENANCE AGREEMENTS	3,555,413
PREMIER INC 5882 COLLECTION CENTER DR CHICAGO, IL 60693	MAINTENANCE AGREEMENTS	1,929,780

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 54

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	71,927			
	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	▶	71,927			
			Business Code				
Program Service Revenue	2a	OTHER PROGRAM REVENUE	621610	128,596,378	126,609,121	1,987,257	
	b	NET PATIENT REVENUE	621610	45,190,794	45,190,794		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f	▶	173,787,172			
	3	Investment income (including dividends, interest and other similar amounts)	▶				
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶	2,399,578			2,399,578
			(i) Real	(ii) Personal			
	6a	Gross rents	104,801				
	b	Less rental expenses	100,117				
	c	Rental income or (loss)	4,684				
	d	Net rental income or (loss)	▶	4,684			4,684
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	4,271,504	25,560			
	b	Less cost or other basis and sales expenses	0	0			
	c	Gain or (loss)	4,271,504	25,560			
	d	Net gain or (loss)	▶	4,297,064		21,211	4,275,853
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	▶				
	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	▶				
	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	▶				
		Miscellaneous Revenue		Business Code			
	11a	MISCELLANEOUS REVENUE		900099	4,929	4,929	
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d	▶	4,929			
	12	**Total revenue.** See Instructions	▶	180,565,354	171,804,844	2,008,468	6,680,115

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	947,857		947,857	
7	Other salaries and wages	67,873,943	59,976,023	7,897,920	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,736,487	7,756,874	979,613	
9	Other employee benefits	10,123,260	8,764,932	1,358,328	
10	Payroll taxes	5,584,971	4,906,938	678,033	
11	Fees for services (non-employees)				
a	Management	391,800		391,800	
b	Legal	90,796		90,796	
c	Accounting	55,947		55,947	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other	12,236,046	10,734,182	1,501,864	
12	Advertising and promotion	3,328	3,328		
13	Office expenses	31,576,487	26,212,528	5,363,959	
14	Information technology	649,858		649,858	
15	Royalties				
16	Occupancy	2,874,107	2,531,849	342,258	
17	Travel	3,189,324	2,758,864	430,460	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	393,309	366,054	27,255	
20	Interest	646,902	646,902		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,355,926	17,839,578	5,516,348	
23	Insurance	90,856	24,975	65,881	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MEDICAL SUPPLIES	3,568,219	3,568,219	0	0
b	BAD DEBTS	513,213	513,213	0	0
c	UBI TAX	310,808	0	310,808	0
d	BOND RELATED FEES	136,309		136,309	0
e					
f	All other expenses	101,227	52,403	48,824	
25	**Total functional expenses.** Add lines 1 through 24f	173,450,980	146,656,862	26,794,118	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		30,120,529	2	9,300,849
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4,496,890	4	6,123,982
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		149,651	8	77,812
	9	Prepaid expenses and deferred charges		5,647,147	9	5,861,836
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 204,156,670			
	b	Less accumulated depreciation	10b 135,826,229	61,276,710	10c	68,330,441
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		82,863,536	12	98,213,668
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,142,340	15	1,289,670
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		185,696,803	16	189,198,258
Liabilities	17	Accounts payable and accrued expenses		10,342,948	17	18,568,746
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		33,559,109	25	28,635,958
	26	**Total liabilities.** Add lines 17 through 25		43,902,057	26	47,204,704
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		141,786,962	27	141,981,093
	28	Temporarily restricted net assets		7,784	28	12,461
	29	Permanently restricted net assets			29	0
		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		141,794,746	33	141,993,554
	34	Total liabilities and net assets/fund balances		185,696,803	34	189,198,258

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	180,565,354
2	Total expenses (must equal Part IX, column (A), line 25)	2	173,450,980
3	Revenue less expenses Subtract line 2 from line 1	3	7,114,374
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	141,794,746
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-6,915,566
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	141,993,554

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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 separate basis, consolidated 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		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320084272

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

2011

Open to Public Inspection

Name of the organization
SSM HEALTH BUSINESSES

Employer identification number
43-1333488

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

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

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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

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

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	90,947	62,917	67,480	55,310	71,927	348,581
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	100,170,274	110,513,825	125,140,882	153,128,745	171,804,844	660,758,570
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	100,261,221	110,576,742	125,208,362	153,184,055	171,876,771	661,107,151
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 **Public Support** (Subtract line 7c from line 6)						661,107,151

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	100,261,221	110,576,742	125,208,362	153,184,055	171,876,771	661,107,151
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,375,749	2,124,377	2,023,327	1,907,516	2,399,578	10,830,547
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,375,749	2,124,377	2,023,327	1,907,516	2,399,578	10,830,547
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			82,766	604,162	358,798	1,045,726
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	89	4,473				4,562
13 **Total support** (Add lines 9, 10c, 11 and 12)	102,637,059	112,705,592	127,314,455	155,695,733	174,635,147	672,987,986

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 2011 (line 8 column (f) divided by line 13 column (f))	15	98 230 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	98 140 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	1 610 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	1 740 %

19a **33 1/3% support tests—2011.** 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—2010.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 43-1333488
Name: SSM HEALTH BUSINESSES

Form 990, Special Condition Description:

Special Condition Description

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320084272

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SSM HEALTH BUSINESSES

Employer identification number
43-1333488

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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		186,009	106,594	79,415
c Leasehold improvements		4,539,509	1,635,951	2,903,558
d Equipment		194,887,730	134,083,684	60,804,046
e Other		4,543,422		4,543,422
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				68,330,441

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) SSM COMPREHENSIVE INVESTMENT PROGRAM	97,666,869	F
(B) BENEFICIAL INTEREST IN FOUNDATION	546,799	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	98,213,668	

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	
DUE TO AFFILIATES	56,006
PENSION FUNDING LIABILITY	11,901,040
ALLOCATION OF TAX EXEMPT BONDS (ISSUED BY SSM HEALTH CARE)	16,676,217
RABBI TRUST LIABILITY	2,695
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	28,635,958

2. Fin 48 (ASC 740) 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 (ASC740)

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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	SSM HEALTH BUSINESSES' FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF A RELATED ORGANIZATION, SSM HEALTH CARE (SSMHC) SSMHC EVALUATES ITS UNCERTAIN TAX POSITIONS ON AN ANNUAL BASIS A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS THERE HAVE BEEN NO UNCERTAIN TAX POSITIONS RECORDED IN 2011 OR 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320084272

