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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2011 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011		D Employer identification number 43-1552945	
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization SSM ST MARY'S HEALTH CENTER FOUNDATION		E Telephone number (314) 994-7800
	Doing Business As SEE SCHEDULE O		G Gross receipts \$ 3,343,142
	Number and street (or P O box if mail is not delivered to street address) 477 N LINDBERGH BLVD	Room/suite	
	City or town, state or country, and ZIP + 4 ST LOUIS, MO 63141		
	F Name and address of principal officer WILIAM THOMPSON 477 N LINDBERGH BLVD ST LOUIS, MO 63141		H(a) Is this a group return for affiliates? ☐ Yes ☒ No
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (Insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
J Website: WWW.SSMHC.ORG		H(c) Group exemption number 0928	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation 1990	M State of legal domicile MO

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO SUPPORT SSM ST MARY'S HEALTH CENTER		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	31	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	874,239	3,165,771
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-73,824	143,256
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-6,003	-7,227
		794,412	3,301,800
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	141,548	157,290
	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)	269,479	225,202
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ☐ 120,962		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	63,668	73,172
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	474,695	455,664
	19 Revenue less expenses Subtract line 18 from line 12	319,717	2,846,136
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	2,264,117	4,790,753
	21 Total liabilities (Part X, line 26)	67,078	32,273
	22 Net assets or fund balances Subtract line 21 from line 20	2,197,039	4,758,480

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	***** Signature of officer			2012-11-15 Date	
	JUNE L PICKETT ASST SECRETARY Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	SRIRAM SRINIVASAN	Date	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions) 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

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

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.	

[illegible][illegible]

4d	Other program services (Describe in Schedule O)			
	(Expenses \$	including grants of \$	) (Revenue \$	)

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.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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.		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.		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.		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.		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.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		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.		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.	Yes	
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, line 10? If "Yes," complete Schedule D, Part VI.	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.	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.		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.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	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.	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.		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.	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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.		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.		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.		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.		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.	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		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.		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance						
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	0			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			2b			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		No	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account 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	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?					7b	Yes
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	19		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16
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 ▶	
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 ▶ BONNIE THORN 1195 CORPORATE LAKE ST LOUIS, MO 63132 (314) 989-3640	

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) JOY BRAY TRUSTEE	1 00	X						0	0	0
(2) SR BETTY BRUCKER FSM TRUSTEE	1 00	X						0	0	0
(3) RICH GAU TRUSTEE	1 00	X						0	0	0
(4) JIM HOFFMEISTER TRUSTEE	1 00	X						0	0	0
(5) GREGORY HOWELL TRUSTEE	1 00	X						0	0	0
(6) STEVE JOHNSON TRUSTEE/HOSP PRES PT YR	1 00	X		X				0	539,699	229,061
(7) ROBERT JORDAN TRUSTEE & TREASURER	1 00	X		X				0	0	0
(8) ROBERT KOESTER TRUSTEE & CHAIRPERSON	1 00	X		X				0	0	0
(9) MARY MCCURTREY TRUSTEE	1 00	X						0	0	0
(10) KRIS PERKINS TRUSTEE	1 00	X						0	0	0
(11) DONALD REEVES TRUSTEE	1 00	X						0	0	0
(12) ANDRIA SIMCKES TRUSTEE	1 00	X						0	0	0
(13) THOMAS J VITALE MD TRUSTEE	1 00	X						0	526,830	23,226
(14) LINDA M WASH TRUSTEE	1 00	X						0	0	0
(15) DARREN WETHERS MD TRUSTEE (PART YEAR)	1 00	X						0	0	0
(16) RICHARD WHITING MD TRUSTEE	1 00	X						0	50,806	3,087
(17) JENNIFER DAVIS TRUSTEE	1 00	X						0	0	0

