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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

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

C Name of organization
SSM HEALTH CARE ST LOUIS

Doing Business As
SEE SCHEDULE O

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

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

D Employer identification number
43-1343281

E Telephone number
(314) 523-8700

G Gross receipts $ 1,173,929,309

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

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ WWW SSMHC COM

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

L Year of formation 2000

M State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SSM HEALTH CARE ST LOUIS OPERATES SIX HOSPITALS AND HEALTH CENTERS AND PROVIDES OTHER RELATED HEALTH SERVICES IN THE GREATER ST LOUIS, MISSOURI METROPOLITAN AREA

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	11,793
6	Total number of volunteers (estimate if necessary)	**6**	1,040
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	7,281,703
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	71,866

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,080,747	3,670,483
9	Program service revenue (Part VIII, line 2g)	1,164,980,473	1,156,240,763
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,737,976	817,356
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,161,116	12,176,052
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,182,960,312	1,172,904,654
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	329,666	805,852
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)	517,699,274	509,760,043
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶137,520		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	612,522,167	600,985,836
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,130,551,107	1,111,551,731
19	Revenue less expenses Subtract line 18 from line 12	52,409,205	61,352,923

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	793,272,947	822,220,803
21	Total liabilities (Part X, line 26)	437,730,789	457,761,466
22	Net assets or fund balances Subtract line 21 from line 20	355,542,158	364,459,337

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

****** | 2013-11-15
Signature of officer | Date

JUNE L PICKETT SECRETARY
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BROOKE KITCHEN				P00849302

Firm's name ▶ DELOITTE TAX LLP | Firm's EIN ▶ 86-1065772

Firm's address ▶ 1111 BAGBY STREET SUITE 4500
HOUSTON, TX 77002 | Phone no (713) 982-2000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,021,661,954 including grants of $ 805,852) (Revenue $ 1,158,150,092)

PLEASE SEE SCHEDULE O FOR A COMPLETE DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 1,021,661,954

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	11,793		
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	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 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 as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the 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 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** 12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its 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 this 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**	Yes	
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**	Yes	

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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 during the tax year

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

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

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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								5,246,639	9,439,950	5,867,748

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 ▶ 288

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ST LOUIS UNIVERSITY 1402 S GRAND BLVD ST LOUIS MO 36104	MEDICAL SERVICES	10,262,787
INTERFACE CONSTRUCTION CORP 8401 WABASH BERKELEY MO 63134	CONSTRUCTION SERVICES	7,974,408
SSM SELECT REHAB OF ST LOUIS LLC 3572 SOLUTIONS CENTER CHICAGO IL 606773005	MEDICAL SERVICES	7,865,903
ALBERICI CONSTRUCTORS INC 8800 PAGE AVE ST LOUIS MO 631146106	CONSTRUCTION SERVICES	7,396,029
METRO WEST ANESTHESIA 400 SOUTH WOODS MILL ROAD CHESTERFIELD MO 63017	MEDICAL SERVICES	5,072,711

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 ▶ 82

Part VIII Statement of Revenue

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

				(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	12,864			
	d	Related organizations	1d	3,409,954			
	e	Government grants (contributions)	1e	78,979			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	168,686			
	g	Noncash contributions included in lines 1a-1f $		149,830			
	h	**Total.** Add lines 1a-1f		3,670,483			
Program Service Revenue			Business Code				
	2a	NET PATIENT REVENUE	621110	1,118,657,945	1,118,657,945		
	b	OTHER OPERATING REVENUE	621110	37,582,818	35,827,252	1,755,566	
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		1,156,240,763			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		458,073			458,073
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					

		(i) Real	(ii) Personal				
6a	Gross rents	3,507,962					
b	Less rental expenses	587,243					
c	Rental income or (loss)	2,920,719					
d	Net rental income or (loss)			2,920,719			2,920,719

		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory	326,014	33,269				
b	Less cost or other basis and sales expenses	0	0				
c	Gain or (loss)	326,014	33,269				
d	Net gain or (loss)			359,283			359,283

8a	Gross income from fundraising events (not including $ 12,864 of contributions reported on line 1c) See Part IV, line 18	a	100,215				
b	Less direct expenses	b	56,547				
c	Net income or (loss) from fundraising events			43,668			43,668
9a	Gross income from gaming activities See Part IV, line 19	a					
b	Less direct expenses	b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	a	401,498				
b	Less cost of goods sold	b	380,865				
c	Net income or (loss) from sales of inventory			20,633			20,633

	Miscellaneous Revenue	Business Code				
11a	PHARMACY	446110	4,485,950		4,485,950	
b	LABORATORY SERVICES	621500	354,841		354,841	
c						
d	All other revenue		4,350,241	3,664,895	685,346	
e	**Total.** Add lines 11a–11d		9,191,032			
12	**Total revenue.** See Instructions		1,172,904,654	1,158,150,092	7,281,703	3,802,376

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)

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	805,852	805,852		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,028,069	1,047,725	4,980,344	
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	381,228,485	355,237,896	25,990,589	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,923,644	31,505,806	2,417,838	
9 Other employee benefits	63,583,857	58,667,902	4,915,955	
10 Payroll taxes	24,995,988	23,041,046	1,954,942	
11 Fees for services (non-employees)				
a Management	24,736,409	14,167,211	10,569,198	
b Legal	3,856,361		3,856,361	
c Accounting	416,931		416,931	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	97,905,461	90,016,367	7,842,335	46,759
12 Advertising and promotion	4,585,930	4,254,188	331,742	
13 Office expenses	49,293,760	44,660,315	4,564,416	69,029
14 Information technology	58,145,982	52,090,005	6,046,929	9,048
15 Royalties . .				
16 Occupancy	30,051,482	25,583,570	4,467,912	
17 Travel	1,938,322	647,853	1,279,685	10,784
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	357,582	293,950	63,164	468
20 Interest	8,559,015	2,769,259	5,789,756	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	49,505,797	43,798,733	5,705,632	1,432
23 Insurance	-3,879,862	163,043	-4,042,905	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	204,061,895	204,061,895	0	0
b MEDICARE PROVIDER TAX	67,916,536	67,916,536	0	0
c BOND RELATED FEES	2,320,744	249,024	2,071,720	0
d LICENSES	910,241	683,778	226,463	0
e All other expenses	303,250		303,250	
25 **Total functional expenses.** Add lines 1 through 24e	1,111,551,731	1,021,661,954	89,752,257	137,520
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		11,985,294	2	45,609,754
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		163,532,554	4	166,380,964
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		1,262,505	7	
	8	Inventories for sale or use		18,826,453	8	17,896,056
	9	Prepaid expenses and deferred charges		5,286,154	9	5,122,499
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,122,111,076			
	b	Less accumulated depreciation	10b 610,916,050	509,717,568	10c	511,195,026
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		30,955,217	12	24,538,955
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		3,827,468	14	3,066,293
	15	Other assets See Part IV, line 11		47,879,734	15	48,411,256
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		793,272,947	16	822,220,803
Liabilities	17	Accounts payable and accrued expenses		91,850,308	17	99,842,403
	18	Grants payable			18	
	19	Deferred revenue		854,742	19	831,742
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		345,025,739	25	357,087,321
	26	**Total liabilities.** Add lines 17 through 25		437,730,789	26	457,761,466
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		346,575,616	27	354,735,781
	28	Temporarily restricted net assets		6,472,237	28	7,201,793
	29	Permanently restricted net assets		2,494,305	29	2,521,764
		Organizations that do not follow SFAS 117 (ASC 958), 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		355,542,158	33	364,459,337
	34	Total liabilities and net assets/fund balances		793,272,947	34	822,220,803

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,172,904,654
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,111,551,731
3	Revenue less expenses Subtract line 2 from line 1	3	61,352,923
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	355,542,158
5	Net unrealized gains (losses) on investments	5	769,466
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-53,205,210
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	364,459,337

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
SSM HEALTH CARE ST LOUIS

Employer identification number
43-1343281

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a 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—2012.** 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—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
SSM HEALTH CARE ST LOUIS	43-1343281

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		36,441
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			36,441
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
SSM HEALTH CARE ST LOUIS

Employer identification number
43-1343281

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

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

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

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

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

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

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

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 XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	2,708,076	2,654,649	2,635,031	2,565,757	2,623,975
b	Contributions	26,501		14,648	163,187	3,000
c	Net investment earnings, gains, and losses	51,566	53,882	135,542	44,663	-55,299
d	Grants or scholarships					
e	Other expenditures for facilities and programs		455	130,572	138,576	5,919
f	Administrative expenses					
g	End of year balance	2,786,143	2,708,076	2,654,649	2,635,031	2,565,757

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 3 000 %
- b Permanent endowment ▶ 91 000 %
- c Temporarily restricted endowment ▶ 6 000 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

4 Describe in Part XIII 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		47,106,813		47,106,813
b Buildings		655,446,627	312,041,196	343,405,431
c Leasehold improvements		13,754,547	8,552,594	5,201,953
d Equipment		386,005,249	290,322,260	95,682,989
e Other		19,797,840		19,797,840
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				511,195,026

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

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

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

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

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	44,756,892
(2) OTHER NONCURRENT ASSETS	3,654,364
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	48,411,256

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
PAYABLE TO THIRD-PARTY PAYORS	37,058,847
DUE TO RELATED PARTIES	8,234,333
OTHER LIABILITIES	6,330,186
ASSET RETIREMENT LIABILITY	3,250,330
CAPITAL LEASES	21,102
PENSION FUNDING LIABILITY	74,048,595
ALLOCATED TAX EXEMPT DEBT (ISSUED BY SSM HEALTH CARE)	228,143,928
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	357,087,321

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI 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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII 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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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	ALL ENDOWMENT FUNDS WILL BE USED TO PROVIDE HEALTH CARE SERVICES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	SSM HEALTH CARE ST LOUIS' FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF SSM HEALTH CARE CORPORATION (SSMHC), A RELATED ORGANIZATION SSMHC EVALUATES ITS UNCERTAIN TAX POSITIONS ON AN ANNUAL BASIS A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS THERE HAVE BEEN NO UNCERTAIN TAX POSITIONS RECORDED IN 2012 OR 2011

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
SSM HEALTH CARE ST LOUIS

Employer identification number
43-1343281

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 email 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

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

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 JEWELRY/ELECTRNCS SALE (event type)	(b) Event #2 SHOE/PURSE SALE (event type)	(c) Other events 3 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	26,400	51,830	25,846	104,076
	2 Less Contributions			3,861	3,861
	3 Gross income (line 1 minus line 2)	26,400	51,830	21,985	100,215
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			2,260	2,260
	6 Rent/facility costs			100	100
	7 Food and beverages			1,246	1,246
	8 Entertainment				
	9 Other direct expenses	24,130	18,736	10,075	52,941
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(56,547)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				43,668

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

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

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

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ 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 of the third party

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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
SSM HEALTH CARE ST LOUIS

Employer identification number
43-1343281

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			46,033,595		46,033,595	4 140 %
b Medicaid (from Worksheet 3, column a)			224,752,743	248,335,442	-23,582,699	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			270,786,338	248,335,442	22,450,896	4 140 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			689,499	15,800	673,699	0 060 %
f Health professions education (from Worksheet 5)			17,675,727	8,039,953	9,635,774	0 870 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			480,052		480,052	0 040 %
j **Total.** Other Benefits			18,845,278	8,055,753	10,789,525	0 970 %
k **Total.** Add lines 7d and 7j			289,631,616	256,391,195	33,240,421	5 110 %

Part II **Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development			2,963		2,963	0 %
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building			106,000		106,000	0 010 %
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**			108,963		108,963	0 010 %

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	20,361,158		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	324,826,652	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	326,656,364	
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-1,829,712	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used			

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	1 SSM ST JOSEPH ENDOSCOPY CENTER LLC	OPERATE AN ENDOSCOPY CENTER	50 000 %	0 %	50 000 %
2	2 ST LOUIS CYBERKNIFE LLC	OPERATE A CANCER TREATMENT CENTER	47 000 %	0 %	53 000 %
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
5

	Name, address, and primary website address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	DEPAUL HEALTH CENTER 12303 DEPAUL DRIVE ST LOUIS,MO 63044	X	X					X			A
2	ST MARY'S HEALTH CENTER 6420 CLAYTON ROAD ST CHARLES,MO 63117	X	X		X			X			A
3	ST JOSEPH HEALTH CARE 300 FIRST CAPITAL DRIVE ST CHARLES,MO 63301	X	X					X			A
4	ST CLARE HEALTH CENTER 1015 BOWLES AVENUE FENTON,MO 63026	X	X					X			A
5	SSM ST JOSEPH HOSPITAL WEST 100 MEDICAL DRIVE LAKE ST LOUIS,MO 63367	X	X					X			A

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

FACILITY REPORTING GROUP - A

Name of hospital facility or facility reporting group _____

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A) _____

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	1		
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 ___			
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5	Did the hospital facility make its CHNA report widely available to the public?	5		
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website			
b	☐ Available upon request from the hospital facility			
c	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
a	☐ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☐ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide plan			
e	☐ Inclusion of a community benefit section in operational plans			
f	☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☐ Prioritization of health needs in its community			
h	☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a		
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $_____			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☑ Insurance status			
e ☑ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☑ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☐ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☐ Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- **d** ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individuals to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?
3