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

2011

Open to Public Inspection

Name of the organization
SSM HEALTH BUSINESSES

Employer identification number
43-1333488

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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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
	PART I, LINE 1A	PART I, LINE 1A THE FOLLOWING INDIVIDUALS LISTED ON PART VII, SECTION A, RECEIVED TAX INDEMNIFICATION/GROSS UP PAYMENTS IN 2011, WHICH WERE INCLUDED IN THEIR TAXABLE COMPENSATION JONATHAN KIMERLE DAVID LUNDAL
SUPPLEMENTAL INFORMATION	PART III	PART I, LINE 3 COMPENSATION TO CEO/EXECUTIVE DIRECTOR THE ORGANIZATION'S CEO IS COMPENSATED BY A RELATED ORGANIZATION THAT UTILIZED THE FOLLOWING TO DETERMINE COMPENSATION, (1)INDEPENDENT COMPENSATION CONSULTANT, (2) WRITTEN EMPLOYMENT CONTRACT, (3) COMPENSATION SURVEY OR STUDY, (4) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE PART I, LINE 4A SEVERANCE PLAN SSMHC HAS ADOPTED A SEVERANCE POLICY TO PROVIDE A FINANCIAL TRANSITION IN THE EVENT OF INVOLUNTARY TERMINATION WITHOUT CAUSE FOR EXECUTIVE LEVEL POSITIONS THE AMOUNT OF THE COMPENSATION IS BASED ON THE POSITION HELD AND LENGTH OF SERVICE WITH SSMHC PART I, LINE 4B SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS PENSION RESTORATION PLAN SSM HEALTH CARE (SSMHC) PROVIDES THIS SUPPLEMENTAL DEFINED BENEFIT NONQUALIFIED RETIREMENT PLAN TO ANY EMPLOYEE WHO IS A PARTICIPANT IN THE SSMHC QUALIFIED DEFINED BENEFIT PLAN WHO EARNS OVER THE INTERNAL REVENUE SERVICE COMPENSATION LIMIT THE PLAN "RESTORES" THE BENEFITS TO THESE 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 IS NO LONGER EMPLOYED BY SSMHC NO REPORTABLE INDIVIDUALS LISTED ON PART VII OF FORM 990 RECEIVED DISTRIBUTIONS FROM THIS PLAN DURING 2011 CAPITAL ACCUMULATION PLAN SSMHC PROVIDES THIS SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN TO EXECUTIVE LEVEL EMPLOYEES THE ORGANIZATION CONTRIBUTED 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 SAFEGUARDS IN PLACE TO PROTECT THE FUNDS FROM CONTINGENCIES, OTHER THAN INSOLVENCY 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 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 2011 ALL DISTRIBUTIONS RECEIVED FROM THE PLAN IN THE CURRENT YEAR WERE INCLUDED IN THE INDIVIDUALS' TAXABLE COMPENSATION JAMES M SANGER $71,999 STEVEN BARNEY $66,707 PHIL GUSTAFSON $36,750 KEVIN OLSON $15,106

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 43-1333488
Name: SSM HEALTH BUSINESSES

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				
STEVEN BARNEY	(I)	0	0	0	0	0	0	0
	(II)	539,974	0	137,453	16,752	21,432	715,611	0
JOAN BEGLINGER	(I)	0	0	0	0	0	0	0
	(II)	229,181	0	3,393	113,598	15,850	362,022	0
PAULA FRIEDMAN	(I)	0	0	0	0	0	0	0
	(II)	466,031	0	74,947	191,795	15,859	748,632	0
CHRISTOPHER HOWARD	(I)	0	0	0	0	0	0	0
	(II)	768,126	0	54,163	190,088	27,042	1,039,419	0
THOMAS LANGSTON	(I)	0	0	0	0	0	0	0
	(II)	474,427	0	107,439	277,310	31,035	890,211	0
PHILIP P GUSTAFSON	(I)	0	0	0	0	0	0	0
	(II)	520,187	0	73,054	86,661	29,520	709,422	0
DIXIE L PLATT	(I)	0	0	0	0	0	0	0
	(II)	433,470	0	32,136	161,029	26,783	653,418	0
JAMES M SANGER	(I)	0	0	0	0	0	0	0
	(II)	702,345	0	140,551	6,130	18,771	867,797	0
WILLIAM P THOMPSON	(I)	0	0	0	0	0	0	0
	(II)	1,013,217	0	505,176	725,268	15,737	2,259,398	0
KRIS A ZIMMER	(I)	0	0	0	0	0	0	0
	(II)	661,311	0	47,225	162,685	26,604	897,825	0
MARY STARMANN-HARRISON	(I)	0	0	0	0	0	0	0
	(II)	152,328	0	46,020	119,274	5,248	322,870	0
JUNE L PICKETT	(I)	0	0	0	0	0	0	0
	(II)	217,587	0	6,474	169,142	16,630	409,833	0
ALISON RUEHL	(I)	0	0	0	0	0	0	0
	(II)	254,289	0	13,313	137,464	24,982	430,048	0
JONATHAN KIMERLE	(I)	304,646	0	6,410	59,538	20,019	390,613	0
	(II)	0	0	0	0	0	0	0
DAVID LUNDAL	(I)	282,846	0	5,750	53,138	18,771	360,505	0
	(II)	0	0	0	0	0	0	0
MICHAEL PAASCH	(I)	223,830	0	4,089	128,021	21,284	377,224	0
	(II)	0	0	0	0	0	0	0
KEVIN OLSON	(I)	173,676	0	37,357	36,438	15,280	262,751	0
	(II)	0	0	0	0	0	0	0
KEVIN CROSS	(I)	201,291	0	3,682	112,126	20,974	338,073	0
	(II)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320084272

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SSM HEALTH BUSINESSES

Employer identification number
43-1333488

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KRISTOPHER ZIMMER	FAMILY MEMBER OF KRIS ZIMMER	48,797	EMPLOYMENT		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493320084272

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SSM HEALTH BUSINESSES

Employer identification number
43-1333488

Identifier	Return Reference	Explanation
DOING BUSINESS AS	FORM 990, PART I	SSM HEALTH BUSINESSES CURRENTLY CONDUCTS BUSINESS UNDER THE FOLLOWING REGISTERED NAMES 1) SSM HOME CARE A)SSM HOME CARE AT ST ANTHONY HOSPITAL B)SSM HOME CARE AT ST FRANCIS HOSPITAL C)SSM HOME CARE AT ST MARY'S HEALTH CENTER D)SSM HOME CARE OF ILLINOIS E)SSM HOME CARE OF ST LOUIS F)SSM HOME CARE-PRIVATE DUTY G)SSM HOSPICE H)SSM HOSPICE AT ST FRANCIS HOSPITAL I)SSM HOSPICE OF ILLINOIS 2) SSM HOME MEDICAL EQUIPMENT COMPANY 3) SSM INTEGRATED HEALTH TECHNOLOGIES