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) GREG HESSER TRUSTEE	1 00	X						0	0	0
(19) TOM REH MD DIRECTOR	1 00	X						0	253,193	21,851
(20) LINDA LOWENSTEIN DIRECTOR	1 00	X						0	0	0
(21) MARY MCLENNAN MD DIRECTOR	1 00	X						0	0	0
(22) MARK FULLER TRUSTEE	1 00	X						0	75,944	43,345
(23) JUNE L PICKETT ASST SECRETARY	1 00			X				0	224,061	185,772
(24) KATE BECKER HOSPITAL PRESIDENT	1 00			X				0	102,856	4,292
(25) DENNIS HOLTER EXEC DIREC (PART YEAR)	40 00			X				0	95,060	23,838
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	1,868,449	534,472

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▶0

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

Section B. Independent Contractors

1

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

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 ▶0

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	127,568				
	d	Related organizations	1d	15,853				
	e	Government grants (contributions)	1e	16,213				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,006,137				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f		3,165,771				
Program Service Revenue	2a		Business Code					
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		55,315			55,315
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties						
6a		Gross rents	(i) Real	(ii) Personal				
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss)						
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	87,941			
b		Less cost or other basis and sales expenses		0				
c		Gain or (loss)		87,941				
d		Net gain or (loss)		87,941			87,941	
8a		Gross income from fundraising events (not including \$ 127,568 of contributions reported on line 1c) See Part IV, line 18						
a				34,115				
b		Less direct expenses		41,342				
c		Net income or (loss) from fundraising events . .		-7,227			-7,227	
9a		Gross income from gaming activities See Part IV, line 19						
a								
b		Less direct expenses						
c		Net income or (loss) from gaming activities . .						
10a		Gross sales of inventory, less returns and allowances						
a								
b		Less cost of goods sold						
c	Net income or (loss) from sales of inventory . .							
	Miscellaneous Revenue	Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions		3,301,800	0	0	136,029		

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	143,160	143,160		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	14,130	14,130		
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	111,016	16,020	42,976	52,020
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	93,596	18,452	54,384	20,760
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	20,590	4,060	11,964	4,566
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	2,232		2,232	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	4,252		3,222	1,030
12	Advertising and promotion				
13	Office expenses	44,318		14,961	29,357
14	Information technology	15,995		4,150	11,845
15	Royalties				
16	Occupancy				
17	Travel	2,252		2,106	146
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	40		40	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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	GIFTS AND CONTRIBUTIONS	4,083	0	2,845	1,238
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	455,664	195,822	138,880	120,962
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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			105,946	1	176,475
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			8,521	3	6,500
	4	Accounts receivable, net				4	
	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				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	13,441	0	10c	0
	b	Less accumulated depreciation	10b	13,441			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			2,149,650	12	4,607,778
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			2,264,117	16	4,790,753	
Liabilities	17	Accounts payable and accrued expenses				17	250
	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			67,078	25	32,023
	26	Total liabilities. Add lines 17 through 25			67,078	26	32,273
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			1,298,850	27	3,731,702
	28	Temporarily restricted net assets			355,177	28	483,766
	29	Permanently restricted net assets			543,012	29	543,012
	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			2,197,039	33	4,758,480
	34	Total liabilities and net assets/fund balances			2,264,117	34	4,790,753

Part XI Reconciliation 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	3,301,800
2	Total expenses (must equal Part IX, column (A), line 25)	2	455,664
3	Revenue less expenses Subtract line 2 from line 1	3	2,846,136
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,197,039
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-284,695
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	4,758,480

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?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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?		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		

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 ST MARY'S HEALTH CENTER FOUNDATION	Employer identification number 43-1552945
--	--

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 Se**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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 ")	457,953	774,858	252,388	874,239	485,771	2,845,209
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	457,953	774,858	252,388	874,239	485,771	2,845,209
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)						912,801
6 Public Support. Subtract line 5 from line 4						1,932,408

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	457,953	774,858	252,388	874,239	485,771	2,845,209
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	410,832	58,873	35,212	31,190	55,315	591,422
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)						3,436,631
12	Gross receipts from related activities, etc (See instructions)					12	260,445
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	56 230 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	55 220 %
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 IIIPart 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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
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
SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION AN ESTATE GIFT TOTALING \$3,165,711 WAS TREATED AS AN UNUSUAL GIFT

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 ST MARY'S HEALTH CENTER FOUNDATION