	Name and address	Type of Facility (describe)
1	ST JOSEPH HEALTH CENTER-WENTZVILLE 500 MEDICAL DRIVE WENTZVILLE,MO 63385	MENTAL HEALTH FACILITY
2	ST JOSEPH SURGERY CENTER 1475 KISKER ROAD ST CHARLES,MO 63304	GENERAL MEDICAL AND SURGICAL CLINIC
3	ST JOSEPH MEDICAL PARK 1475 KISKER ROAD ST CHARLES,MO 63304	OUTPATIENT CLINIC FOR RADIOLOGY/ONCOLOGY
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

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

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

Identifier	ReturnReference	Explanation
		PART I, QUESTION 3BSSM HEALTH CARE ST LOUIS USES FEDERAL POVERTY GUIDELINES (FPG) TO DETERMINE ELIGIBILITY FOR PROVIDING DISCOUNTED CARE TO LOW INCOME INDIVIDUALS THE APPLICABLE PERCENTAGE VARIES BASED ON HOW MUCH THE APPLICANT'S INCOME EXCEEDS FPG GUIDELINES THE FOLLOWING SCHEDULE IS USED TO DETERMINE ELIGIBILITY FOR PROVIDING DISCOUNTED CARE APPLICANT'S INCOME IS CHARITY CARE PERCENTAGELESS THAN OR EQUAL TO 2 TIMES FPG 100% MORE THAN 2 TIMES, LESS THAN 2 5 TIMES FPG 80%MORE THAN 2 5 TIMES, LESS THAN 3 TIMES FPG 60% MORE THAN 3 TIMES, LESS THAN 3 5 TIMES FPG 40% MORE THAN 3 5 TIMES, LESS THAN 4 TIMES FPG 20%4 OR MORE TIMES FPG 0%PART I, QUESTION 3CAN EXCEPTION TO THE SLIDING SCALE IS PROVIDED FOR A PATIENT'S BALANCE DUE IF THE AMOUNT IS TOO LARGE TO BE REASONABLY PAID THROUGH AN INSTALLMENT PLAN OVER FOUR YEARS GIVEN THE FAMILY INCOME AND EXPENSES TO FURTHER STREAMLINE AND AUTOMATE THE FINANCIAL ASSISTANCE PROCESS, SSM HEALTH CARE ST LOUIS WILL AUTOMATICALLY CONSIDER 100% OF THE PATIENT ACCOUNT AS CHARITY IF THE COMMERCIAL SOFTWARE SYSTEM (SEARCHAMERICA) INDICATES THAT THE PATIENT IS LIVING AT OR BELOW 100% OF THE FEDERAL POVERTY LEVEL (FPL) THIS PROCESS IS CALLED "PRESUMPTIVE ELIGIBILITY" PART I, QUESTION 6ASSM HEALTH CARE ST LOUIS IS PART OF THE INTEGRATED HEALTH SYSTEM KNOWN AS SSM HEALTH CARE IN AN EFFORT TO STRENGTHEN ITS COMMUNITY BENEFIT PROGRAM, SSM HEALTH CARE PLANS FOR, MEASURES, AND COMMUNICATES IN AN ANNUAL REPORT CHARITY CARE PROVIDED TO PERSONS WHO ARE LOW INCOME, THE UNPAID COSTS OF PUBLIC PROGRAMS AND OTHER ACTIVITIES THAT RESPOND TO COMMUNITY NEED, IMPROVE COMMUNITY HEALTH, OR REACH OUT TO LOW INCOME AND VULNERABLE PERSONS SSM HEALTH CARE'S 2012 ANNUAL COMMUNITY BENEFIT REPORT FOR THE SYSTEM CAN BE FOUND AT WWW SSMHC COM PART I, QUESTION 7CHARITY CARE COSTING METHODOLOGY THE COST OF CHARITY CARE IS CALCULATED IN COMPLIANCE WITH CATHOLIC HEALTH ASSOCIATION (CHA) GUIDELINES A COST TO CHARGE RATIO CALCULATED USING THE IRS WORKSHEET 2, RATIO OF PATIENT CARE COST TO CHARGE, WAS USED TO COMPUTE CHARITY CARE AT COST THIS IS THE RATIO OF TOTAL ADJUSTED OPERATING EXPENSE TO TOTAL GROSS PATIENT REVENUE THE GROSS REVENUE AMOUNT IS A GROSS AMOUNT PRIOR TO CONTRACTUAL ADJUSTMENTS AND BAD DEBTS BOTH GROSS REVENUE AND COST ARE BASED ON CHARGES AT DATE/TIME OF SERVICE UNREIMBURSED MEDICAID COSTING METHODOLOGY THE COST OF UNREIMBURSED MEDICAID IS CALCULATED IN COMPLIANCE WITH CATHOLIC HEALTH ASSOCIATION (CHA) GUIDELINES A COST TO CHARGE RATIO CALCULATED UTILIZING IRS WORKSHEET 2, RATIO OF PATIENT CARE COST TO CHARGE, WAS USED TO COMPUTE UNREIMBURSED MEDICAID COSTS THIS IS THE RATIO OF TOTAL ADJUSTED OPERATING EXPENSE TO TOTAL GROSS PATIENT REVENUE THE GROSS REVENUE AMOUNT IS A GROSS AMOUNT PRIOR TO CONTRACTUAL ADJUSTMENTS AND BAD DEBTS BOTH GROSS REVENUE AND COST ARE BASED ON CHARGES AT DATE/TIME OF SERVICE THE UNREIMBURSED COST OF MEDICAID IS NEGATIVE DUE TO THE FACT THAT FEDERAL REIMBURSEMENT ALLOWANCE (FRA) RECEIPTS ARE INCLUDED IN THE CALCULATION THROUGH THE FRA PROGRAM, MISSOURI'S MEDICAID PROGRAM USES FUNDS THAT HAVE BEEN ASSESSED FROM HOSPITALS TO EARN MATCHING FEDERAL DOLLARS, ALLOWING MISSOURI'S GENERAL REVENUE FUNDS TO BE USED FOR OTHER STATE PRIORITIES THESE FUNDS ARE PROVIDED AS REIMBURSEMENT TO HOSPITALS FOR THE COST OF TREATING THE UNINSURED AND MEDICAID RECIPIENTS THE PROGRAM ENABLES OUR HOSPITALS TO PROVIDE SAFETY NET SERVICES FOR THE POOR AND UNINSURED OF THE COMMUNITY COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS COSTING METHODOLOGY THE COSTS FOR THESE PROGRAMS WERE DERIVED FROM THE ACTUAL COSTS INCURRED IN THESE AREAS THE EXPENDITURES ARE DETERMINED BASED ON ACTUAL INVOICES OR DOLLAR AMOUNTS SPENT AND CHARGED TO THESE DEPARTMENTS HEALTH PROFESSIONAL EDUCATION COSTING METHODOLOGY THE EXPENSES FOR HEALTH PROFESSION EDUCATION WERE TAKEN FROM THE DEPARTMENT'S INCOME AND EXPENSE STATEMENT, DERIVED FROM THE ACCOUNTING SYSTEM AMOUNTS PAID FROM RESIDENT DEPARTMENTS WERE ALSO INCLUDED RESEARCH COSTING METHODOLOGY RESEARCH EXPENSES WERE TAKEN FROM THE INCOME AND EXPENSE STATEMENT FOR THE RESEARCH DEPARTMENTS, DERIVED FROM THE ACCOUNTING SYSTEM CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS COSTING METHODOLOGY CONTRIBUTION EXPENDITURES ARE BASED ON ACTUAL INVOICES THAT WERE CAPTURED AND REPORTED FOR THIS PROGRAM
	PART II, COMMUNITY BUILDING ACTIVITIES	SSM HEALTH CARE ST LOUIS PARTICIPATES IN A WIDE ARRAY OF COMMUNITY AND CIVIC ORGANIZATIONS IN THE PROMOTION OF HEALTH CARE AND COMMUNITY BUILDING ACTIVITIES SPECIFIC ACTIVITIES REPORTED IN PART II OF SCHEDULE H INCLUDE THE FOLLOWING COMMUNITY BUILDING ECONOMIC DEVELOPMENT TWO SSM EMPLOYEES HOLD BOARD POSITIONS ON NORTH COUNTY INCORPORATED, A REGIONAL ECONOMIC DEVELOPMENT ASSOCIATION COMMUNITY BUILDING COALITION BUILDING SSM HOSPITALS PROVIDE LITERATURE AND OTHER SMALL GIVEAWAYS FOR SCHOOL NURSES, DONATIONS TO PARISH PICNICS AND DONATIONS TO A SPECIAL EDUCATION PROM, PARISH NURSES ARE SSM EMPLOYEES WHO DO 100% OF THEIR WORK IN THEIR CHURCHES PARISH NURSES SERVE AS HEALTH EDUCATOR, HEALTH COUNSELOR, RESOURCE AND REFERRAL PERSON, AND COORDINATOR OF HEALTH RELATED SERVICES IN THEIR CHURCH THEY OFFER ASSISTANCE TO INDIVIDUALS IN MODIFYING LIFE STYLES, ADJUSTING TO DISEASE, AND COPING WITH CHRONIC ILLNESS THEY PROVIDE EMOTIONAL AND SPIRITUAL SUPPORT IN TIMES OF ANXIETY, CRISIS, AND TERMINAL