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4A	BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION SINCE IT WAS FOUNDED IN 1872 BY CATHOLIC SIST ERS, SSM HEALTH CARE (SSMHC) HAS EXISTED TO MEET THE HEALTH NEEDS OF THE COMMUNITIES IT SE RVES SPONSORED BY THE FRANCISCAN SISTERS OF MARY AND HEADQUARTERED IN ST LOUIS, MO, SSMH C OPERATES 17 HOSPITALS, TWO SKILLED NURSING FACILITIES AND HOME HEALTH AGENCIES IN FOUR S TATES (WISCONSIN, ILLINOIS, OKLAHOMA AND MISSOURI) THE HEALTH SYSTEM EMPLOYS APPROXIMATEL Y 24,000 PEOPLE AND IS AFFILIATED WITH MORE THAN 6,500 PHYSICIANS IN THE TRADITION OF ITS FOUNDING SISTERS, SSMHC STRIVES TO FULFILL ITS MISSION BY PROVIDING EXCEPTIONAL HEALTH CA RE TO EVERYONE WHO COMES TO ITS HOSPITALS, REGARDLESS OF THEIR ABILITY TO PAY DESCRIBE TH E TAX-EXEMPT PURPOSE ACHIEVEMENTS SSM INTEGRATED HEALTH TECHNOLOGIES DIVISION (SSMIHT) WO RKS CLOSELY WITH OUR COLLEAGUES AT THE SSMHC HOSPITALS TO PROVIDE ASSISTANCE IN THEIR HEAL TH CARE MINISTRY, INCLUDING PROVIDING TECHNOLOGY ASSISTANCE TO THEIR HEALTH COMMUNITY ACTI VITIES AS APPROPRIATE SSMIHT HAS TWO PRIMARY, CLOSELY RELATED SERVICE SEGMENTS, CLINICAL ENGINEERING SERVICES (CES) AND INFORMATION TECHNOLOGY (IT) CES PROVIDES THE HIGHEST STAND ARD OF MAINTENANCE, EQUIPMENT MANAGEMENT, AND TECHNOLOGY ASSESSMENT THIS SERVICE ENABLES SSMHC CAREGIVERS TO PROVIDE SAFE AND RELIABLE SERVICE TO OUR PATIENTS CES SERVICES ALSO R EDUCE COST FOR HIGH QUALITY PERFORMANCE IT SUPPORTS THE INFORMATION SYSTEMS, TELECOMMUNIC ATION AND NETWORK INFRASTRUCTURE FOR SSMHC ENTITIES THIS INCLUDES SUPPORT OF A WIDE RANGE OF APPLICATIONS CLINICAL APPLICATIONS PROVIDE THE INFORMATION SYSTEMS USED BY THE ACUTE CARE FACILITIES TO SERVE SSMHC'S CUSTOMERS AND INCLUDE A FULLY INTEGRATED ELECTRONIC HEALT H RECORD, PATIENT REGISTRATION, PATIENT ACCOUNTING, PHYSICIAN CONNECTIVITY, AND MULTIPLE O THER APPLICATIONS ALSO INCLUDED IN THE CLINICAL SYSTEMS GROUP ARE APPLICATIONS UTILIZED B Y OUR NON-ACUTE CARE CUSTOMERS, AND INCLUDE A HOME HEALTH AND A PHYSICIAN PRACTICE MANAGEM ENT SYSTEM THE ADMINISTRATIVE APPLICATIONS PROVIDE THE BUSINESS INFORMATION SYSTEMS REQUI RED BY SSMHC TO EFFECTIVELY MANAGE OPERATIONS INCLUDED IN THIS GROUP OF PRODUCTS IS AN EN TERPRISE RESOURCE PLANNING (ERP) SYSTEM, WHICH INCLUDES FINANCIAL, MATERIALS MANAGEMENT AN D HR/PAYROLL COMPONENTS SOME APPLICATIONS, SUCH AS DECISION SUPPORT MODELS AND BENCHMARKI NG SOFTWARE, ARE UTILIZED BY BOTH THE CLINICAL AND THE ADMINISTRATIVE APPLICATIONS SUPPOR T OF THESE SYSTEMS TAKES MANY FORMS SSMIHT COORDINATES AND MANAGES ALL UPGRADES TO STANDA RD APPLICATIONS, AS WELL AS NEW PRODUCT IMPLEMENTATIONS OUR PRODUCT SPECIALISTS ARE KNOWL EDGEABLE IN ALL ASPECTS OF THE APPLICATION THEY SUPPORT AND PROVIDE CONSULTING SERVICES AS WELL AS PROBLEM RESOLUTION SERVICES TO THE SSMHC USER COMMUNITY THE TECHNICAL SERVICE CE NTER (TSC), SSMIHT'S CERTIFIED HELP DESK, HAS BEEN NATIONALLY RECOGNIZED FOR MULTIPLE BEST PRACTICES, AND PROVIDES THE FIRST LINE OF SUPPORT APPLICATION DEVELOPMENT STAFF MODIFY A ND ENHANCE APPLICATIONS TO MEET SPECIFIED USER NEEDS SSMIHT ALSO ACTS AS A RESOURCE FOR P ROJECT IMPLEMENTATION FOR PROJECTS THAT HAVE WIDESPREAD IMPACT TO THE ORGANIZATION, SUCH A S HIPAA SSMIHT PROVIDES THE APPLICATION TECHNOLOGY AND HARDWARE INFRASTRUCTURE REQUIRED T O SUPPORT THESE APPLICATIONS IN ADDITION TO MAINTAINING AND MONITORING COMPUTER OPERATION S, THIS GROUP IS RESPONSIBLE FOR NETWORK MANAGEMENT AND CONSULTATION, AND ASSURING THE SEC URITY AND INTEGRITY OF THE INFORMATION SYSTEMS THESE SERVICES PROVIDE THE IT INFRASTRUCTU RE AND OPERATIONS THAT ALLOW THE INFORMATION APPLICATIONS TO PROCESS AND FUNCTION OPTIMALL Y TECHNOLOGY CONSULTING IS ALSO A FUNCTION PROVIDED BY THE STAFF SSMIHT'S SOLE PURPOSE I S PROVIDING SERVICE TO SSM FACILITIES TO CARRY OUT THE MISSION OF SSMHC SSM HOME CARE STR IVES TO PROVIDE HOLISTIC AND FAMILY-CENTERED CARE SSM HOME CARE PROVIDES A VARIETY OF HOM E CARE SERVICES TO MEET A VARIETY OF NEEDS -WHEN EXTENDED CARE IS REQUIRED AFTER A HOSPITA L STAY, AS AN ALTERNATIVE TO A HOSPITAL ADMISSION, OR INSTEAD OF A NURSING HOME OR ALTERNA TIVE CARE SETTING OUR SERVICES CAN BE ARRANGED QUICKLY AND EFFICIENTLY BY A SINGLE PHONE CALL AND REFERRALS CAN BE MADE BY PHYSICIANS, CASE MANAGERS, SOCIAL WORKERS, FAMILY AND FR IENDS, OR BY REQUEST FROM THE PATIENT THE HEALING SERVICES WE OFFER AT SSM HOME CARE INCL UDE SKILLED NURSING CARE, HOME HEALTH AIDES/NURSES ASSISTANTS, OCCUPATIONAL THERAPY, PHYSI CAL THERAPY, SPEECH-LANGUAGE THERAPY, MATERNAL/CHILD/PEDIATRIC, NUTRITIONAL COUNSELING AND MEDICAL SOCIAL WORK SSM HOSPICE PROVIDES HOSPICE CARE AT A TIME WHEN CARING, COMFORT, AS SISTANCE AND A SPECIAL KIND OF HEALING ARE NEEDED IT IS A VERY SPECIAL WAY OF CARING FOR PEOPLE WITH A LIMITED LIFE EXPECTANCY HOSPICE ALSO PROVIDES COMFORT AND GUIDANCE TO CARE GIVERS, FAMILIES AND FRIENDS OF THE PATIENT HOSPICE CARE GIVES INDIVIDUALS AND THEIR CARE GIVERS A COMFORTING ALTERNATIVE TO THE TRADITIONAL HOSPITAL SETTING, MAKING IT POSSIBLE F OR THE TERMINALLY ILL PERSON TO REMAIN AT HOME OR