Employer identification number
43-1552945

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ 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

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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	585,718	568,227	675,293	
b	Contributions			1,000	704,351
c	Investment earnings or losses	11,161	30,598	30,510	-13,095
d	Grants or scholarships				
e	Other expenditures for facilities and programs	455	13,107	138,576	15,963
f	Administrative expenses				
g	End of year balance	596,424	585,718	568,227	675,293

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 91 000 %

c

Term endowment ▶ 9 000 %

3a

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

Yes

No

3a(ii)

Yes

b

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

3b

Yes

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

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				
c Leasehold improvements				
d Equipment		13,441	13,441	0
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				0

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 INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUNDS AND THEIR EARNINGS ARE USED TO SUPPORT THE OPERATIONS AND MISSION OF SSM ST MARY'S HEALTH CENTER
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	SSM ST MARY'S HEALTH CENTER FOUNDATION'S 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 THAT 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.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
SSM ST MARY'S HEALTH CENTER FOUNDATION

Employer identification number
43-1552945

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

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

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

3

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2011

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>GOLF TOURNAMENT</u> (event type)	 (event type)	 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	161,683		161,683
	2	Less Charitable contributions	127,568		127,568
	3	Gross income (line 1 minus line 2)	34,115		34,115
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes	3,239		3,239
	6	Rent/facility costs	19,393		19,393
	7	Food and beverages	18,710		18,710
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			
					(41,342)
					-7,227

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
SSM ST MARY'S HEALTH CENTER FOUNDATION

Employer identification number
43-1552945

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SSM ST MARY'S HEALTH CENTER6420 CLAYTON ROAD ST LOUIS,MO 63117	43-0652681	501(C)(3)	143,160				TO SUPPORT HOSPITAL OPERATIONS

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

1

3

Enter total number of other organizations listed in the line 1 table

0

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) PROVIDE FINANCIAL ASSISTANCE FOR PATIENTS WHO CANNOT AFFORD THEIR MEDICATION AND/OR TRANSPORTATION COSTS	190	14,130			

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANTS TO AN ORGANIZATION WERE MADE TO A RELATED ORGANIZATION THAT IS TAX EXEMPT UNDER SECTION 501(C)(3) THIS ORGANIZATION HAS DEVELOPED INTERNAL CONTROL PROCEDURES FOR THE USE OF GRANT FUNDS ALL GRANTS TO INDIVIDUALS INCLUDE A GRANT APPLICATION PROCESS THROUGH A PARTNER ORGANIZATION APPROVED GRANT APPLICATIONS ARE FORWARDED TO THE FOUNDATION, AND THE FOUNDATION PAYS THE REQUESTED EXPENDITURE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
SSM ST MARY'S HEALTH CENTER FOUNDATION

Employer identification number
43-1552945

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ 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 or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☐ 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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				
(1) STEVE JOHNSON	(i)	0	0	0	0	0	0	0
	(ii)	404,986	0	134,713	212,190	16,871	768,760	0
(2) THOMAS J VITALE MD	(i)	0	0	0	0	0	0	0
	(ii)	516,299	0	10,531	0	23,226	550,056	0
(3) TOM REH MD	(i)	0	0	0	0	0	0	0
	(ii)	243,577	0	9,616	0	21,851	275,044	0
(4) JUNE L PICKETT	(i)	0	0	0	0	0	0	0
	(ii)	217,587	0	6,474	169,142	16,630	409,833	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	PART I, LINE 3. COMPENSATION TO CEO/EXECUTIVE DIRECTOR. THE ORGANISATION'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. 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. NO REPORTABLE INDIVIDUALS LISTED ON PART VII OF FORM 990 RECEIVED DISTRIBUTIONS FROM THIS PLAN IN 2011.

2011

Open to Public Inspection

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.