Identifier	ReturnReference	Explanation
		PART III, SECTION A, LINE 2BAD DEBT COSTING METHODOLOGY BAD DEBT EXPENSE REPORTED IN THE ACCOUNTING SYSTEM, ADJUSTED FOR BAD DEBT RECOVERIES, WAS USED, MULTIPLIED BY THE COST TO CHARGE RATIO USING IRS WORKSHEET 2, RATIO OF PATIENT CARE COST TO CHARGES PART III, SECTION A, LINE 3SSM HEALTH CARE ST LOUIS DID NOT MAKE AN ESTIMATE OF THE ORGANIZATION'S BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY PART III, SECTION A, LINE 4SSM HEALTH CARE ST LOUIS IS PART OF THE SSM HEALTH CARE CONSOLIDATED AUDIT THE FOOTNOTE THAT REFERENCES BAD DEBT EXPENSE IN THE DECEMBER 31, 2012 CONSOLIDATED AUDIT IS AS FOLLOW "IN LINE WITH ITS MISSION, SSMHC PROVIDES SERVICES TO PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY FOR THOSE SERVICES FOR SOME OF ITS PATIENT SERVICES, SSMHC RECEIVES NO PAYMENT OR PAYMENT THAT IS LESS THAN THE FULL COST OF PROVIDING THE SERVICES SSMHC VOLUNTARILY PROVIDES FREE CARE TO PATIENTS WHO ARE UNABLE TO PAY FOR ALL OR PART OF THEIR HEALTH CARE EXPENSES AS DETERMINED BY SSMHC'S CRITERIA FOR FINANCIAL ASSISTANCE BECAUSE SSMHC DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS PATIENT SERVICE REVENUES IN SOME CASES, SSMHC DOES NOT RECEIVE THE AMOUNT BILLED FOR PATIENT SERVICES EVEN THOUGH IT DID NOT RECEIVE INFORMATION NECESSARY TO DETERMINE IF THE PATIENTS MET THE CRITERIA FOR FINANCIAL ASSISTANCE THE ESTIMATED COST OF CHARITY AND THE COST OF DOUBTFUL ACCOUNTS ARE AS FOLLOWS THE ESTIMATED COSTS ARE CALCULATED USING THE COSTS OF PROVIDING PATIENT CARE DIVIDED BY GROSS PATIENT SERVICE REVENUE THIS RATIO IS THEN MULTIPLIED BY THE GROSS CHARITY AND DOUBTFUL CHARGES TO DETERMINE ESTIMATED COSTS " BAD DEBT EXPENSE REPORTED ON LINE 2 FOR THE YEAR ENDED DECEMBER 31, 2012 WAS $84,074,294 AT CHARGES AND $20,361,157 AT COST PART III, SECTION B, LINE 8 THE COST OF PROVIDING CARE TO MEDICARE ELIGIBLE PATIENTS IS GREATER THAN THE REIMBURSEMENT THAT MEDICARE ALLOWS ON THE MEDICARE COST REPORT SSM HEALTH CARE ST LOUIS CONSIDERS THIS SHORTFALL AS A COMPONENT OF COMMUNITY BENEFIT BECAUSE THE REIMBURSEMENT IS NOT NEGOTIATED AND SERVICES ARE PROVIDED REGARDLESS OF THE PATIENTS' ABILITY
		PART VI, LINE 2 NEEDS ASSESSMENT PROCESSTHE ANNUAL STRATEGIC, FINANCIAL, AND HUMAN RESOURCES PLANNING PROCESS HAS INCLUDED AN ASSESSMENT OF THE COMMUNITY'S NEEDS TO INCLUDE THE IDENTIFICATION OF SPECIFIC AND MEASUREABLE HEALTHY COMMUNITIES' INITIATIVES OUR SYSTEM VISION FOR IMPROVED COMMUNITY HEALTH IS PURSUED IN ALL OF OUR WORK AT SSM HEALTH CARE FROM STRATEGIC PLANNING, FINANCIAL MANAGEMENT, AND DIRECT PATIENT CARE TO ADVOCACY, COMMUNITY PARTNERSHIPS AND HEALTHY COMMUNITIES INITIATIVES OVERALL EFFORTS IN THIS AREA ARE COORDINATED THROUGH SSM HEALTH CARE'S COMMUNITY BENEFIT PROGRAM, WHICH FOCUSES ON ASSESSING AND IMPLEMENTING STRATEGIES TO ADDRESS IDENTIFIED COMMUNITY HEALTH NEEDS SSM HEALTH CARE'S COMMITMENT TO COMMUNITY BENEFIT IS DEEPLY EMBEDDED INTO OUR ORGANIZATIONAL CULTURE AS REFLECTED IN OUR SYSTEM VISION STATEMENT WHICH READS THROUGH OUR PARTICIPATION IN THE HEALING MINISTRY OF JESUS CHRIST, COMMUNITIES, ESPECIALLY THOSE THAT ARE ECONOMICALLY, PHYSICALLY AND SOCIALLY MARGINALIZED, WILL EXPERIENCE IMPROVED HEALTH IN
		PART VI, LINE 3 HEALTH CARE NEEDS OF THE COMMUNITY AND ST LOUIS CITY AND COUNTY ST LOUIS CONNECTCARE IS THE LARGEST PROVIDER OF SPECIALTY CARE TO THE MEDICALLY UNDERSERVED IN ST LOUIS CITY AND COUNTY WE PARTICIPATE IN AND UTILIZE THE COMMUNITY HEALTH ASSESSMENTS AND RELATED STUDIES COORDINATED BY THE REGIONAL HEALTH COMMISSION EACH SSM HEALTH HOSPITAL TAKES AN ACTIVE ROLE IN PARTICIPATING IN COMMUNITY ORGANIZATIONS AND TASK FORCES WHICH ARE FOCUSED ON STRENGTHENING THE COMMUNITY (I E REGIONAL ECONOMIC DEVELOPMENT ORGANIZATIONS, CHAMBER OF COMMERCE) WE PARTICIPATE IN HEALTHY COMMUNITY INITIATIVES SPECIFIC TO THE INDIVIDUAL MARKET AREAS THAT WE SERVE FOR EXAMPLE, SSM ST JOSEPH HEALTH CENTER AND SSM ST JOSEPH HOSPITAL WEST PARTICIPATED IN A HEALTH NEEDS ASSESSMENT DEVELOPED FOR ST CHARLES COUNTY EACH SSM HOSPITAL SUPPORTS A COMMUNITY ADVISORY BOARD THAT SERVES AS A LISTENING POST FOR DIALOGUE AND IDEAS THAT ARE SPECIFIC TO HEALTH NEEDS FOR EACH LOCAL MARKET SSM SERVICE LINES AND CLINICAL DEPARTMENTS ALSO CONDUCT ASSESSMENTS TO FOCUS ON SPECIFIC COMMUNITY HEALTH NEEDS EXAMPLES INCLUDE SENIOR SERVICES, WOMEN'S HEALTH, BEHAVIORAL MEDICINE AND PROJECT BOOST, A CASE MANAGEMENT INITIATIVE AT SSM ST MARY'S HEALTH CENTER TO IMPROVE SUPPORT FOR PATIENTS POST-DISCHARGE SSM HEALTH CARE OF ST LOUIS USES DEMOGRAPHIC, UTILIZATION AND TECHNOLOGY TRENDS GENERATED BY THE HEALTH CARE ADVISORY BOARD TO SIZE THE MARKET FOR BOTH INPATIENT AND OUTPATIENT HEALTH CARE NEEDS FOR THE IMMEDIATE AND LONG-TERM TERM WE USE THIS INFORMATION TO ADJUST CAPACITY TO MEET FUTURE DEMAND FOR HEALTH CARE SERVICES PART VI LINE 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCEALL SSMHC FACILITIES WILL STRIVE TO PROVIDE EXCEPTIONAL HEALTH CARE SERVICES TO ALL PERSONS IN NEED REGARDLESS OF THEIR ABILITY TO PAY ALL BILLING AND COLLECTION POLICIES REFLECT THE MISSION AND VALUES OF SSMHC, INCLUDING OUR SPECIAL CONCERN FOR PEOPLE WHO ARE POOR AND VULNERABLE THE HOSPITAL EMBRACES ITS RESPONSIBILITY TO SERVE THE COMMUNITIES IN WHICH IT PARTICIPATES BY ESTABLISHING SOUND BUSINESS PRACTICES THE HOSPITAL'S BILLING AND COLLECTION PRACTICES WILL BE FAIR AND CONSISTENTLY APPLIED ALL STAFF AND VENDORS ARE EXPECTED TO TREAT ALL PATIENTS CONSISTENTLY AND FAIRLY REGARDLESS OF THEIR ABILITY TO PAY THEY RESPOND TO PATIENTS IN A PROMPT AND COURTEOUS MANNER REGARDING ANY QUESTIONS ABOUT THEIR BILLS AND PROVIDE NOTIFICATION OF THE AVAILABILITY OF CHARITY CARE AND FINANCIAL ASSISTANCE ALL OUTSIDE COLLECTION AGENCIES MUST COMPLY WITH STATE AND FEDERAL LAWS, COMPLY WITH THE ASSOCIATION OF CREDIT AND COLLECTION PROFESSIONAL'S CODE OF ETHICS AND PROFESSIONAL RESPONSIBILITY AND COMPLY WITH SSM HEALTH CARE ST LOUIS' COLLECTION AND CHARITY POLICIES