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4A	IN OTHER FAMILIAR SURROUNDINGS DESCRIBE THE CORPORATION'S FINANCIAL ASSISTANCE POLICIES O R PROGRAMS (E.G , CHARITY CARE, DISCOUNTING) FOR LOW-INCOME PERSONS AND HOW THEY ARE COMMU NICATED TO THE PUBLIC SSM HOME CARE WILL STRIVE TO PROVIDE EXCEPTIONAL HEALTH CARE SERVIC ES TO ALL PERSONS IN NEED REGARDLESS OF THEIR ABILITY TO PAY ALL BILLING AND COLLECTION P OLICIES AND PRACTICES WILL REFLECT THE MISSION AND VALUES OF SSMHC, INCLUDING OUR SPECIAL CONCERN FOR PEOPLE WHO ARE POOR AND VULNERABLE SSM HOME CARE WILL APPLY ITS CHARITY CARE POLICIES FAIRLY AND CONSISTENTLY EACH PERSON WILL BE TREATED AS AN INDIVIDUAL WITH SPECIF IC NEEDS FOR ASSISTANCE WITHOUT REGARD TO PAY MENT SSM HOME CARE EMBRACES ITS RESPONSIBILI TY TO SERVE THE COMMUNITIES IN WHICH WE PARTICIPATE BY ESTABLISHING SOUND BUSINESS PRACTIC ES 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 NOT 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 I S TOO LARGE TO BE REASONABLY PAID THROUGH AN INSTALLMENT PLAN OVER FOUR YEARS GIVEN THE FA MILY INCOME AND EXPENSES SSM HOME CARE WILL PROVIDE INFORMATION ABOUT A) THE PATIENT'S R ESPONSIBILITY FOR PAY MENT, B) THE AVAILABILITY OF FINANCIAL ASSISTANCE FROM PUBLIC PROGRAM S AND ENTITY CHARITY CARE AND PAY MENT ARRANGEMENTS, C) THE ENTITY'S CHARITY POLICY AND APP LICATION PROCESS AND D) WHOM TO CONTACT TO GET ADDITIONAL INFORMATION OR FINANCIAL COUNSEL ING SSM HOME CARE SHALL PROVIDE THE FOLLOWING TY PES OF NOTICES TO THE PUBLIC A) AT THE B EGINNING OF CARE, WHEN THE CAREGIVER FIRST GOES INTO THE HOME, THE PATIENT'S GUIDE TO FINA NCIAL ASSISTANCE IS PROVIDED TO EACH PATIENT B) NOTICES RELATED TO FINANCIAL ASSISTANCE A RE SENT TO PATIENTS WHEN BILLED FOR THEIR PORTION OF THE BALANCE DUE C) IMMEDIATELY UPON REQUEST FROM THE PATIENT, PATIENT'S FAMILY, PATIENT'S PHY SICIAN OR SSM HOME CARE STAFF D) ALL NOTICES WILL BE EASY TO UNDERSTAND BY THE GENERAL PUBLIC AND CULTURALLY APPROPRIATE. TRANSLATORS WILL BE AVAILABLE TO PROVIDE ASSISTANCE IN THOSE LANGUAGES THAT ARE PREVALENT IN THE COMMUNITY THE APPLICATION FOR CHARITY CARE, TOGETHER WITH ANY INSTRUCTIONS, MUST C LEARLY 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 ORGANIZATIONAL DESCRIPTION FOR TAX EXEMPTION TH E DIVISIONS OF SSM HEALTH BUSINESS - PROVIDE HOME HEALTH, HOSPICE AND TECHNICAL SUPPORT T O SSMHC HOSPITALS IN ADDITION, SSM HOME CARE A) PARTICIPATES IN MEDICAID, MEDICARE, CHAM PUS, TRICARE, AND/OR OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS B) WORKS IN COOPERAT ION WITH SSMHC HOSPITALS AND PHY SICIANS TO PROVIDE A CONTINUUM OF CARE TO THE PATIENTS, RE GARDLESS OF THEIR ABILITY TO PAY DESCRIPTION OF COMMUNITY BENEFIT PROGRAMS SSM HOSPICE B EREAVEMENT PROGRAM - BEREAVEMENT COUNSELORS CONTINUE TO PROVIDE SUPPORTIVE SERVICES TO SUR VIVORS FOR THIRTEEN MONTHS AFTER THE PATIENT HAS DIED BEREAVEMENT SERVICES INCLUDE TELEPH ONE CALLS, VISITS, LETTERS, SUPPORT GROUP MEETINGS AND INDIVIDUAL AND GROUP COUNSELING BY RESPECTING INDIVIDUAL DIFFERENCES AND CULTURAL INFLUENCES THAT SURROUND GRIEVING, OUR TEA M PROMOTES A POSITIVE, HEALING EXPRESSION OF GRIEF CONSISTENT WITH SOCIAL AND RELIGIOUS EX PECTATIONS