Name of the organization

SSM ST MARY'S HEALTH CENTER FOUNDATION

Employer identification number

43-1552945

Identifier	Return Reference	Explanation
DOING BUSINESS AS	FORM 990, PAGE 1, LINE C	ST MARY'S HEALTH CENTER FOUNDATION

Identifier	Return Reference	Explanation
	FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	SINCE IT WAS FOUNDED IN 1872 BY CATHOLIC SISTERS, SSM HEALTH CARE (SSMHC) HAS EXISTED TO MEET THE HEALTH NEEDS OF THE COMMUNITIES IT SERVES. SPONSORED BY THE FRANCISCAN SISTERS OF MARY AND HEADQUARTERED IN ST LOUIS, MISSOURI, SSMHC OPERATES 17 HOSPITAL LOCATIONS, TWO SKILLED NURSING FACILITIES AND HOME HEALTH AGENCIES IN FOUR STATES. THE HEALTH SYSTEM EMPLOYEES APPROXIMATELY 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 CARE TO EVERYONE WHO COMES TO ITS HOSPITALS, REGARDLESS OF THEIR ABILITY TO PAY. FUNDING FOR PROJECTS AND PROGRAMS ARE DETERMINED BY THE FOUNDATION AND HEALTH CENTER LEADERSHIP. IF THE FUNDS BEING DISBURSED ARE BOARD DIRECTED (NOT DONOR RESTRICTED) THEN THE BOARD OF TRUSTEES OF THE FOUNDATION GIVES THE FINAL APPROVAL. IF THE FUNDS BEING DISBURSED ARE TEMPORARILY RESTRICTED FUNDS (DONOR RESTRICTED) THEN THE FUND DESIGNEE (I.E. CHAIR OF THE DEPARTMENT) DESIGNATES THE USE OF THE FUNDS THROUGH A PROJECT/CHECK REQUEST AND THE FOUNDATION'S DIRECTOR APPROVES THE USE OF THE FUNDS IN ACCORDANCE WITH THE FUND PARAMETERS (SEE FOLLOWING EXAMPLE FOR EDUCATION FUNDS). THE EMPOWER AND ENGAGE (E&E) PROGRAM - ESTABLISHED TO HELP BRIDGE THE DISPARITY GAP THAT EXISTED IN HEALTH CARE FOR THE UNDERSERVED AND UNINSURED WOMEN, AGE 40 AND OLDER, RESIDING IN THE GEOGRAPHIC AREAS OF THE CITY OF ST LOUIS, ST LOUIS COUNTY AND RURAL MISSOURI AND ILLINOIS. SINCE ITS INCEPTION IN 2001, MORE THAN 1,000 WOMEN HAVE PARTICIPATED IN THE PROGRAM. THIS COMMUNITY-CENTERED APPROACH IS ACCOMPLISHED THROUGH THE FOLLOWING GOALS: 1) TO PROVIDE FREE MAMMOGRAMS AND BASIC BREAST HEALTHCARE EDUCATION, 2) TO PROVIDE A NURTURING ENVIRONMENT TO ELIMINATE BARRIERS AND FEAR, 3) TO PROVIDE NAVIGATIONAL SERVICES AND 4) TO BUILD A COMMUNITY-APPROACH BY ENLISTING THE SERVICES OF COLLABORATING PROGRAMS/ORGANIZATIONS IN ORDER TO PROVIDE EXCEPTIONAL HEALTHCARE WITH A FULL RANGE OF SERVICES. FERTILITY CARE SERVICES - A COMMUNITY BASED PROGRAM USING PROFESSIONAL INSTRUCTION AND EDUCATION IN NATURAL FAMILY PLANNING BASED ON THE CREIGHTON MODEL FERTILITY CARE SYSTEM (CRMS), A COMPREHENSIVE AND EFFECTIVE NATURAL SYSTEM OF FERTILITY REGULATION THAT ALSO MONITORS AND MAINTAINS A WOMAN'S REPRODUCTIVE HEALTH. SHOW ME HEALTHY WOMEN - A COMMUNITY BASED PROGRAM IN MISSOURI THAT PROVIDES FREE BREAST AND CERVICAL SCREENING SERVICES TO ELIGIBLE LOW-INCOME UNDERINSURED OR UNINSURED MISSOURI WOMEN AGED 35-64. MISSION ASSISTANCE PROGRAM - PROVIDES FINANCIAL ASSISTANCE FOR PATIENTS WHO CANNOT AFFORD THEIR MEDICATION AND/OR TRANSPORTATION COSTS. THE POPULATION SERVED BY THIS PROGRAM IS THE UNDERSERVED AND UNINSURED POPULATION RESIDING IN THE GEOGRAPHICAL AREAS OF THE CITY OF ST LOUIS, ST LOUIS COUNTY AND RURAL MISSOURI AND ILLINOIS. FETAL CARE INSTITUTE - THE INSTITUTE WAS FORMED UNDER THE PRINCIPLE THAT WITH ADVANCED DIAGNOSTIC TOOLS, A TEAM-ORIENTED APPROACH, AND HIGHLY SKILLED, DEDICATED SPECIALISTS, UNBORN BABIES WITH COMPLEX PROBLEMS WOULD HAVE BETTER OUTCOMES AND FAMILIES WOULD HAVE BETTER PATIENT SATISFACTION. THE GOAL OF THE ST LOUIS FETAL CARE INSTITUTE IS TO PROVIDE A POSITIVE EXPERIENCE THAT RECOGNIZES THE UNIQUENESS OF EACH CASE AND FAMILY SITUATION. ADDITIONAL INFORMATION REGARDING SSMHC'S 2011 COMMUNITY BENEFIT REPORT CAN BE FOUND AT WWW.SSMHC.COM