Identifier	ReturnReference	Explanation
		PART VI LINE 4 COMMUNITY INFORMATIONSSM HEALTH CARE ST LOUIS DEFINES ITS PRIMARY SERVICE AREA AS THE ST LOUIS METROPOLITAN STATISTICAL AREA (MSA), WHICH INCLUDES THE MISSOURI COUNTIES OF ST LOUIS, ST CHARLES, JEFFERSON, FRANKLIN, LINCOLN, AND WARREN AND ST LOUIS CITY BECAUSE WE SUPPORT A WIDE RANGE OF LOCAL MARKETS AND CONSTITUENCIES, DEMOGRAPHICS ARE ALSO EVALUATED FOR OUR INDIVIDUAL HOSPITAL SERVICE AREAS, SERVICE LINES AND CLINICAL DEPARTMENTS TO ENSURE WE FOCUS ON SPECIFIC COMMUNITY HEALTH NEEDS THE TOTAL POPULATION FOR THE MSA WAS 2,113,512 FOR THE ST LOUIS MSA THE OVERALL POPULATION IS PROJECTED TO REMAIN FLAT AND/OR DECLINE WITH PROJECTED INCREASES IN THE OVER 65 CATEGORY OFFSET BY DECLINES IN OTHER COHORTS THE MSA HAS A LIGHTLY HIGHER PROPORTION OF FEMALE POPULATION ($1 6%) WITH THE NUMBER OF FEMALES OF CHILDBEARING AGE EXPECTED TO DECLINE OVER THE NEXT 5 YEARS DISTRIBUTION OF RACE/ETHNICITY IN THE MSA IS WHITE/CAUCASIAN 74%, BLACK/AFRICAN-AMERICAN 19%, HISPANIC 3%, OTHER 4% THE ST LOUIS MSA HAS A MEDIAN HOUSEHOLD INCOME OF $69,077 WITH ST LOUIS CITY HAVING THE LOWEST MEDIAN HOUSEHOLD INCOME ($44,675) OF THE ST LOUIS MSA POPULATION, 31 3% HAVE A BACHELOR'S DEGREE OR HIGHER, WITH THE ST LOUIS COUNTY AREA HAVING A HIGHER PERCENTAGE (38 3%) THAN ST LOUIS CITY (26 1%) THE DEFICIT OF LITERACY SKILLS AMONG ST LOUIS CITY'S POPULATION IS ALMOST DOUBLE THAT OF ST LOUIS COUNTY OR THE STATE (13%) FOR ST LOUIS COUNTY, THE PERCENTAGE OF THE POPULATION LIVING BELOW THE POVERTY LEVEL IS 9 0% COMPARED TO THE ST LOUIS CITY RATE OF 24 0%SSM HEALTH CARE ST LOUIS PROVIDES THE FOLLOWING SERVICES AT ITS MEMBER HOSPITALS SSM ST MARY'S HEALTH CENTER IS CONVENIENTLY LOCATED IN RICHMOND HEIGHTS, MISSOURI SSM ST MARY'S HEALTH CENTER IS A CONTEMPORARY, 525-BED HOSPITAL WITH DISTINCT CAPABILITIES IN HIGH-RISK OBSTETRICAL SERVICES, FETAL SURGERY, STATE-OF-THE-ART HEART SURGERY, A CHEST PAID CENTER, ADVANCED STROKE CARE AND THE LATEST IMAGING AND OUTPATIENT SERVICES ALSO A TEACHING HOSPITAL, SSM ST MARY'S HEALTH CENTER IS HOME TO AN ACCREDITED INTERNAL MEDICINE RESIDENCY PROGRAM AND TO SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE'S OBSTETRICS/GYNECOLOGY AND FAMILY PRACTICE RESIDENCY PROGRAMS SSM ST JOSEPH HOSPITAL WEST IN LAKE SAINT LOUIS, MISSOURI, WAS ESTABLISHED IN 1986 TO MEET THE EXPANDING HEALTH CARE NEEDS OF WESTERN ST CHARLES COUNTY THE 126-BED ACUTE CARE HOSPITAL MAINTAINS A STATE-DESIGNATED LEVEL III TRAUMA CENTER, A NATIONALLY ACCREDITED CHEST PAIN CENTER AND PRIMARY STROKE CENTER THE FACILITY OFFERS A BROAD RANT OF SERVICES AND PROGRAMS INCLUDING SSM CANCER CARE, SSM NEUROSCIENCES INSTITUTE, SSM HEART INSTITUTE AND A DEDICATED PEDIATRIC EMERGENCY DEPARTMENT SSM ST JOSEPH HEALTH CENTER WAS FOUNDED IN 1885 AND IS LOCATED IN HISTORIC DOWNTOWN ST CHARLES, MISSOURI SSM ST JOSEPH HEALTH CENTER IS A 362-BED ACUTE CARE HOSPITAL THAT MAINTAINS A STATE-DESIGNATED LEVEL II TRAUMA CENTER, A NATIONALLY ACCREDITED CHEST PAID CENTER AND PRIMARY STROKE CENTER THE FACILITY OFFERS A BROAD RANGE OF SERVICES AND PROGRAMS INCLUDING SSM CANCER CARE, THE SSM HEART INSTITUTE, THE VASCULAR INSTITUTE AND SSM CENTER FOR SLEEP DISORDERS SSM ST CLARE HEALTH CENTER, WHICH OPENED MARCH 30, 2001, IS THE FIRST FULL-SERVICE HOSPITAL BUILT IN ST LOUIS COUNTY IN 35YEARS THE 180-BED FACILITY IS LOCATED IN SOUTHWEST ST LOUIS COUNTY THE CAMPUS OFFERS THE MOST ADVANCED TREATMENTS FOR CONDITIONS AFFECTING THE BRAIN AND SPINE, A WIDE ARRAY OF HEART DISEASE TREATMENT OPTIONS, INCLUDING MINIMALLY INVASIVE PROCEDURES, A COMPREHENSIVE CANCER CENTER, EMERGENCY CARE, CONVENIENT OUTPATIENT IMAGING, TESTING AND SURGICAL SERVICES, GENERAL MEDICAL AND SURGICAL CARE, AND THE FAMILY BIRTHPLACE AND WOMEN'S SERVICES SSM ST CLARE HEALTH CENTER HAS BEEN RECOGNIZED NATIONALLY FOR ITS DESIGN AND ADVANCED SAFETY, COMFORT AND CONVENIENCE SSM DEPAUL HEALTH CENTER IS A 476-BED FULL-SERVICE HOSPITAL LOCATED IN NORTH ST LOUIS COUNTY FOUNDED IN 1828, SSM DEPAUL WAS THE FIRST HOSPITAL WEST OF THE MISSISSIPPI RIVER AND REMAINS THE OLDEST CONTINUOUSLY EXISTING BUSINESS IN ST LOUIS TODAY SSM DEPAUL IS A JOINT COMMISSION-CERTIFIED PRIMARY STROKE CENTER, OPERATED THE ONLY LEVEL II TRAUMA CENTER IN ITS SERVICE REGION AND OFFERS THE MOST ADVANCED TECHNOLOGY AND PROCEDURES AVAILABLE INCLUDING MINIMALLY INVASIVE HEART, SPINE, KNEE, HIP AND WEIGHT LOSS SURGERY SSM DEPAUL ALSO OPERATES THE MOST COMPREHENSIVE ROBOTIC SURGICAL PROGRAM IN THE REGION
	PART VI, LINE 5 PROMOTION OF COMMUNITY HEALTH	SSM HEALTH CARE'S MISSION STATEMENT IS THROUGH OUR EXCEPTIONAL HEALTH CARE SERVICES, WE REVEAL THE HEALING PRESENCE OF GOD' SSM HEALTH CARE ST LOUIS PARTICIPATES IN A WIDE ARRAY OF COMMUNITY PROGRAMS THROUGHOUT THE AREA TO FURTHER ITS EXEMPT PURPOSE OF PROMOTING THE HEALTH OF THE COMMUNITY SOME EXAMPLES INCLUDE THE FOLLOWING PARISH NURSE PROGRAM PARISH NURSES ARE SSM EMPLOYEES WHO DO 100% OF THEIR WORK IN THEIR CHURCHES PARISH NURSES SERVE AS HEALTH EDUCATOR, HEALTH COUNSELOR, RESOURCE AND REFERRAL PERSON, AND COORDINATOR OF HEALTH RELATED SERVICES IN THEIR CHURCH THEY OFFER ASSISTANCE TO INDIVIDUALS IN MODIFYING LIFE STYLES, ADJUSTING TO DISEASE, AND COPING WITH CHRONIC ILLNESS THEY PROVIDE EMOTIONAL AND SPIRITUAL SUPPORT IN TIMES OF ANXIETY, CRISIS, AND TERMINAL ILLNESS BREAST HEALTH WHEN NEW BREAST CANCER CASES ARE DIAGNOSED AT > STAGE 1, DEATH RATES ARE HIGHER AGE-ADJUSTED BREAST CANCER DEATHS IN OUR SERVICE AREA ARE HIGHER THAN THE HEALTHY COMMUNITIES GOAL FOR 2010 OUR INITIATIVE IS TO PROVIDE FREE EDUCATION TO ALL AND FREE MAMMOGRAMS TO UNINSURED WOMEN AGE 40+, EXPAND EDUCATION OPPORTUNITIES TO RESIDENTS OF LINCOLN AND WARREN COUNTIES, STAFF WILL TRAVEL A MINIMUM OF ONCE A MONTH TO RURAL AREAS TO PROVIDE EDUCATIONAL AND PROGRAM AWARENESS INFORMATION IN 2012, THE INITIATIVE RESULTED IN 61 8% PERCENT OF WOMEN WITH BREAST CANCER DIAGNOSED < STAGE 1, HELD 50 OUTREACH EVENTS WITH 4,992 ATTENDEES AND PROVIDED 361 FREE SCREENING MAMMOGRAMS FOR UNINSURED WOMEN AND PROVIDED A TOTAL OF 7,573 SCREENINGS CT LUNG SCREENING LUNG CANCER IS THE LEADING CAUSE OF CANCER DEATH IN THE UNITED STATES CLAIMING MORE THAN 150,000 LIVES A YEAR WHEN NEW LUNG CANCER CASES ARE DIAGNOSED AT > STAGE 1, DEATH RATES ARE HIGHER DEATH RATES IN THE GREATER ST CHARLES AREA FAR EXCEED THE HEALTHY COMMUNITIES GOAL FOR 2012 OUR INITIATIVE IS TO EXPAND PROGRAMS IN THE GREATER ST CHARLES AREA TO INCREASE EARLY DETECTION OF LUNG CANCER WITH A FOCUS ON RESIDENTS WHO HAVE NEVER BEEN DIAGNOSED WITH CANCER, ARE OVER AGE 40, AND ARE A CURRENT OR FORMER SMOKER IN 2012, THE PERCENT OF PATIENTS WITH LUNG CANCER DIAGNOSED AT OR < STAGE 2 WAS 22 8% SENIOR DENTAL CLINIC POOR DENTAL HEALTH AFFECTS OVERALL HEALTH OUR INITIATIVES PROVIDE LOW INCOME OLDER AND /OR DISABLED ADULTS WITHIN THE PRIMARY SERVICE AREA OF ST CHARLES, LINCOLN AND WARREN COUNTIES WITH LOW-COST, PREVENTATIVE AND DIAGNOSTIC /INTERVENTIONAL DENTAL SERVICES AND PROVIDE FREE TRANSPORTATION IN 2012, THE INITIATIVE PROVIDED 525 FREE RIDES TO DENTAL CLINICS TO FRAIL ELDERLY NOT IN LTC FACILITIES AND 1,421 DENTAL VISITS AMONG LTC RESIDENTS AND LOW-INCOME ELDERLY EDUCATIONAL & WELLNESS CLASSES HEALTHY LIVING A WEIGHT MANAGEMENT PROGRAM FOR ADULTS, LOOK GOOD FEEL BETTER A FREE NON-MEDICAL, BRAND-NEUTRAL NATIONAL PUBLIC SERVICE PROGRAM TO HELP WOMEN OFFSET APPEARANCE-RELATED CHANGES FROM CANCER TREATMENT, NUTRITION CONSULTATION, YOGA AND TAI CHI CLASSES SUPPORT GROUPS, FOR EXAMPLE LIFE AFTER BREAST CANCER, TOBACCO FREE FOR LIFE, WEEKLY CANCER SURVIVORS GROUP, MONTHLY CANCER CAREGIVERS GROUP, INTERNATIONAL MYELOMA FOUNDATION GROUP, LOSS & GRIEF COLLABORATION WITH LOCAL NON-PROFIT ORGANIZATIONS ON A VARIETY OF ISSUES FROM DIRECT HEALTH RELATED CONCERNS TO QUALITY OF LIFE TOPICS FOR EXAMPLE ST LOUIS CRISIS NURSERY, MARCH OF DIMES, HYDROCEPHALUS FOUNDATION, VISION FOR CHILDREN AT RISK, MISSISSIPPI VALLEY REGIONAL BLOOD BANK, UNITED WAY, AMERICAN HEART ASSOCIATION, AMERICAN DIABETES ASSOCIATION, AMERICAN CANCER ASSOCIATION, CHILD-CENTER MARYGROVE, ST CHARLES COUNTY YOUTH IN NEED, ALMOST HOME PARTICIPATION IN COMMUNITY ORGANIZATIONS & TASK FORCES EACH SSM HEALTH CARE ST LOUIS ENTITY TAKES AN ACTIVE ROLE IN PARTICIPATING IN COMMUNITY ORGANIZATIONS AND TASK FORCES WHICH ARE FOCUSED ON STRENGTHENING THE COMMUNITY, I E REGIONAL ECONOMIC DEVELOPMENT ORGANIZATIONS, CHAMBER OF COMMERCE, SERVING AS POLICE DEPARTMENT SUB-STATIONS HEALTH FAIRS & MEDICAL SCREENINGS PARTICIPATE IN A VARIETY OF HEALTH FAIRS AND OFFER A VARIETY OF FREE MEDICAL SCREENINGS I E SUSAN G KOMEN/SHOW ME HEALTHY WOMEN/WISE-WOMEN'S INFORMATION AND SCREENING ENDEAVOR FREE SCREENING AND DIAGNOSTIC MAMMOGRAMS FOR UNDERINSURED AND UNINSURED WOMEN AGED 40 AND OLDER, COMMUNITY HEALTH FAIRSSPEAKERS BUREAU PHYSICIANS, NURSES AND OTHER HEALTH CARE PROFESSIONALS AFFILIATED WITH SSM HEALTH CARE ARE AVAILABLE TO SPEAK TO BUSINESSES, SCHOOLS, AND CIVIC ORGANIZATIONS ON A VARIETY OF HEALTH CARE TOPICS COMMUNITY ADVISORY BOARDS THESE BOARDS ARE COMPRISED OF A DIVERSITY OF COMMUNITY LEADERS WE SPONSOR REGULAR MEETINGS TO GET FEEDBACK FROM THE LEADERS AND TO SHARE INFORMATION TO TAKE TO THE COMMUNITY CAR SEAT SAFETY PROGRAM MOTOR VEHICLE CRASHES ARE THE LEADING CAUSE OF DEATH FOR CHILDREN 2-14 YEARS OLD CORRECTLY USING A CAR SEAT CAN HELP PREVENT INJURIES AND DEATH TO YOUNG CHILDREN IN THE EVENT OF AN AUTOMOBILE ACCIDENT OUR INITIATIVE INCLUDES OFFERING MONTHLY CAR SEAT SAFETY CHECKS AND HANDS-ON EDUCATION FOR PARENTS AT NO CHARGE AS WELL AS SUPPLYING CAR SEATS TO FAMILIES WHO ARE UNABLE TO PROVIDE THEIR OWN HEART SAFE COMMUNITY PROGRAM IN COLLABORATION WITH AMERICAN RED CROSS AND OTHER ORGANIZATIONS PROVIDE DISCOUNTED EQUIPMENT (E G AEDS), MEDICAL OVERSIGHT, AND ONGOING TRAINING SO THAT LOCAL BUSINESSES AND ORGANIZATIONS HAVE THE TOOLS TO RESPOND QUICKLY TO SUDDEN CARDIAC ARREST DOMESTIC VIOLENCE DOMESTIC VIOLENCE IS ALL TOO PREVALENT IN THE SMHC COMMUNITY VICTIMS OF VIOLENCE AND SEXUAL ASSAULT SEEKING EMERGENCY MEDICAL ASSISTANCE ARE SOMETIMES NOT IDENTIFIED AS SUCH AND DO NOT RECEIVE THE SUPPORT AND RESOURCES NEEDED TO ALTER THEIR CRISIS SITUATION OUR INITIATIVE INCLUDES MAINTAINING A SEXUAL ASSAULT NURSE EXAMINER PROGRAM IN THE SMHC EMERGENCY DEPARTMENT THIS IS THE ONLY OFFICIAL RAPE CRISIS EMERGENCY DEPARTMENT IN THE ST LOUIS AREA IN 2012, TWO SANE TRAINING SESSIONS, HELD CLASSES IN THE EMERGENCY DEPARTMENT FOR NURSES ON THE CARE OF THE SEXUAL ASSAULT VICTIM AND HELD CONFERENCES WITH LOCAL POLICE DEPARTMENTS A NETWORK SANE COORDINATOR PROGRAM WAS IMPLEMENTED DURING 2012 NURSING SCHOOLS AFFILIATIONS CHAMBERLAIN COLLEGE, MARYVILLE UNIVERSITY, SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE, ST LOUIS UNIVERSITY, UNIVERSITY OF MISSOURI ST LOUIS, CENTRAL METHODIST UNIVERSITY, EAST CENTRAL COMMUNITY COLLEGE, LEWIS AND CLARK COMMUNITY COLLEGE, LUTHERAN SCHOOL OF NURSING, ST LOUIS COMMUNITY COLLEGE AT FLORISSANT VALLEY, FOREST PARK AND MERAMEC, ST CHARLES COMMUNITY COLLEGE, SOUTHWESTERN ILLINOIS COMMUNITY COLLEGE AND PIKE LINCOLN TECH PARTNERSHIP WITH LOCAL EMS PROVIDERS, PROVIDING MEDICAL DIRECTORSHIP AND PROTOCOLS FOR CARE DELIVERY AND MONTHLY EDUCATION ON VARIOUS TOPICS TO ENHANCE FIELD KNOWLEDGE SSM HEALTH CARE ST LOUIS ALSO FURTHERS ITS EXEMPT PURPOSE WITH THE FOLLOWING ACTIVITIES -OPERATES AN EMERGENCY ROOM THAT IS OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY -HAS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA,-HAS A GOVERNING BODY IN WHICH INDEPENDENT PERSONS REPRESENTATIVE OF THE COMMUNITY COMPRISE A MAJORITY-ENGAGES IN THE TRAINING AND EDUCATION OF HEALTH CARE PROFESSIONALS.-PARTICIPATES IN MEDICAID, MEDICARE, CHAMPUS, TRICARE, AND/OR OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS PART VI LINE 7 AFFILIATED HEALTH CARE SYSTEMSSM HEALTH CARE ST LOUIS IS A 501(C)(3) ORGANIZATION AND IS A MEMBER OF THE INTEGRATED HEALTH CARE SYSTEM KNOWAS SSM HEALTH CARE SSM HEALTH CARE ST LOUIS IS ONE OF THE LARGEST, FULL-SERVICE HEALTH CARE NETWORKS IN THE ST LOUIS, MISSOURI AREA SSM HEALTH CARE ST LOUIS INCLUDES THE FOLLOWING OPERATING HOSPITALS DEPAUL HEALTH CENTERST JOSEPH HEALTH CENTERST JOSEPH HEALTH CENTER WENTZVILLE (REMOTE LOCATION OF ST JOSEPH HOSPITAL WEST)ST JOSEPH HOSPITAL WESTST MARY'S HEALTH CENTERST CLARE HEALTH CENTERPART VI LINE 8 STATE FILING OF COMMUNITY BENEFIT REPORTTHE SSM HEALTH CARE ANNUAL CONSOLIDATED COMMUNITY BENEFIT REPORT IS FILED IN ILLINOIS, MISSOURI, OKLAHOMA, AND WISCONSIN

Identifier	ReturnReference	Explanation
PART V, LINE 8 FACILITY REPORTING GROUP A		SEE BELOW
FACILITY 2 -- ST MARY'S HEALTH CENTER	PART V, SECTION B, LINE 20D	

Identifier	ReturnReference	Explanation
FACILITY 3 -- ST JOSEPH HEALTH CARE CENTER	PART V, SECTION B, LINE 20D	
FACILITY 4 -- ST CLARE HEALTH CENTER	PART V, SECTION B, LINE 20D	

Identifier	ReturnReference	Explanation
FACILITY 5 -- SSM ST JOSEPH HOSPITAL WEST	PART V, SECTION B, LINE 20D	