Identifier	Return Reference	Explanation
	PART III, LINE 4A - DESCRIPTION OF PROGRAM SERVICE ACTIVITIES (CONTINUED)	REDUCING HOSPITAL READMISSIONS INITIATIVE - THE INITIATIVE INCLUDES THE DEVELOPMENT OF SPECIFIC PROGRAMS AND STRATEGIES TO REDUCE HOSPITAL READMISSIONS WITHIN 30 DAYS OF DISCHARGE. HOME HEALTH DISEASE MANAGEMENT AND HOME CONNECTION PROGRAM HAVE BEEN DEVELOPED FOR PATIENTS WITH SPECIFIC DIAGNOSIS WITH SSMHC HOSPITALS WHOSE POST-HOSPITAL CARE IS PROVIDED BY SSM HOME CARE. BOTH PROGRAMS SUPPORT THE TRANSITION OF CARE FROM HOSPITAL TO HOME. SSM HOME CARE AND HOME CONNECTION PROGRAM TEACH PATIENTS HOW TO TAKE CARE OF THEMSELVES. THE PROGRAMS USE THE TECHNIQUES OF THE EVIDENCE-BASED CHRONIC CARE MODEL, WHICH HAS THE POTENTIAL TO IMPROVE PATIENT CARE AND CONTROL COTS. SSM HOME CARE STAFF CLARIFY HOSPITAL DISCHARGE MEDICATIONS IN THE HOME, MAKE SURE PATIENTS ARE TAKING MEDICATIONS AS PRESCRIBED AND ARE RESPONDING TO MEDICATIONS CORRECTLY, ASSESS HOME SAFETY, LOOK FOR OBSTACLES THAT MIGHT INTERFERE WITH HEALING AND TEACHING SIGNS AND SYMPTOMS OF EXACERBATIONS TO PREVENT HOSPITAL READMISSION. OTHER COMMUNITY BENEFIT ACTIVITIES - HOME CARE - STAFF MEMBERS PARTICIPATED IN THE UNITED WAY CAMPAIGN, THE BACK TO SCHOOL COLLECTION DRIVE, DOORWAYS "RED" GALA, HEALTH FAIR AND COMMUNITY RESOURCE EDUCATION PROGRAM. OTHER COMMUNITY BENEFIT ACTIVITIES - IHT - APPROXIMATELY 500 HOURS OF STAFF TIME WAS DEDICATED TO MEETINGS, TRAINING NEW TEAM MEMBERS, RUNNING REPORTS, DEVELOPING ONLINE COURSE, DEVELOPING PRESENTATION MATERIAL, AND FACILITATING BREAKOUT TRAINING SESSIONS ON COMMUNITY BENEFIT REPORTING. STAFF MEMBERS HELD THE REUSE, RECYCLE, REDECORATE SILENT AUCTION/SALE AND VOLUNTEERED AT THE ARBOR DAY TREE GIVEAWAY. STAFF MEMBERS PARTICIPATED IN VARIOUS COMMUNITY EVENTS INCLUDING VOLUNTEERING WITH THE HORIZON SCHOOL, RAINBOW PROJECT - CHILD AND FAMILY COUNSELING CLINIC, CIRCLE OF CONCERN, UNITED WAY, AND ST. LOUIS FOOD BANK VOLUNTEER DAY. THROUGH ITS CES DIVISION, SSM SSMIHT SAVES SSMHC APPROXIMATELY $11 MILLION ANNUALLY IN CLINICAL EQUIPMENT MAINTENANCE EXPENSES COMPARED TO OUTSOURCING. ADDITIONAL INFORMATION REGARDING SSMHC'S 2011 COMMUNITY BENEFIT REPORT CAN BE FOUND AT WWW.SSMHC.COM. QUANTIFIABLE COMMUNITY BENEFIT THE FOLLOWING IS A LIST OF THE TYPES OF PROGRAMS AND SERVICES THAT COULD BE INCLUDED AS COMMUNITY BENEFIT ACTIVITIES. TRADITIONAL CHARITY CARE $ 314,500 UNPAID COST OF MEDICARE $ 707,556 COST OF BAD DEBT $ 372,593 COMMUNITY BENEFIT PROGRAMS $ 13,214 TOTAL QUANTIFIABLE COMMUNITY BENEFIT $ 1,407,863

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE SOLE CORPORATE MEMBER OF THE CORPORATION IS SSM HEALTH CARE CORPORATION SSM HEALTH CARE CORPORATION IS A NONPROFIT 501(C)(3) ORGANIZATION BOTH SSM HEALTH BUSINESSES AND SSM HEALTH CARE CORPORATION ARE PART OF THE INTEGRATED HEALTH CARE SYSTEM KNOWN AS SSM HEALTH CARE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBER HAS THE POWER TO APPOINT ADDITIONAL, SUCCESSOR OR REPLACEMENT MEMBERS AND APPOINT AND REMOVE DIRECTORS OF THE CORPORATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBER HAS THE FOLLOWING POWERS A TO ESTABLISH AND CHANGE THE MISSION, PHILOSOPHY AND VALUES OF THE CORPORATION B TO APPOINT ADDITIONAL, SUCCESSOR OR REPLACEMENT MEMBERS C TO APPOINT AND REMOVE THE APPOINTED DIRECTORS AND THE EX OFFICIO DIRECTORS D TO APPOINT AND REMOVE THE PRESIDENT OF THE CORPORATION AND THE CHIEF EXECUTIVE OFFICER OF ANY OPERATING DIVISION OF THE CORPORATION E TO APPROVE THE AMENDMENTS TO THE ARTICLES OF INCORPORATION OF THE CORPORATION AS PROVIDED THEREIN F TO APPROVE AMENDMENTS TO THE BYLAWS OF THE CORPORATION G TO APPROVE THE MERGER, CONSOLIDATION OR DISSOLUTION OF THE CORPORATION H TO APPROVE THE FORMATION OF A CONTROLLED SUBSIDIARY OR A REMOTELY CONTROLLED SUBSIDIARY I TO APPROVE THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION J TO APPROVE THE ACQUISITION OR DISPOSITION BY THE CORPORATION OF ANOTHER LEGAL ENTITY OR AN INTEREST IN ANOTHER LEGAL ENTITY K TO AUTHORIZE OR APPROVE THE ACQUISITION OR DISPOSITION BY THE CORPORATION OF REAL PROPERTY OR ANY INTEREST IN REAL PROPERTY L TO ESTABLISH CENTRALIZED EMPLOYEE BENEFIT, INSURANCE, INVESTMENT, FINANCING, CORPORATE RESPONSIBILITY, PERFORMANCE ASSESSMENT AND IMPROVEMENT AND OTHER OPERATIONAL AND SUPPORT PROGRAMS, TO REQUIRE THE PARTICIPATION OF THE CORPORATION IN SUCH PROGRAMS, AND TO AUTHORIZE THE OPENING AND CLOSING OF BANK ACCOUNTS AND INVESTMENT ACCOUNTS IN THE NAME OF THE CORPORATION IN CONNECTION WITH SUCH PROGRAMS M TO APPROVE THE STRATEGIC, FINANCIAL AND HUMAN RESOURCES PLAN OF THE CORPORATION N TO APPOINT THE AUDITOR AND CORPORATE COUNSEL FOR THE CORPORATION O TO AUTHORIZE AND APPROVE BORROWING MONEY AND ENTERING INTO FINANCIAL GUARANTIES BY THE CORPORATION, INCLUDING ACTIONS RELATING TO THE FORMATION, JOINING, OPERATION, WITHDRAWAL FROM AND TERMINATION OF A CREDIT GROUP OR AN OBLIGATED GROUP AND THE GRANTING OF SECURITY INTERESTS IN THE PROPERTY OF THE CORPORATION P TO REQUIRE THE CORPORATION TO TRANSFER ASSETS, INCLUDING BUT NOT LIMITED TO CASH, TO THE MEMBER OF THE MEMBER OR TO ANY ENTITY EXEMPT FROM FEDERAL INCOME TAX AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, OR THE CORRESPONDING PROVISION OF ANY FUTURE UNITED STATES INTERNAL REVENUE LAW, WHICH IS CONTROLLED BY THE MEMBER OF THE MEMBER, TO THE EXTENT NECESSARY TO ACCOMPLISH THE MISSION, GOALS AND OBJECTIVES OF THE MEMBER OF THE MEMBER AS DETERMINED BY THE MEMBER OF THE MEMBER Q TO APPROVE THE TRANSFER OF ASSETS BY THE CORPORATION TO ANY ENTITY OTHER THAN THE MEMBER OF THE MEMBER, OTHER THAN TRANSFERS MADE IN THE ORDINARY COURSE OF OPERATIONS OF THE CORPORATION WHICH WILL NOT REQUIRE MEMBER APPROVAL, AND R TO DETERMINE THE EXTENT TO WHICH AND THE MANNER IN WHICH THE POWERS DESCRIBED IN THIS SECTION WHICH ARE RESERVED TO THE MEMBER WITH RESPECT TO THE CORPORATION ARE TO BE INCLUDED IN THE GOVERNING DOCUMENTS OF ANY CONTROLLED SUBSIDIARY, REMOTELY CONTROLLED SUBSIDIARY OR NON-CONTROLLED SUBSIDIARY AND EXERCISED WITH RESPECT TO ANY CONTROLLED SUBSIDIARY, ANY REMOTELY CONTROLLED SUBSIDIARY OR ANY NON-CONTROLLED SUBSIDIARY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	ACCOUNTING/FINANCE PERSONNEL AT EACH SSMHC (SSM HEALTH CARE SYSTEM) ENTITY, IN CONJUNCTION WITH CORPORATE FINANCE PERSONNEL, 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 FINAL REVIEW AND COORDINATION OF THE SYSTEM LEVEL FORM 990 INFORMATION THE INFORMATION IS SUBMITTED TO AN OUTSIDE TAX CONSULTING FIRM WHO PREPARES AND SIGNS THE FORM 990 FROM THE SSMHC INFORMATION PRIOR TO FINALIZING THE RETURN, A DRAFT IS SENT TO PERSONNEL AT SSMHC FOR REVIEW AND APPROVAL UPON SSMHC APPROVAL, THE OUTSIDE PREPARER FORWARDS THE COMPLETED FORM 990 FOR THE APPROPRIATE SIGNATURES AND FILING ACTION A COMPLETE COPY OF THE RETURN IS PROVIDED TO THE BOARD AT THE NEXT SCHEDULED BOARD MEETING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY THE PRESIDENT AND SECRETARY TO THE BOARD OVERSEE COMPLIANCE WITH THIS REQUIREMENT ALL BOARD MEMBERS WITH AN IDENTIFIED CONFLICT OF INTEREST ABSTAIN FROM BOARD DISCUSSIONS AND VOTES WHEN APPLICABLE 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, THE 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 THE ENTITY SUPERVISORS VERIFY REQUIRED COURSE COMPLETION PRIOR TO YEAR END