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF THE FOUNDATION IS SSM HEALTH CARE ST LOUIS SSM HEALTH CARE ST LOUIS IS A NONPROFIT 501(C)(3) ORGANIZATION THAT OPERATES SIX HOSPITALS IN THE GREATER ST LOUIS, MO AREA BOTH THE FOUNDATION AND SSM HEALTH CARE ST LOUIS 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 THE BOARD OF TRUSTEES EXCEPT FOR THE TRUSTEES NAMED IN THE ARTICLES OF INCORPORATION FOR THEIR INITIAL TERM AND EXCEPT FOR ANY TRUSTEE WHO SERVES EX OFFICIO, AND TO REMOVE THE TRUSTEES WITH OR WITHOUT CAUSE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	PART VI, SECTION A, LINE 7B THE MEMBER HAS THE FOLLOWING POWERS A TO ESTABLISH AND CHANGE THE PHILOSOPHY OF THE FOUNDATION B TO APPOINT THE BOARD OF TRUSTEES EXCEPT FOR THE TRUSTEES NAMED IN THE ARTICLE OF INCORPORATION FOR THEIR INITIAL TERM AND EXCEPT FOR ANY TRUSTEE WHO SERVES EX OFFICIO, AND TO REMOVE THE TRUSTEES WITH OR WITHOUT CAUSE C TO APPROVE AMENDMENTS TO THE ARTICLES OF INCORPORATION OF THE FOUNDATION AS PROVIDED THEREIN D TO APPROVE THE BY LAWS OF THE FOUNDATION AND ANY AMENDMENTS THERETO E TO APPROVE THE MERGER, CONSOLIDATION OR DISSOLUTION OF THE FOUNDATION F TO APPROVE THE SALE, CONVEYANCE, ASSIGNMENT, TRANSFER, ALIENATION, PLEDGE, ENCUMBRANCE, MORTGAGE OR LEASE OF REAL PROPERTY OR ANY INTEREST THEREIN OF THE FOUNDATION IN ACCORDANCE WITH THE POLICIES APPROVED BY THE MEMBER FROM TIME TO TIME G TO APPROVE (I) THE ACQUISITION OF REAL PROPERTY OR ANY INTEREST THEREIN OR (II) THE ACQUISITION OF STOCK OF A CORPORATION IF, AFTER THE ACQUISITION, THE FOUNDATION WILL OWN A MAJORITY OF THE VOTING STOCK OF SUCH CORPORATION, IN ACCORDANCE WITH POLICIES APPROVED BY THE MEMBER FROM TIME TO TIME H TO APPROVE THE SALE, TRANSFER OR OTHER DISPOSITION ("DISPOSITION") OF THE VOTING STOCK OF A CORPORATION IF BEFORE THE DISPOSITION THE FOUNDATION OWNED A MAJORITY OF THE VOTING STOCK OF THE CORPORATION AND AFTER SUCH DISPOSITION THE FOUNDATION WOULD NOT OWN A MAJORITY OF THE VOTING STOCK OF THE CORPORATION, IN ACCORDANCE WITH POLICIES APPROVED BY THE MEMBER FROM TIME TO TIME I TO APPROVE ANY BORROWING OR GUARANTEES OF THE FOUNDATION IN ACCORDANCE WITH POLICIES APPROVED BY THE MEMBER FROM TIME TO TIME J TO ESTABLISH CENTRALIZED EMPLOYEE BENEFIT, INSURANCE, INVESTMENT, FINANCING, CORPORATE RESPONSIBILITY, PERFORMANCE ASSESSMENT AND IMPROVEMENT AND OTHER OPERATIONAL AND SUPPORT PROGRAMS, TO REQUIRE THE PARTICIPATION OF THE FOUNDATION IN SUCH PROGRAMS, AND TO AUTHORIZE THE OPENING AND CLOSING OF BANK ACCOUNTS AND INVESTMENT ACCOUNTS IN THE NAME OF THE FOUNDATION IN CONNECTION WITH SUCH PROGRAMS K TO APPROVE THE ACCEPTANCE OF ANY GIFT OR CONTRIBUTION WHICH, IN CONNECTION THEREWITH, WOULD IMPOSE A CONTINUING OBLIGATION UPON THE FOUNDATION, INCLUDING, WITHOUT LIMITATION, THE OBLIGATION TO PROVIDE HEALTH CARE SERVICES, PAY AN ANNUITY OR OTHERWISE, EXCEPT AS OTHERWISE DETERMINED BY THE MEMBER PURSUANT TO POLICIES ADOPTED BY THE MEMBER FROM TIME TO TIME, AND L TO APPROVE OR REJECT PROPOSALS FOR EXPENDITURES OR CONTRIBUTIONS IN ACCORDANCE WITH ARTICLE IX OF THE BYLAWS IN THE EVENT THE PRESIDENT OF THE HEALTH CENTER AND THE BOARD OF TRUSTEES DO NOT AGREE WITH RESPECT TO THE APPROVAL OF SUCH PROPOSAL