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

2012

Open to Public Inspection

Name of the organization
SSM HEALTH CARE ST LOUIS

Employer identification number
43-1343281

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated 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) MISSOURI HOSPITAL ASSOCIATION 4712 COUNTRY CLUB DRIVE JEFFERSON CITY,MO 65102	43-0738490	501(C)(3)	45,721				TO SUPPORT THE MISSOURI POISON CENTER
(2) ARCHDIOCSE OF ST LOUIS 20 ARCHBISHOP MAY DR ST LOUIS,MO 63119	43-0653244	501(C)(3)	30,693				PRIEST WELLNESS
(3) ST LOUIS REGIONAL CHAMBER OF COMMERCE ONE METROPOLITAN SQUARE ST LOUIS,MO 63102	43-0975222	501(C)(3)	30,000				TO SUPPORT ECONOMIC DEVELOPMENT IN THE ST LOUIS AREA
(4) ST CHARLES COUNTY ECONOMIC DEVELOPMENT CENTER 5988 MID RIVERS MALL DRIVE ST CHARLES,MO 63304	43-1033862	501(C)(3)	18,500				SUPPORT YOUTH IN NEED PROGRAM
(5) SSM CARDINAL GLENNON CHILDREN'S HOSPITAL 477 N LINDBERGH BLVD ST LOUIS,MO 63141	43-0738490	501(C)(3)	10,000				TO SUPPORT THE BOB COSTAS CANCER CENTER
(6) MISSOURI GROWTH ASSOCIATION 230 S BEMISTON STE 780 ST LOUIS,MO 63105	43-1397272	501(C)(3)	5,000				GENERAL SUPPORT
(7) LINDENWOOD UNIVERSITY 209 S KINGSHIGHWAY ST CHARLES,MO 63301	43-0652649	501(C)(3)	5,000				GENERAL SUPPORT
(8) ST LOUIS REGIONAL PSYCHIATRIC STABILIZATION 5355 DELMAR BLVD ST LOUIS,MO 63112	32-0346004	501(C)(3)	500,000				TO SUPPORT MENTAL HEALTH CARE FOR THE UNINSURED

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 4

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 THE PROCEDURES USED TO MONITOR THE USE OF GRANT FUNDING VARIES BASED ON THE GRANT RECIPIENT GRANTS TO RELATED ENTITIES ARE MONITORED DIRECTLY BY THE ORGANIZATION WHEREBY THE RECIPIENT REPORTS ON THE SPECIFIC USE OF THE FUNDING FOR GRANTS TO UNRELATED ENTITIES, THE ORGANIZATION UTILIZES THE COMMUNITY BENEFIT INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA) TO TRACK, STORE AND REPORT A WIDE RANGE OF INFORMATION RELATED TO GRANTS AND OVERALL COMMUNITY IMPACT

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 43-1343281
Name: SSM HEALTH CARE ST LOUIS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MISSOURI HOSPITAL ASSOCIATION4712 COUNTRY CLUB DRIVE JEFFERSON CITY,MO 65102	43-0738490	501(C)(3)	45,721				TO SUPPORT THE MISSOURI POISON CENTER
ARCHDIOCSE OF ST LOUIS 20 ARCHBISHOP MAY DR ST LOUIS,MO 63119	43-0653244	501(C)(3)	30,693				PRIEST WELLNESS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST LOUIS REGIONAL CHAMBER OF COMMERCE ONE METROPOLITAN SQUARE ST LOUIS,MO 63102	43-0975222	501(C)(3)	30,000				TO SUPPORT ECONOMIC DEVELOPMENT IN THE ST LOUIS AREA
ST CHARLES COUNTY ECONOMIC DEVELOPMENT CENTER5988 MID RIVERS MALL DRIVE ST CHARLES,MO 63304	43-1033862	501(C)(3)	18,500				SUPPORT YOUTH IN NEED PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SSM CARDINAL GLENNON CHILDREN'S HOSPITAL477 N LINDBERGH BLVD ST LOUIS,MO 63141	43-0738490	501(C)(3)	10,000				TO SUPPORT THE BOB COSTAS CANCER CENTER
MISSOURI GROWTH ASSOCIATION230 S BEMISTON STE 780 ST LOUIS,MO 63105	43-1397272	501(C)(3)	5,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LINDENWOOD UNIVERSITY 209 S KINGSHIGHWAY ST CHARLES,MO 63301	43-0652649	501(C)(3)	5,000				GENERAL SUPPORT
ST LOUIS REGIONAL PSYCHIATRIC STABILIZATION5355 DELMAR BLVD ST LOUIS,MO 63112	32-0346004	501(C)(3)	500,000				TO SUPPORT MENTAL HEALTH CARE FOR THE UNINSURED

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
SSM HEALTH CARE ST LOUIS

Employer identification number
43-1343281

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations 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 duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(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 as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	PART I, LINE 1A THE FOLLOWING INDIVIDUALS LISTED ON PART VII, SECTION A RECEIVED A TAX INDEMNIFICATION/GROSS UP PAYMENT IN 2012 THESE PAYMENTS WERE INCLUDED IN THEIR TAXABLE COMPENSATION KAREN REWERTS KEVIN TODD JOHNSON MARGARET FOWLER ANDREW KARANAS STEPHEN KELLY DEBORAH WALKENHORST WILLIAM HOLCOMB MARK RENKER PART I, LINE 1A THE FOLLOWING INDIVIDUALS LISTED ON PART VII, SECTION A RECEIVED A REIMBURSEMENT OF HEALTH OR SOCIAL CLUB DUES IN 2012 THERE PAYMENTS WERE INCLUDED IN THEIR TAXABLE COMPENSATION MARK RENKEN PART I, LINE 3 COMPENSATION TO CEO/EXECUTIVE DIRECTOR THE ORGANIZATION'S CEO IS COMPENSATED BY A RELATED ORGANIZATION THAT UTILIZED THE FOLLOWING TO DETERMINE COMPENSATION (1) INDEPENDENT COMPENSATION CONSULTANT, (2) COMPENSATION SURVEY OR STUDY, (3) 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 THE FOLLOWING INDIVIDUALS LISTED ON PART VII OF FORM 990 RECEIVED SEVERANCE PAYMENTS DURING THE YEAR ENDED DECEMBER 31, 2012 WILLIAM SCHOENHARD $277,333 PATRICE KOMOROSKI $365,500 PART I, LINE 4B SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS PENSION RESTORATION PLAN SSM HEALTH CARE (SSMHC) PROVIDES THIS SUPPLEMENTAL DEFINED BENEFIT NONQUALIFIED RETIREMENT PLAN TO ANY EMPLOYEE WHO IS A PARTICIPANT IN THE SSMHC QUALIFIED DEFINED BENEFIT PLAN WHO EARNS OVER THE INTERNAL REVENUE SERVICE COMPENSATION LIMIT THE PLAN "RESTORES" THE BENEFITS TO THESE EMPLOYEES THAT WOULD HAVE BEEN PROVIDED UNDER SSMHC'S QUALIFIED PLAN IF THE REGULATIONS DID NOT IMPOSE COMPENSATION LIMITS AN INDIVIDUAL CAN TAKE A DISTRIBUTION FROM THE PLAN AT (1) AGE 65 OR OLDER IF THE INDIVIDUAL IS STILL EMPLOYED BY SSMHC OR (2) AGE 55 OR OLDER IF THE INDIVIDUAL IS NO LONGER EMPLOYED BY SSMHC NO REPORTABLE INDIVIDUALS LISTED ON PART VII OF FORM 990 RECEIVED DISTRIBUTIONS FROM THIS PLAN DURING 2012 CAPITAL ACCUMULATION PLAN SSMHC PROVIDES THIS SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN TO EXECUTIVE LEVEL EMPLOYEES THE ORGANIZATION CONTRIBUTED A PERCENTAGE OF THE EMPLOYEE'S BASE SALARY INTO THEIR CHOICE OF A SELECT LIST OF INVESTMENTS THE DEPOSITS AND EARNINGS OF THE PLAN ARE OWNED BY SSMHC AND ARE TAX-DEFERRED UNTIL A DISTRIBUTION IS MADE TO THE EMPLOYEE IN ADDITION, THE PLAN HAS SPECIAL SAFEGUARDS IN PLACE TO PROTECT THE FUNDS FROM CONTINGENCIES, OTHER THAN INSOLVENCY FOR CONTRIBUTIONS MADE TO THE PLAN IN 2008 OR AFTER, THE DISTRIBUTION WILL OCCUR AFTER THE COMPLETION OF TWO PLAN YEARS FOR ALL EXECUTIVES THAT ARE STILL ACTIVELY EMPLOYED ON THE DISTRIBUTION DATE ANY ACTIVE PARTICIPANT 65 YEARS OR OLDER WILL RECEIVE THE CONTRIBUTION IN THE CURRENT YEAR THE FOLLOWING INDIVIDUALS LISTED ON PART VII OF THE FORM 990 RECEIVED DISTRIBUTIONS FROM THIS PLAN IN 2012 ALL DISTRIBUTIONS RECEIVED FROM THE PLAN IN THE CURRENT YEAR WERE INCLUDED IN THE INDIVIDUALS' TAXABLE COMPENSATION STEVEN BARNEY $74,677 WILLIAM THOMPSON $58,026 PATRICE KOMOROSKI $56,806 CHRISTOPHER HOWARD $48,612 KRIS ZIMMER $43,871 ROBERT PORTER $33,412 GASPARE CALVARUSO $26,491 KAREN REWERTS $20,947 SEAN HOGAN $20,252 KEVIN TODD JOHNSON $18,741 STEPHEN KELLY $15,301 LEE BERNSTEIN $13,825 DEBORAH WALKENHORST $12,374 MARK RENKEN $12,807 LYNN LENKER $11,974 MARGARET FOWLER $10,396 LORRAINE MAE YEHLEN $9,679 JUNE PICKETT $8,289

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 43-1343281
Name: SSM HEALTH CARE ST LOUIS

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DANIEL BAUMANN MD	(I)	0	0	0	0	0	0	0
	(II)	227,698	0	7,161	0	24,797	259,656	0
DONALD BINZ II MD	(I)	0	0	0	0	0	0	0
	(II)	396,174	0	16,719	0	33,197	446,090	0
WILLIAM THOMPSON	(I)	0	0	0	0	0	0	0
	(II)	1,321,845	0	839,756	1,051,531	36,865	3,249,997	57,960
CHRISTOPHER HOWARD	(I)	0	0	0	0	0	0	0
	(II)	735,141	0	138,054	337,445	30,597	1,241,237	37,660
STEVEN BARNEY	(I)	0	0	0	0	0	0	0
	(II)	623,277	0	156,103	208,024	23,340	1,010,744	0
KRIS ZIMMER	(I)	0	0	0	0	0	0	0
	(II)	737,296	0	100,132	227,242	30,227	1,094,897	43,820
JUNE L PICKETT	(I)	0	0	0	0	0	0	0
	(II)	220,007	0	20,518	331,433	22,385	594,343	8,280
KAREN REWERTS	(I)	488,441	0	81,835	254,400	10,294	834,970	16,600
	(II)	0	0	0	0	0	0	0
GASPARE CALVARUSO	(I)	0	0	0	0	0	0	0
	(II)	411,101	0	63,548	226,253	28,056	728,958	26,460
SEAN HOGAN	(I)	0	0	0	0	0	0	0
	(II)	392,098	0	58,338	145,630	27,046	623,112	20,230
LISLE WESCOTT	(I)	0	0	0	0	0	0	0
	(II)	281,100	0	37,817	21,700	11,163	351,780	0
KATHLEEN BECKER	(I)	0	0	0	0	0	0	0
	(II)	410,119	0	40,053	61,137	28,813	540,122	0
LEE BERNSTEIN	(I)	0	0	0	0	0	0	0
	(II)	416,287	0	66,987	109,425	23,301	616,000	11,560
DEBORAH WALKENHORST	(I)	343,351	0	36,153	105,915	17,474	502,893	12,360
	(II)	0	0	0	0	0	0	0
KEVIN TODD JOHNSON	(I)	501,177	0	91,059	153,655	32,252	778,143	18,720
	(II)	0	0	0	0	0	0	0
MARGARET FOWLER	(I)	302,500	0	41,869	161,170	27,083	532,622	10,384
	(II)	0	0	0	0	0	0	0
LORRAINE MAE YEHLEN	(I)	173,813	0	21,285	97,432	21,647	314,177	9,668
	(II)	0	0	0	0	0	0	0
ROBERT PORTER	(I)	0	0	0	0	0	0	0
	(II)	439,830	0	116,154	219,237	25,774	800,995	29,190
PATRICE KOMOROSKI	(I)	0	0	0	0	0	0	0
	(II)	75,945	0	431,584	64,189	2,308	574,026	27,790
MARIO MORALES	(I)	1,412,994	0	1,027	150,446	26,550	1,591,017	0
	(II)	0	0	0	0	0	0	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
WILLIAM HOLCOMB	(I)	457,178	0	50,240	82,855	24,889	615,162	0
	(II)	0	0	0	0	0	0	0
MARK RENKEN	(I)	364,860	0	53,346	161,718	27,072	606,996	12,792
	(II)	0	0	0	0	0	0	0
ANDREW KARANAS	(I)	385,155	0	11,882	72,222	26,891	496,150	0
	(II)	0	0	0	0	0	0	0
STEPHEN KELLY	(I)	317,604	0	44,090	154,877	11,516	528,087	12,212
	(II)	0	0	0	0	0	0	0
WILLIAM SCHOENHARD	(I)	0	0	0	0	0	0	0
	(II)	0	0	274,197	662,169	14,194	950,560	0
LYNN LENKER	(I)	0	0	0	0	0	0	0
	(II)	330,229	0	54,682	149,860	29,207	563,978	11,960