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	ALL SSMHC EXECUTIVE SALARY/COMPENSATION INFORMATION IS BASED ON COMPARATIVE DATA WITH SIMILAR POSITIONS IN THE MARKET THE COMPENSATION REVIEW PROCESS IS PERFORMED BY EXTERNAL INDEPENDENT COMPENSATION CONSULTANTS THE SAME COMPARATIVE PROCESS IS PERFORMED INTERNALLY FOR EMPLOYEES THE SALARY DATA AND POTENTIAL ADJUSTMENTS, FOR THE CEO OF THE SYTEM, THE PRESIDENT/COO AND THE SENIOR VICE PRESIDENTS ARE PRESENTED TO THE SSMHC BOARD OF DIRECTORS BY THE SAME INDEPENDENT COMPENSATION CONSULTANTS TO APPROVE, DISAPPROVE, MODIFY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE YEAR-END AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND UNAUDITED QUARTERLY CONSOLIDATED FINANCIAL STATEMENT FOR THE SSM HEALTH CARE SYSTEM ARE MADE AVAILABLE TO THE PUBLIC ON SSM HEALTH CARE'S WEBSITE. THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE AVAILABLE ON THE MISSOURI SECRETARY OF STATE'S WEBSITE. COPIES OF THE FORM 990 AND THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
AVG HOURS DEVOTED TO RELATED ORG(S) WHEN RELATED COMP IS REPORTED	FORM 990, PART VII	ALL INDIVIDUALS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED TO THE FILING ORGANIZATION ARE EMPLOYED AND COMPENSATED BY THE ORGANIZATION OR BY A RELATED ORGANIZATION IN ADDITION, ALL COMPENSATED REPORTABLE INDIVIDUALS LISTED ON FORM 990, PART VII WORK A MINIMUM OF 40 HOURS PER WEEK FOR SSMHC RELATED ORGANIZATIONS

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -7,111,125 BENEFICIAL INTEREST IN FOUNDATION 97,576 TRANSFERS TO AFFILIATES 97,983 TOTAL TO FORM 990, PART XI, LINE 5 -6,915,566

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320084272

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

2011

Open to Public Inspection

Name of the organization
SSM HEALTH BUSINESSES

Employer identification number
43-1333488

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
(1) SSM INFUSION SERVICES LLC 477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1872025	INFUSION THERAPY SERVICES	MO	3,702,636	1,894,242	SSM HEALTH BUSINESSES

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
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	(k) Percentage ownership
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, 35A, or 36.)

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q	Yes	
r Other transfer of cash or property from related 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	(d) Method of determining amount involved
(1) SSM EMPLOYEE HEALTH CARE FUND	Q	11,396,408	COST OF SERVICES
(2) SSM HOSPICE AND HOME CARE FOUNDATION	O	65,142	COST OF SERVICES
(3) SSM HOSPICE AND HOME CARE FOUNDATION	R	166,265	CASH
(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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 43-1333488
Name: SSM HEALTH BUSINESSES