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 THE FORM 990 FROM THE SSMHC INFORMATION AND SIGNS AS PAID PREPARER PRIOR TO FINALIZING THE RETURN, A DRAFT IS SENT TO PERSONNEL AT SSMHC FOR REVIEW AND APPROVAL A COPY OF THE 990 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	RELATED ORGANIZATION EXECUTIVE SALARY/COMPENSATION INFORMATION IS BASED ON COMPARATIVE DATA WITH LIKE POSITIONS IN THE MARKET THE COMPENSATION REVIEW PROCESS IS DONE 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 SYSTEM, 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 STATEMENTS 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 ORGANIZAION'S CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC 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 TO THE FILING ORGANIZATION ARE EMPLOYED AND COMPENSATED 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 -284,695

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 ST MARY'S HEALTH CENTER FOUNDATION

Employer identification number
43-1552945

Part I

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

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

Part II

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

Yes

Yes

No

No

No

No

No

No

No

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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Software ID:

Software Version:

EIN: 43-1552945

Name: SSM ST MARY'S HEALTH CENTER FOUNDATION

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	
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 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
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

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	
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 BUSINESSES 477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1333488	HEALTH CARE	MO	501(C) (3)	LINE 3	SSM HEALTH CARE CORPORATION		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		No
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	N/A		No
HHU-VNS FOUNDATION 4639 HAMMERSLEY ROAD MADISON, WI 53713 39-1839309	FUNDRAISING	WI	501(C) (3)	LINE 7	SSMCH 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 HOSPITAL AUXILIARY 400 N PLEASANT CENTRALIA, IL 62801 23-7126345	FUNDRAISING	IL	501(C) (3)	LINE 9			No

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			

Additional Data

Software ID:
Software Version:
EIN: 43-1552945
Name: SSM ST MARY'S HEALTH CENTER FOUNDATION

Form 990, Special Condition Description:

Special Condition Description