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
SSM HEALTH CARE ST LOUIS

Employer identification number
43-1343281

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (CT SIMULATOR)	X	1	130,000	FMV
26	Other ▶ (EMERGENCY PREPAREDNESS SUPPLIES)	X	1	19,830	FMV
27	Other ▶ ( )				
28	Other ▶ ( )				

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

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

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
SSM HEALTH CARE ST LOUIS

Employer identification number
43-1343281

Identifier	Return Reference	Explanation
	FORM 990, PART I, DOING BUSINESS AS	SSM HEALTH CARE ST LOUIS CURRENTLY CONDUCTS BUSINESS UNDER THE FOLLOWING REGISTERED NAMES 1 MARYVILLE PEDIATRICS 2 SSM CARE MANAGEMENT COMPANY 3 SSM HEALTH CARE SENIOR SERVICES 4 SSM DEPAUL HEALTH CENTER A DEPAUL HEALTH CENTER B SSM BREAST CARE - DEPAUL HEALTH CENTER C SSM CANCER CARE - DEPAUL HEALTH CENTER D SSM DEPAUL HEALTH CENTER - ANNA HOUSE E SSM HEART INSTITUTE F SSM PHARMACY AT DEPAUL G THE WOMEN'S PAVILION AT DEPAUL HEALTH CENTER 5 SSM ST CLARE HEALTH CENTER A ST CLARE HEALTH CENTER B ST CLARE HEALTH CENTER MEDICAL STAFF C SSM BREAST CARE - ST CLARE HEALTH CENTER D SSM CANCER CARE - ST CLARE HEALTH CENTER E SSM HEART INSTITUTE 6 SSM ST JOSEPH HEALTH CENTER A ST JOSEPH HEALTH CENTER B ST JOSEPH HEALTH CENTER - WENTZVILLE C ST JOSEPH HEALTH CENTER WOMEN'S AND CHILDREN'S SERVICES CLINIC D SSM BREAST CARE - ST CHARLES MEDICAL GROUP E SSM BREAST CARE - ST JOSEPH HEALTH CENTER F SSM BREAST CARE - ST JOSEPH HEALTH CENTER - WENTZVILLE G SSM CANCER CARE - ST JOSEPH HEALTH CENTER H SSM HEART INSTITUTE I SSM ST JOSEPH HEALTH CENTER - WENTZVILLE J SSM ST JOSEPH URGENT CARE 7 SSM ST JOSEPH HOSPITAL OF KIRKWOOD A ST JOSEPH HOSPITAL OF KIRKWOOD 8 SSM ST JOSEPH HOSPITAL WEST A ST JOSEPH HOSPITAL WEST B SSM BREAST CARE - ST JOSEPH HOSPITAL WEST C SSM CANCER CARE- ST JOSEPH HOSPITAL WEST D SSM HEART INSTITUTE 9 SSM ST JOSEPH MEDICAL PARK A SSM BREAST CARE - ST JOSEPH MEDICAL PARK B SSM CANCER CARE - ST JOSEPH MEDICAL PARK C THE IMAGING CENTER AT ST JOSEPH MEDICAL PARK D THE WOMEN'S CENTER AT ST JOSEPH MEDICAL PARK 10 SSM ST MARY'S HEALTH CENTER A ST MARY'S HEALTH CENTER B CLAYTON HEALTH SERVICES EAST C CLAYTON HEALTH SERVICES WEST D CLAYTON HEALTH SERVICES PHARMACY WEST E SSM BREAST CARE - ST MARY'S HEALTH CENTER F SSM CANCER CARE - ST MARY'S HEALTH CENTER G SSM HEART INSTITUTE

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

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE	THE COMMUNITY BENEFIT CONTRIBUTION OF SSM HEALTH CARE ST LOUIS INCLUDES PROGRAMS AND ACTI VITIES THAT IMPROVE ACCESS TO HEALTH CARE AND IMPROVE HEALTH IN OUR COMMUNITIES DESCRIBE THE ORGANIZATION'S MISSION AND PRIMARY EXEMPT PURPOSE SINCE IT WAS FOUNDED IN 1872 BY CAT HOLIC SISTERS, SSM HEALTH CARE (SSMHC) HAS EXISTED TO MEET THE HEALTH NEEDS OF THE COMMUNI TIES IT SERVES SPONSORED BY THE FRANCISCAN SISTERS OF MARY AND HEADQUARTERED IN ST LOUIS , MO, SSMHC 18 HOSPITALS, TWO SKILLED NURSING FACILITIES AND HOME HEALTH AGENCIES IN FOUR STATES (WISCONSIN, OKLAHOMA, ILLINOIS AND MISSOURI) THE HEALTH SYSTEM EMPLOYS APPROXIMATE LY 25,600 PEOPLE AND IS AFFILIATED WITH MORE THAN 6,600 PHYSICIANS IN THE TRADITION OF IT S FOUNDING SISTERS, SSMHC STRIVES TO FULFILL ITS MISSION BY PROVIDING EXCEPTIONAL HEALTH C ARE TO EVERYONE WHO COMES TO ITS HOSPITALS, REGARDLESS OF THEIR ABILITY TO PAY DESCRIBE T HE ORGANIZATION'S APPROACH TO PROVIDING COMMUNITY BENEFIT SSM HEALTH CARE OF ST LOUIS US ES SEVERAL APPROACHES TO UNDERSTAND THE HEALTH CARE NEEDS OF OUR COMMUNITIES FOR EXAMPLE, OUR LEADERS SERVE ON THE BOARDS OF TWO REGIONAL ORGANIZATIONS THAT OVERSEE THE HEALTH CAR E SAFETY NET FOR OUR REGION, THE ST LOUIS REGIONAL HEALTH COMMISSION (RHC) AND ST LOUIS CONNECTCARE THE RHC IS A COLLABORATIVE EFFORT OF ST LOUIS CITY, ST LOUIS COUNTY, THE ST ATE OF MISSOURI, HEALTH PROVIDERS, AND COMMUNITY MEMBERS TO IMPROVE THE HEALTH OF UNINSURE D AND UNDERINSURED CITIZENS IN ST LOUIS CITY AND COUNTY ST LOUIS CONNECTCARE IS THE LAR GEST PROVIDER OF SPECIALTY CARE TO THE MEDICALLY UNDERSERVED IN ST LOUIS CITY AND COUNTY WE PARTICIPATE IN AND UTILIZE THE COMMUNITY HEALTH ASSESSMENTS AND RELATED STUDIES COORDI NATED BY THE REGIONAL HEALTH COMMISSION EACH SSM HOSPITAL TAKES AN ACTIVE ROLE IN PARTICI PATING IN COMMUNITY ORGANIZATIONS AND TASK FORCES WHICH ARE FOCUSED ON STRENGTHENING THE C OMMUNITY (I E REGIONAL ECONOMIC DEVELOPMENT ORGANIZATIONS, CHAMBER OF COMMERCE) WE PARTI CIPATE IN HEALTHY COMMUNITY INITIATIVES SPECIFIC TO THE INDIVIDUAL MARKET AREAS THAT WE SE RVE FOR EXAMPLE, SSM ST JOSEPH HEALTH CENTER AND SSM ST JOSEPH HOSPITAL WEST PARTICIPAT ED IN A HEALTH NEEDS ASSESSMENT DEVELOPED FOR ST CHARLES COUNTY EACH SSM HOSPITAL SUPPOR TS A COMMUNITY ADVISORY BOARD THAT SERVES AS A LISTENING POST FOR DIALOGUE AND IDEAS THAT ARE SPECIFIC TO HEALTH NEEDS FOR EACH LOCAL MARKET SSM SERVICE LINES AND CLINICAL DEPARTM ENTS ALSO CONDUCT ASSESSMENTS TO FOCUS ON SPECIFIC COMMUNITY HEALTH NEEDS EXAMPLES INCLUD E SENIOR SERVICES, WOMEN'S HEALTH, BEHAVIORAL MEDICINE AND PROJECT BOOST, A CASE MANAGEME NT INITIATIVE AT SSM ST MARY'S HEALTH CENTER TO IMPROVE SUPPORT FOR PATIENTS POST-DISCHAR GE SSM HEALTH CARE OF ST LOUIS USES DEMOGRAPHIC, UTILIZATION AND TECHNOLOGY TRENDS GENER ATED BY THE HEALTH CARE ADVISORY BOARD TO SIZE THE MARKET FOR BOTH INPATIENT AND OUTPATIEN T HEALTH CARE NEEDS FOR THE IMMEDIATE AND LONG-TERM TERM WE USE THIS INFORMATION TO ADJUS T CAPACITY TO MEET FUTURE DEMAND FOR HEALTH CARE SERVICES DESCRIBE THE ORGANIZATION'S FIN ANCIAL ASSISTANCE POLICIES OR PROGRAMS (E G CHARITY CASE, DISCOUNTING) FOR LOW-INCOME PER SONS AND HOW THEY ARE COMMUNICATED TO THE PUBLIC ALL SSMHC FACILITIES WILL STRIVE TO PROV IDE EXCEPTIONAL HEALTH CARE SERVICES TO ALL PERSONS IN NEED REGARDLESS OF THEIR ABILITY TO PAY ALL BILLING AND COLLECTION POLICIES AND PRACTICES WILL REFLECT THE MISSION AND VALUE S OF SSMHC, INCLUDING OUR SPECIAL CONCERN FOR PEOPLE WHO ARE POOR AND VULNERABLE SSMHC FA CILITIES OFFER DISCOUNTS FOR HOSPITAL SERVICES TO ALL UNINSURED PERSONS SELF-PAY DISCOUNT S APPLY TO EVERYONE WHO DOES NOT HAVE HEALTH INSURANCE, NO MATTER THEIR ABILITY TO PAY SS MHC WILL APPLY ITS CHARITY CARE POLICIES FAIRLY AND CONSISTENTLY EACH PERSON WILL BE TREA TED AS AN INDIVIDUAL WITH SPECIFIC NEEDS FOR ASSISTANCE WITHOUT REGARD TO PAYMENT SSMHC E MBRACES ITS RESPONSIBILITY TO SERVE THE COMMUNITIES IN WHICH WE PARTICIPATE BY ESTABLISHIN G SOUND BUSINESS PRACTICES CHARITY CARE IS PROVIDED TO PATIENTS BASED ON A SLIDING SCALE FOR HOUSEHOLD INCOMES UP TO FOUR TIMES THE FEDERAL POVERTY LEVEL PATIENTS WHOSE HOUSEHOLD INCOME IS NO MORE THAN TWO TIMES THE FEDERAL POVERTY LEVEL ARE ELIGIBLE FOR FREE HOSPITAL SERVICES IN ADDITION, AN EXCEPTION TO THE SLIDING SCALE IS PROVIDED FOR A PATIENT'S BALA NCE DUE IF THE AMOUNT IS TOO LARGE TO BE REASONABLY PAID THROUGH AN INSTALLMENT PLAN OVER FOUR YEARS GIVEN THE FAMILY INCOME AND EXPENSES EACH ENTITY PROVIDING MEDICAL SERVICES SH ALL PROVIDE INFORMATION TO THE PUBLIC REGARDING ITS CHARITY CARE POLICIES AND THE QUALIFIC ATION REQUIREMENTS FOR EACH OF ITS FACILITIES WHEN STANDARD SYSTEM NOTICES AND COMMUNICAT IONS REGARDING CHARITY CARE ARE AVAILABLE, THESE MUST BE USED MODIFICATIONS TO THE STANDA RD MAY BE MADE TO COMPLY WITH STATE AND LOCAL LAWS, AS WELL AS REFLECT CULTURALLY SENSITIV E TERMINOLOGY FOR THE POLICY ALL NOTICES WILL BE EASY TO UNDERSTAND BY THE GENERAL PUBLIC , CULTURALLY APPROPRIATE AND AVAILABLE IN THOSE LA