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	g Section 512(b)(13) controlled organization	
			501(C)(3)				No
			501(C)(3)				No
			501(C)(3)				No
SSM HEALTH CARE CORPORATION 477 N LINDBERGH BLVD ST LOUIS, MO 63141 46-6029223	HEALTH CARE	MO	501(C)(3)	LINE 11A, I	FRANCISCAN SISTERS OF MARY		No
SSM EMPLOYEE HEALTH CARE FUND 477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1328934	BENEFIT PLANS	MO	501(C)(9)		SSM HEALTH CARE CORPORATION		No
SSMHCS LIABILITY TRUST I 477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-6331003	INSURANCE	MO	501(C)(3)	LINE 11A, I	SSM HEALTH CARE CORPORATION		No
SSM CONSOLIDATED HEALTH SERVICES 477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1473657	HEALTH CARE	MO	501(C)(3)	LINE 11A, I	SSM HEALTH CARE CORPORATION		No
SSM POLICY INSTITUTE 477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1788151	HEALTH CARE	MO	501(C)(4)		SSM HEALTH CARE CORPORATION		No
SSM PORTFOLIO MANAGEMENT CO 477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1825256	MANAGEMENT	MO	501(C)(3)	LINE 11A, I	SSM HEALTH CARE CORPORATION		No
SSM CARDINAL GLENNON CHILDREN'S HOSPITAL 477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-0738490	HEALTH CARE	MO	501(C)(3)	LINE 3	SSM HEALTH CARE ST LOUIS		No
GLENNON HOSPITAL GUILD 477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1030299	FUNDRAISING	MO	501(C)(3)	LINE 9	SSM CARDINAL GLENNON CHILDREN'S HOSPITAL		No
CARDINAL GLENNON CHILDREN'S FOUNDATION 477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1754347	FUNDRAISING	MO	501(C)(3)	LINE 7	SSM CARDINAL GLENNON CHILDREN'S HOSPITAL		No
SSM DEPAUL HEALTH CENTER FOUNDATION 477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1776109	FUNDRAISING	MO	501(C)(3)	LINE 7	SSM HEALTH CARE ST LOUIS		No
SSM ST JOSEPH FOUNDATION 477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1591556	FUNDRAISING	MO	501(C)(3)	LINE 7	SSM HEALTH CARE ST LOUIS		No
SSM ST CLARE HEALTH CENTER FOUNDATION 477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1273310	FUNDRAISING	MO	501(C)(3)	LINE 7	SSM HEALTH CARE ST LOUIS		No
SSM ST MARY'S HEALTH CENTER FOUNDATION 477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1552945	FUNDRAISING	MO	501(C)(3)	LINE 7	SSM HEALTH CARE ST LOUIS		No
SSM HEALTH CARE OF OKLAHOMA INC 477 N LINDBERGH BLVD ST LOUIS, MO 63141 73-0657693	HEALTH CARE	OK	501(C)(3)	LINE 3	SSM HEALTH CARE CORPORATION		No
ST ANTHONY HOSPITAL FOUNDATION INC 477 N LINDBERGH BLVD ST LOUIS, MO 63141 73-6104300	FUNDRAISING	OK	501(C)(3)	LINE 7	SSM HEALTH CARE OF OKLAHOMA		No
SSM HEALTH CARE OF WISCONSIN INC 477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-0688874	HEALTH CARE	WI	501(C)(3)	LINE 3	SSM HEALTH CARE CORPORATION		No
DELLS MEDICAL BUILDING INC 477 N LINDBERGH BLVD ST LOUIS, MO 63141 39-1613292	MOB	WI	501(C)(2)		SSM HEALTH CARE OF WISCONSIN		No

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
ST MARY'S FOUNDATION INC 477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1940686	FUNDRAISING	WI	501(C)(3)	LINE 7	SSM HEALTH CARE OF WISCONSIN		No
ST CLARE HEALTH CARE FOUNDATION INC 477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1940683	FUNDRAISING	WI	501(C)(3)	LINE 7	SSM HEALTH CARE OF WISCONSIN		No
HOME HEALTH UNITED INC 4639 HAMMERSLEY ROAD MADISON, WI 53713 39-1539827	HEALTH CARE	WI	501(C)(3)	LINE 9	SSM HEALTH CARE OF WISCONSIN		No
HOME CARE UNITED INC 4639 HAMMERSLEY ROAD MADISON, WI 53713 39-1776340	HEALTH CARE	WI	501(C)(3)	LINE 9	SSM HEALTH CARE OF WISCONSIN		No
HHU XTRA CARE INC 4639 HAMMERSLEY ROAD MADISON, WI 53713 39-1705111	HEALTH CARE	WI	501(C)(3)	LINE 9	SSM HEALTH CARE OF WISCONSIN		No
SSM REGIONAL HEALTH SERVICES 477 N LINDBERGH BLVD ST LOUIS, MO 63141 44-0579850	HEALTH CARE	MO	501(C)(3)	LINE 3	SSM HEALTH CARE CORPORATION		No
ST FRANCIS HOSPITAL FOUNDATION 477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1099253	FUNDRAISING	MO	501(C)(3)	LINE 7	SSM REGIONAL HEALTH SERVICES		No
ST MARY'S HEALTH CENTER FOUNDATION 477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1575307	FUNDRAISING	MO	501(C)(3)	LINE 11B, II	SSM REGIONAL HEALTH SERVICES		No
GOOD SAMARITAN REGIONAL HEALTH CENTER 477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-0653587	HEALTH CARE	IL	501(C)(3)	LINE 3	SSM REGIONAL HEALTH SERVICES		No
ST MARY'S HOSPITAL CENTRALIA ILLINOIS 477 N LINDBERGH BLVD ST LOUIS, MO 63141 37-0662580	HEALTH CARE	IL	501(C)(3)	LINE 3	SSM REGIONAL HEALTH SERVICES		No
ST MARY'S - GOOD SAMARITAN INC 477 N LINDBERGH BLVD ST LOUIS, MO 63141 36-4170833	HEALTH CARE	IL	501(C)(3)	LINE 11A, I	SSM REGIONAL HEALTH SERVICES		No
GOOD SAMARITAN REGIONAL HEALTH CENTER FOUNDATION 477 N LINDBERGH BLVD ST LOUIS, MO 63141 26-2884795	FUNDRAISING	IL	501(C)(3)	LINE 7	ST MARY'S-GOOD SAMARITAN INC		No
ST MARY'S HOSPITAL FOUNDATION 477 N LINDBERGH BLVD ST LOUIS, MO 63141 36-4636691	FUNDRAISING	IL	501(C)(3)	LINE 7	ST MARY'S-GOOD SAMARITAN INC		No
SSM HEALTH CARE ST LOUIS 477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1343281	HEALTH CARE	MO	501(C)(3)	LINE 3	SSM HEALTH CARE CORPORATION		No
CENTRALIA MEDICAL SERVICES BLDG ASSOC 477 N LINDBERGH BLVD ST LOUIS, MO 63141 23-7408025	HEALTH CARE	IL	501(C)(3)	LINE 11B, II	SSM REGIONAL HEALTH SERVICES		No
ST MARY'S JANESVILLE FOUNDATION INC 477 N LINDBERGH BLVD ST LOUIS, MO 63141 27-3439133	FUNDRAISING	WI	501(C)(3)	LINE 7	SSM HEALTH CARE OF WISCONSIN		No
FRANCISCAN SISTERS OF MARY 1100 BELLEVUE AVE ST LOUIS, MO 63117 43-1012492	RELIGIOUS ORGANIZATION	MO	501(C)(3)	LINE 1	N/A		No
LEE DEWEY CORPORATION 477 N LINDBERGH BLVD ST LOUIS, MO 63141 73-1279603	MOB	OK	501(C)(3)	LINE 11A, I	SSM HEALTH CARE OF OKLAHOMA		No
HEALTH CARE FOR KIDS 4055 LINDELL BLVD ST LOUIS, MO 63141 43-1620093	HEALTH CARE	MO	501(C)(3)	LINE 3	SSM CARDINAL GLENNON CHILDREN'S HOSPITAL		No
SSM HOSPICE & HOME CARE FOUNDATION 477 N LINDBERGH BLVD ST LOUIS, MO 63141 30-0012246	FUNDRAISING	MO	501(C)(3)	LINE 7	SSM HEALTH BUSINESSES	Yes	