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE	NGUAGES THAT ARE PREVALENT IN THE COMMUNITY THEY WILL PROVIDE INFORMATION ABOUT -THE PAT IENT'S RESPONSIBILITY FOR PAYMENT, -THE AVAILABILITY OF FINANCIAL ASSISTANCE FROM PUBLIC P ROGRAMS AND ENTITY CHARITY CARE AND PAYMENT ARRANGEMENTS, -THE ENTITY'S CHARITY POLICY AND APPLICATION PROCESS AND -WHOM TO CONTACT TO GET ADDITIONAL INFORMATION OR FINANCIAL COUN SELING THE FOLLOWING TYPES OF NOTICES TO THE PUBLIC SHALL BE PROVIDED -SIGNS IN THE EMER GENCY DEPARTMENT, OUTPATIENT AND INPATIENT REGISTRATION AND PUBLIC WAITING AREAS - BROCHUR ES OR FLIERS PROVIDED AT TIME OF REGISTRATION AND AVAILABLE IN THE FINANCIAL COUNSELING AR EAS -NOTICES SENT WITH OR ON PATIENT BILLS OR COMMUNICATIONS SENT TO PATIENTS AND GUARANT ORS RELATED TO MEDICAL SERVICES -APPLICATIONS PROVIDED TO UNINSURED PATIENTS AT THE TIME OF REGISTRATION THE APPLICATION FOR CHARITY CARE, TOGETHER WITH ANY INSTRUCTIONS, MUST CL EARLY STATE THE POLICIES REGARDING CHARITY CARE, INCLUDING EXCLUDED SERVICES, ELIGIBILITY CRITERIA AND DOCUMENTATION REQUIREMENTS INFORMATION ABOUT THE ENTITY'S CHARITY POLICIES W ILL ALSO BE PROVIDED TO PUBLIC AGENCIES ORGANIZATION DESCRIPTION FOR TAX EXEMPTION SSMHC HOSPITALS -OPERATE AN EMERGENCY ROOM THAT IS OPEN TO ALL PERSONS REGARDLESS OF ABILITY T O PAY, -HAVE AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHY SICIANS I N THE AREA, -HAVE A GOVERNING BODY IN WHICH INDEPENDENT PERSONS REPRESENTATIVE OF THE COMM UNITY COMPRISE A MAJORITY, -ENGAGE IN THE TRAINING AND EDUCATION OF HEALTH CARE PROFESSION ALS, -PARTICIPATE IN MEDICAID, MEDICARE, CHAMPUS, TRICARE, AND/OR OTHER GOVERNMENT-SPONSOR ED HEALTH CARE PROGRAMS DESCRIBE THE COMMUNITY BENEFIT PROGRAMS SSM HEALTH CARE ST LOUI S PROVIDES MANY COMMUNITY BUILDING ACTIVITIES THAT PROMOTE THE HEALTH OF THE COMMUNITIES W E SERVE LISTED ARE A SAMPLING OF THESE INITIATIVES AND THEIR IMPACT PARISH NURSE PROGRAM PARISH NURSES ARE SSM EMPLOY EES WHO DO 100% OF THEIR WORK IN THEIR CHURCHES PARISH NURS ES SERVE AS HEALTH EDUCATOR, HEALTH COUNSELOR, RESOURCE AND REFERRAL PERSON, AND COORDINAT OR OF HEALTH RELATED SERVICES IN THEIR CHURCH THEY OFFER ASSISTANCE TO INDIVIDUALS IN MOD IFY ING LIFE STY LES, ADJUSTING TO DISEASE, AND COPING WITH CHRONIC ILLNESS THEY PROVIDE EM OTIONAL AND SPIRITUAL SUPPORT IN TIMES OF ANXIETY, CRISIS, AND TERMINAL ILLNESS BREAST HE ALTH WHEN NEW BREAST CANCER CASES ARE DIAGNOSED AT > STAGE 1, DEATH RATES ARE HIGHER AGE -ADJUSTED BREAST CANCER DEATHS IN OUR SERVICE AREA ARE HIGHER THAN THE HEALTHY COMMUNITIES GOAL FOR 2010 OUR INITIATIVE IS TO PROVIDE FREE EDUCATION TO ALL AND FREE MAMMOGRAMS TO UNINSURED WOMEN AGE 40+, EXPAND EDUCATION OPPORTUNITIES TO RESIDENTS OF LINCOLN AND WARREN COUNTIES, STAFF WILL TRAVEL A MINIMUM OF ONCE A MONTH TO RURAL AREAS TO PROVIDE EDUCATION AL AND PROGRAM AWARENESS INFORMATION IN 2012, THE INITIATIVE RESULTED IN 61 8% PERCENT OF WOMEN WITH BREAST CANCER DIAGNOSED < STAGE 1, HELD 50 OUTREACH EVENTS WITH 4,992 ATTENDEE S AND PROVIDED 361 FREE SCREENING MAMMOGRAMS FOR UNINSURED WOMEN AND PROVIDED A TOTAL OF 7 ,573 SCREENINGS CT LUNG SCREENING LUNG CANCER IS THE LEADING CAUSE OF CANCER DEATH IN TH E UNITED STATES CLAIMING MORE THAN 150,000 LIVES A Y EAR WHEN NEW LUNG CANCER CASES ARE DI AGNOSED AT > STAGE 1, DEATH RATES ARE HIGHER DEATH RATES IN THE GREATER ST CHARLES AREA FAR EXCEED THE HEALTHY COMMUNITIES GOAL FOR 2012 OUR INITIATIVE IS TO EXPAND PROGRAMS IN THE GREATER ST CHARLES AREA TO INCREASE EARLY DETECTION OF LUNG CANCER WITH A FOCUS ON RE SIDENTS WHO HAVE NEVER BEEN DIAGNOSED WITH CANCER, ARE OVER AGE 40, AND ARE A CURRENT OR F ORMER SMOKER IN 2012, THE PERCENT OF PATIENTS WITH LUNG CANCER DIAGNOSED AT OR < STAGE 2 WAS 22 8%

Identifier	Return Reference	Explanation
	FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE CONTINUED	SENIOR DENTAL CLINIC POOR DENTAL HEALTH AFFECTS OVERALL HEALTH OUR INITIATIVES PROVIDE LOW INCOME OLDER AND / OR DISABLED ADULTS WITHIN THE PRIMARY SERVICE AREA OF ST CHARLES, LINCOLN AND WARREN COUNTIES WITH LOW-COST, PREVENTATIVE AND DIAGNOSTIC / INTERVENTIONAL DENTAL SERVICES AND PROVIDE FREE TRANSPORTATION IN 2012, THE INITIATIVE PROVIDED 525 FREE RIDES TO DENTAL CLINICS TO FRAIL ELDERLY NOT IN LTC FACILITIES AND 1,421 DENTAL VISITS AMONG LTC RESIDENTS AND LOW-INCOME ELDERLY EDUCATIONAL & WELLNESS CLASSES HEALTHY LIVING A WEIGHT MANAGEMENT PROGRAM FOR ADULTS, LOOK GOODFEEL BETTER A FREE NON-MEDICAL, BRAND-NEUTRAL NATIONAL PUBLIC SERVICE PROGRAM TO HELP WOMEN OFFSET APPEARANCE-RELATED CHANGES FROM CANCER TREATMENT, NUTRITION CONSULTATION, YOGA AND TAI CHI CLASSES SUPPORT GROUPS, FOR EXAMPLE LIFE AFTER BREAST CANCER, TOBACCO FREE FOR LIFE, WEEKLY CANCER SURVIVORS GROUP, MONTHLY CANCER CAREGIVERS GROUP, INTERNATIONAL MYELOMA FOUNDATION GROUP, LOSS & GRIEF COLLABORATION WITH LOCAL NON-PROFIT ORGANIZATIONS ON A VARIETY OF ISSUES FROM DIRECT HEALTH RELATED CONCERNS TO QUALITY OF LIFE TOPICS FOR EXAMPLE ST LOUIS CRISIS NURSERY, MARCH OF DIMES, HYDROCEPHALUS FOUNDATION, VISION FOR CHILDREN AT RISK, MISSISSIPPI VALLEY REGIONAL BLOOD BANK, UNITED WAY, AMERICAN HEART ASSOCIATION, AMERICAN DIABETES ASSOCIATION, AMERICAN CANCER ASSOCIATION, CHILD-CENTER MARYGROVE, ST CHARLES COUNTY YOUTH IN NEED, ALMOST HOME PARTICIPATION IN COMMUNITY ORGANIZATIONS & TASK FORCES EACH SSM HEALTH CARE ST LOUIS ENTITY TAKES AN ACTIVE ROLE IN PARTICIPATING IN COMMUNITY ORGANIZATIONS AND TASK FORCES WHICH ARE FOCUSED ON STRENGTHENING THE COMMUNITY, I E REGIONAL ECONOMIC DEVELOPMENT ORGANIZATIONS, CHAMBER OF COMMERCE, SERVING AS POLICE DEPARTMENT SUB-STATIONS HEALTH FAIRS & MEDICAL SCREENINGS PARTICIPATE IN A VARIETY OF HEALTH FAIRS AND OFFER A VARIETY OF FREE MEDICAL SCREENINGS I E SUSAN G KOMEN/SHOW ME HEALTHY WOMEN/WISE-WOMENS INFORMATION AND SCREENING ENDEAVOR FREE SCREENING AND DIAGNOSTIC MAMMOGRAMS FOR UNDERINSURED AND UNINSURED WOMEN AGED 40 AND OLDER, COMMUNITY HEALTH FAIRS SPEAKERS BUREAU PHYSICIANS, NURSES AND OTHER HEALTH CARE PROFESSIONALS AFFILIATED WITH SSM HEALTH CARE ARE AVAILABLE TO SPEAK TO BUSINESSES, SCHOOLS, AND CIVIC ORGANIZATIONS ON A VARIETY OF HEALTH CARE TOPICS COMMUNITY ADVISORY BOARDS THESE BOARDS ARE COMPRISED OF A DIVERSITY OF COMMUNITY LEADERS WE SPONSOR REGULAR MEETINGS TO GET FEEDBACK FROM THE LEADERS AND TO SHARE INFORMATION TO TAKE TO THE COMMUNITY CAR SEAT SAFETY PROGRAM MOTOR VEHICLE CRASHES ARE THE LEADING CAUSE OF DEATH FOR CHILDREN 2-14 YEARS OLD CORRECTLY USING A CAR SEAT CAN HELP PREVENT INJURIES AND DEATH TO YOUNG CHILDREN IN THE EVENT OF AN AUTOMOBILE ACCIDENT OUR INITIATIVE INCLUDED OFFERING MONTHLY CAR SEAT SAFETY CHECKS AND HANDS-ON EDUCATION FOR PARENTS AT NO CHARGE AS WELL AS SUPPLYING CAR SEATS TO FAMILIES WHO ARE UNABLE TO PROVIDE THEIR OWN HEART SAFE COMMUNITY PROGRAM IN COLLABORATION WITH AMERICAN RED CROSS AND OTHER ORGANIZATIONS PROVIDE DISCOUNTED EQUIPMENT (E G AEDS), MEDICAL OVERSIGHT, AND ONGOING TRAINING SO THAT LOCAL BUSINESSES AND ORGANIZATIONS HAVE THE TOOLS TO RESPOND QUICKLY TO SUDDEN CARDIAC ARREST DOMESTIC VIOLENCE DOMESTIC VIOLENCE IS ALL TOO PREVALENT IN THE SMHC COMMUNITY VICTIMS OF VIOLENCE AND SEXUAL ASSAULT SEEKING EMERGENCY MEDICAL ASSISTANCE ARE SOMETIMES NOT IDENTIFIED AS SUCH AND DO NOT RECEIVE THE SUPPORT AND RESOURCES NEEDED TO ALTER THEIR CRISIS SITUATION OUR INITIATIVE INCLUDES MAINTAINING A SEXUAL ASSAULT NURSE EXAMINER PROGRAM IN THE SMHC EMERGENCY DEPARTMENT THIS IS THE ONLY OFFICIAL RAPE CRISIS EMERGENCY DEPARTMENT IN THE ST LOUIS AREA IN 2012, TWO SANE TRAINING SESSIONS, HELD CLASSES IN THE EMERGENCY DEPARTMENT FOR NURSES ON THE CARE OF THE SEXUAL ASSAULT VICTIM AND HELD CONFERENCES WITH LOCAL POLICE DEPARTMENTS A NETWORK SANE COORDINATOR PROGRAM WAS IMPLEMENTED DURING 2012 NURSING SCHOOLS AFFILIATIONS CHAMBERLAIN COLLEGE, MARYVILLE UNIVERSITY, SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE, ST LOUIS UNIVERSITY, UNIVERSITY OF MISSOURI ST LOUIS, CENTRAL METHODIST UNIVERSITY, EAST CENTRAL COMMUNITY COLLEGE, LEWIS AND CLARK COMMUNITY COLLEGE, LUTHERAN SCHOOL OF NURSING, ST LOUIS COMMUNITY COLLEGE AT FLORISSANT VALLEY, FOREST PARK AND MERAMEC, ST CHARLES COMMUNITY COLLEGE, SOUTHWESTERN ILLINOIS COMMUNITY COLLEGE AND PIKE LINCOLN TECH PARTNERSHIP WITH LOCAL EMS PROVIDERS, PROVIDING MEDICAL DIRECTORSHIP AND PROTOCOLS FOR CARE DELIVERY AND MONTHLY EDUCATION ON VARIOUS TOPICS TO ENHANCE FIELD KNOWLEDGE THE FOLLOWING IS A LIST OF THE TYPES OF PROGRAMS AND SERVICES THAT COULD BE INCLUDED AS COMMUNITY BENEFIT ACTIVITIES TRADITIONAL CHARITY CARE $ 46,033,595 UNPAID COST OF MEDICARE $ (1,829,712) UNPAID COST OF MEDICAID $ (23,582,699) COST OF BAD DEBT $ 20,361,157 COMMUNITY BENEFIT PROGRAMS $ 10,789,525 TOTAL QUANTIFIABLE COMMUNITY BENEFIT $ 51,771,866