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	g Section 512(b)(13) controlled organization	
ST MARY'S HOSPITAL AUXILIARY 100 ST MARYS MEDICAL PLAZA JEFFERSON CITY, MO 65101 43-6049878	FUNDRAISING	MO	501(C)(3)	LINE 11B, II	N/A		No
GOOD SAMARITAN HOSPITAL AUXILIARY 605 NORTH 12TH STREET MT VERNON, IL 62864 23-7049599	FUNDRAISING	IL	501(C)(3)	LINE 11C, III-FI	SSM HEALTH CARE OF WISCONSIN		No
HHU-VNS FOUNDATION 4639 HAMMERSLEY ROAD MADISON, WI 53713 39-1938309	FUNDRAISING	WI	501(C)(3)	LINE 7	N/A		No
ST MARY'S HOSPITAL AUXILIARY 400 N PLEASANT CENTRALIA, IL 62801 23-7123645	FUNDRAISING	IL	501(C)(3)	LINE 9			No

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?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SSM SJ ENDOSCOPY 477 N LINDBERGH BLVD ST LOUIS, MO 63141 27-0046559	SURGERY SERVICES	MO	N/A									
SSMCDI IMAGING 3440 DEPAUL LN STE 100 BRIDGETON, MO 63044 26-3791858	IMAGING SERVICES	MO	N/A									
SA MT AMB SURG 110 N LEE OKLAHOMA CITY, OK 73103 73-1528341	SURGERY SERVICES	OK	N/A									
ST CLARE IMAGING SERVICES 707 14TH STREET SUITE A BARABOO, WI 53913 20-0122365	DIAG SERVICES	WI	N/A									
MT VERNON RADIATION THERAPY CENTER 477 N LINDBERGH BLVD ST LOUIS, MO 63141 20-1382620	RADIATION THERAPY	IL	N/A									
SLEEPNEURO SO IL 477 N LINDBERGH BLVD ST LOUIS, MO 63141 20-8468195	DIAG SERVICES	IL	N/A									
SMHC SURG CO-MGMT 100 ST MARYS MEDICAL PLAZA JEFFERSON CITY, MO 65101 20-8929305	MANAGEMENT	MO	N/A									
SMHC CARD CO-MGMT 100 ST MARYS MEDICAL PLAZA JEFFERSON CITY, MO 65101 20-8929381	MANAGEMENT	MO	N/A									
SMHC MUSC CO-MGMT 100 ST MARYS MEDICAL PLAZA JEFFERSON CITY, MO 65101 20-8929237	MANAGEMENT	MO	N/A									
CHOWSMGSI 605 N 12TH STREET ST LOUIS, MO 63141 37-1383861	MOB	IL	N/A									
COMP CANCER CARE 477 N LINDBERGH BLVD ST LOUIS, MO 63141 20-1382727	MOB	IL	N/A									
MIA OF ST CHARLES 132 NORTH KANSAS ST ROOM 212 ST CHARLES, MO 63301 42-2125740	DIAG SERVICES	MO	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 LINBERGH BLVD ST LOUIS, MO 63141 43-1708511	HEALTH PROMOTION	MO	N/A	C			
FPP INC 477 N LINBERGH BLVD ST LOUIS, MO 63141 43-1465174	HEALTH CARE	MO	N/A	C			
DIVERSIFIED HEALTH SERVICES CORP 477 N LINBERGH BLVD ST LOUIS, MO 63141 43-1369305	MEDICAL EQUIPMENT	MO	N/A	C			
SSM CARDIO AND THORACIC SERVICES INC 477 N LINBERGH BLVD ST LOUIS, MO 63141 26-0286559	HEALTH CARE	MO	N/A	C			
SSM PROPERTIES INC 477 N LINBERGH BLVD ST LOUIS, MO 63141 43-1462486	PROPERTY SERVICES	MO	N/A	C			
SSM DEPAUL MEDICAL GROUP INC 477 N LINBERGH BLVD ST LOUIS, MO 63141 43-1715106	HEALTH CARE	MO	N/A	C			
SSM ST CHARLES CLINIC MED GROUP INC 477 N LINBERGH BLVD ST LOUIS, MO 63141 43-0626408	PHYSICIAN OFFICES	MO	N/A	C			
HEALTH FIRST PHYS MANAGEMENT 477 N LINBERGH BLVD ST LOUIS, OK 63141 73-1534336	MEDICAL SERVICES	OK	N/A	C			
SSMHCS LIABILITY TRUST II 477 N LINBERGH BLVD ST LOUIS, MO 63141 81-6128118	INSURANCE	MO	N/A	C			
SSM NEUROSCIENCES INC 477 N LINBERGH BLVD ST LOUIS, MO 63141 26-3413981	HEALTH CARE	MO	N/A	C			
SSM MEDICAL GROUP INC 477 N LINBERGH BLVD ST LOUIS, MO 63141 43-1664107	PHYSICIAN OFFICES	MO	N/A	C			
SSMHC INSURANCE COMPANY 477 N LINBERGH BLVD ST LOUIS, MO 63141 03-0310431	INSURANCE	CA	N/A	C			
SSM ORTHOPEDIC INC 477 N LINBERGH BLVD ST LOUIS, MO 63141 27-1557033	HEALTH CARE	MO	N/A	C			
SSM CANCER CARE 477 N LINBERGH BLVD ST LOUIS, MO 63141 27-1557324	HEATH CARE	MO	N/A	C			
SSM ST JOSEPH SURGERY CENTER 477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1822767	HEALTH CARE	MO	N/A	C			
ST MARY'S DEAN VENTURES INC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-1628491	HEALTH CARE	WI	N/A	C			
SHARED MRI FACILITY INC 1104 JOHN NOLEN DRIVE MADISON, WI 53713 39-1534744	HEALTH CARE	WI	N/A	C			
PHYSICIANS SERVICES CORP OF SOUTHERN ILLINOIS 477 N LINBERGH BLVD ST LOUIS, MO 63141 36-4161526	HEALTH CARE	IL	N/A	C			