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBER HAS THE POWER TO APPOINT AND REMOVE BOARD OF DIRECTOR MEMBERS, WITH OR WITHOUT CAUSE, EXCEPT FOR THOSE WHO SERVE EX-OFFICIO

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

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY THE PRESIDENT AND SECRETARY TO THE BOARD OVERSEE COMPLIANCE WITH THIS REQUIREMENT ALL BOARD MEMBERS WITH AN IDENTIFIED CONFLICT OF INTEREST ABSTAIN FROM BOARD DISCUSSIONS AND VOTES WHEN APPLICABLE EMPLOYEES WITH PURCHASING AUTHORITY AND/OR ABILITY TO INFLUENCE PURCHASING DECISIONS ARE ASSIGNED THE CONFLICT OF INTEREST DISCLOSURE COURSE (COI) WHICH MUST BE COMPLETED ON LINE PERIODICALLY THROUGH THE YEAR, THE ENTITY'S CORPORATE RESPONSIBILITY CONTACT PERSON (WITH THE HELP OF THE ENTITY'S LEARNING MANAGEMENT SYSTEM COORDINATOR) SENDS DEPARTMENT MANAGERS A LIST OF EMPLOYEES WHO HAVE NOT YET COMPLETED THEIR COI SO THEY CAN REMIND THE EMPLOYEES AND ENSURE THE EMPLOYEES HAVE TIME IN THEIR SCHEDULE TO COMPLETE THE REQUIRED COURSE RESOLUTION OF ANY CONFLICTS THAT ARE DISCLOSED MUST BE DOCUMENTED AND KEPT ON FILE AT THE ENTITY SUPERVISORS VERIFY REQUIRED COURSE COMPLETION PRIOR TO YEAR END

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

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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	BENEFICIAL INTEREST IN FOUNDATION -654,876 FUND BALANCE TRANSFER -52,550,334

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319117583

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

2012

Open to Public Inspection

Name of the organization
SSM HEALTH CARE ST LOUIS

Employer identification number
43-1343281

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SSM ST JOSEPH SURGERY CENTER 477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1822767	HEALTH CARE	MO	0	0	SSM HEALTH CARE ST LOUIS

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 entity? Yes	No
See Additional Data Table							

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SSM DEPAUL HEALTH CENTER FOUNDATION	C	780,768	CASH
(2) SSM ST JOSEPH FOUNDATION	C	770,444	CASH
(3) SSM ST CLARE HEALTH CENTER FOUNDATION	C	153,523	CASH
(4) SSM ST MARY'S HEALTH CENTER FOUNDATION	C	1,578,263	CASH
(5) SSM EMPLOYEE HEALTH CARE FUND	Q	74,325,948	COST OF SERVICES
(6) SSM CARDINAL GLENNON CHILDREN'S HOSPITAL	R	10,000,000	CASH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Software ID:
Software Version:
EIN: 43-1343281
Name: SSM HEALTH CARE ST LOUIS

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner? Yes	(j) General or Managing Partner? No	(k) Percentage ownership
SSM ST JOSEPH ENDOSCOPY CENTER LLC 477 N LINDBERGH BLVD ST LOUIS, MO 63141 27-0046559	HEALTH CARE	MO	SSM HEALTH CARE ST LOUIS	RELATED	1,663,041	761,843		No			No	50 000 %
ST CLARE IMAGING SERVICES 707 14TH STREET SUITE A BARABOO, WI 53913 20-0122365	DIAG SERVICES	WI	N/A									
MT VERNON RADIATION THERAPY CENTER 477 N LINDBERGH BLVD ST LOUIS, MO 63141 20-1382620	RADIATION THERAPY	IL	N/A									
SLEEPNEURO SO IL 477 N LINDBERGH BLVD ST LOUIS, MO 63141 20-8468195	DIAG SERVICES	IL	N/A									
SMHC SURG CO-MGMT 100 ST MARYS MEDICAL PLAZA JEFFERSON CITY, MO 65101 20-8929305	MANAGEMENT	MO	N/A									
SMHC CARD CO-MGMT 100 ST MARYS MEDICAL PLAZA JEFFERSON CITY, MO 65101 20-8929381	MANAGEMENT	MO	N/A									
SMHC MUSC CO-MGMT 100 ST MARYS MEDICAL PLAZA JEFFERSON CITY, MO 65101 20-8929237	MANAGEMENT	MO	N/A									
CHOWSMGSI 477 N LINDBERGH BLVD ST LOUIS, MO 63141 37-1383861	MOB	IL	N/A									
COMP CANCER CARE 477 N LINDBERGH BLVD ST LOUIS, MO 63141 20-1382727	MOB	IL	N/A									
SHAWNEE REAL ESTATE HOLDINGS LLC 1000 N LEE AVE OKLAHOMA CITY, OK 73102 45-5458304	MOB	OK	N/A									
SSM RX EXPRESS 477 N LINDBERGH BLVD ST LOUIS, MO 63141 26-4031708	PHARMACY	MO	N/A									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SSM MANAGED CARE ORGANIZATION LLC 477 N LINBERGH BLVD ST LOUIS, MO 63141 43-1708511	HEALTH CARE	MO	SSM HEALTH CARE ST LOUIS	C	2,123,979	-975,517	100 000 %		No
FPP INC 477 N LINBERGH BLVD ST LOUIS, MO 63141 43-1465174	HEALTH CARE	MO	N/A	C					No
DIVERSIFIED HEALTH SERVICES CORP 477 N LINBERGH BLVD ST LOUIS, MO 63141 43-1369305	MEDICAL EQUIPMENT	MO	N/A	C					No
SSM CARDIO AND THORACIC SERVICES INC 477 N LINBERGH BLVD ST LOUIS, MO 63141 26-0286559	HEALTH CARE	MO	N/A	C					No
SSM PROPERTIES INC 477 N LINBERGH BLVD ST LOUIS, MO 63141 43-1462486	PROPERTY SERVICES	MO	N/A	C					No
SSM DEPAUL MEDICAL GROUP INC 477 N LINBERGH BLVD ST LOUIS, MO 63141 43-1715106	HEALTH CARE	MO	N/A	C					No
SSM ST CHARLES CLINIC MED GROUP INC 477 N LINBERGH BLVD ST LOUIS, MO 63141 43-0626408	PHYSICIAN OFFICES	MO	N/A	C					No
HEALTH FIRST PHYS MANAGEMENT 477 N LINBERGH BLVD ST LOUIS, MO 63141 73-1534336	MEDICAL SERVICES	OK	N/A	C					No
SSMHCS LIABILITY TRUST II 477 N LINBERGH BLVD ST LOUIS, MO 63141 81-6128118	INSURANCE	MO	N/A	C					No
SSM NEUROSCIENCES INC 477 N LINBERGH BLVD ST LOUIS, MO 63141 26-3413981	HEALTH CARE	MO	N/A	C					No
SSM MEDICAL GROUP INC 477 N LINBERGH BLVD ST LOUIS, MO 63141 43-1664107	PHYSICIAN OFFICES	MO	N/A	C					No
SSMHC INSURANCE COMPANY 477 N LINBERGH BLVD ST LOUIS, MO 63141 03-0310431	INSURANCE	CA	N/A	C					No
SSM ORTHOPEDIC INC 477 N LINDBERGH BLVD ST LOUIS, MO 63141 27-1557033	HEALTH CARE	MO	N/A	C					No
SSM CANCER CARE 477 N LINDBERGH BLVD ST LOUIS, MO 63141 27-1557324	HEATH CARE	MO	N/A	C					No
PHYSICIANS SERVICES CORP OF SOUTHERN ILLINOIS 477 N LINDBERGH BLVD ST LOUIS, MO 63141 36-4161526	HEATH CARE	IL	N/A	C					No

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SSM DEPAUL HEALTH CENTER FOUNDATION	C	780,768	CASH
SSM ST JOSEPH FOUNDATION	C	770,444	CASH
SSM ST CLARE HEALTH CENTER FOUNDATION	C	153,523	CASH
SSM ST MARY'S HEALTH CENTER FOUNDATION	C	1,578,263	CASH
SSM EMPLOYEE HEALTH CARE FUND	Q	74,325,948	COST OF SERVICES
SSM CARDINAL GLENNON CHILDREN'S HOSPITAL	R	10,000,000	CASH

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
LEE BERNSTEIN EXECUTIVE VP COO	40 00				X			0	483,274	132,726
DEBORAH WALKENHORST REG VP HUMAN RESOURCES	30 00 10 00				X			379,504	0	123,389
KEVIN TODD JOHNSON REG VP MEDICAL AFFAIRS	30 00 10 00				X			592,236	0	185,907
MARGARET FOWLER VP PATIENT CARE	40 00 0 00				X			344,369	0	188,253
LORRAINE MAE YEHLEN PT YR VP NURSING	40 00 0 00				X			195,098	0	119,079
ROBERT PORTER PT YR PRES PROG SRVS	0 00 0 00				X			0	555,984	245,011
PATRICE KOMOROSKI PT YR PRESIDENT, DEPAUL HC	0 00 0 00				X			0	507,529	66,497
MARIO MORALES PHYSICIAN	40 00					X		1,414,021	0	176,996
WILLIAM HOLCOMB PHYSICIAN	40 00					X		507,418	0	107,744
MARK RENKEN PHYSICIAN	40 00					X		418,206	0	188,790
ANDREW KARANAS PHYSICIAN	40 00					X		397,037	0	99,113
STEPHEN KELLY PHYSICIAN	40 00					X		361,694	0	166,393
WILLIAM SCHOENHARD FORMER OFFICER	0 00						X	0	274,197	676,363
LYNN LENKER FORMER KEY EMPLOYEE	0 00 40 00						X	0	384,911	179,067

Additional Data

Software ID:
Software Version:
EIN: 43-1343281
Name: SSM HEALTH CARE ST LOUIS

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
SHEILA BADER DIRECTOR	1 00	X						0	0	0
DANIEL BAUMANN MD DIRECTOR	1 00 40 00	X						0	234,859	24,797
DONALD BINZ II MD DIRECTOR	1 00 40 00	X						0	412,893	33,197
JAN CERNY DIRECTOR	1 00	X						0	0	0
DAVID COSBY PT YR DIRECTOR	1 00	X						0	0	0
MARY T MCLENNAN MD DIRECTOR	1 00	X						0	0	0
BRENDA D NEWBERRY PT YR DIRECTOR	1 00	X						0	0	0
RUDOLPH W NICKENS JR PT YR DIRECTOR	1 00	X						0	0	0
TIKA NAZARETH DMD DIRECTOR	1 00	X						0	0	0
JOHN OLDANI DIRECTOR	1 00	X						0	0	0
JAMES A SANDFORT EDD DIRECTOR	1 00	X						0	0	0
KARL WILSON PHD DIRECTOR	1 00	X						0	0	0
BARBARA TURKINGTON DIRECTOR	1 00	X						0	0	0
SR MARY JEAN RYAN FSM DIRECTOR & CHAIRPERSON	1 00	X		X				0	0	0
WILLIAM THOMPSON DIRECTOR & VICE PRES	1 00 40 00	X		X				0	2,161,601	1,088,396
CHRISTOPHER HOWARD DIRECTOR & PRES	30 00 10 00	X		X				0	873,195	368,042
STEVEN BARNEY VICE PRESIDENT	1 00 40 00			X				0	779,380	231,364
KRIS ZIMMER TREASURER	1 00 40 00			X				0	837,428	257,469
JUNE L PICKETT SECRETARY	1 00 40 00			X				0	240,525	353,818
JUDY GARTLAND ASST SECRETARY	30 00 10 00			X				66,780	0	40,845
KAREN REWERTS CHIEF FINANCIAL OFFICER	30 00 10 00			X				570,276	0	264,694
GASPARE CALVARUSO PRESIDENT, ST JOSEPH HC	40 00				X			0	474,649	254,309
SEAN HOGAN PRESIDENT, DEPAUL HC	40 00				X			0	450,436	172,676
LISLE WESCOTT PRESIDENT, ST JOE WEST	40 00				X			0	318,917	32,863
KATHLEEN BECKER PRESIDENT, ST MARY'S HC	40 00				X			0	450,172	89,950

SSM Health Care

Consolidated Financial Statements as of and for the
Years Ended December 31, 2012 and 2011, and
Independent Auditors' Report

SSM HEALTH CARE

TABLE OF CONTENTS

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
SSM Health Care
St Louis, Missouri

We have audited the accompanying consolidated financial statements of SSM Health Care Corporation and its subsidiaries (the "Organization"), which comprise the consolidated balance sheets as of December 31, 2012 and 2011, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits We conducted our audits in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the Organization's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of SSM Health Care Corporation and its subsidiaries as of December 31, 2012 and 2011, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

Deloitte & Touche LLP

March 29, 2013

SSM HEALTH CARE

CONSOLIDATED BALANCE SHEETS
AS OF DECEMBER 31, 2012 AND 2011
(In thousands)

	2012	2011
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	$ 27.580	$ 19.869
Short-term investments	121.172	111.638
Current portion of assets limited as to use	250.495	290.065
Patient accounts receivable, less allowance for uncollectible accounts of $120.927 in 2012 and $87.037 in 2011	518.809	437.611
Other receivables	23.568	14.523
Inventories, prepaid expenses, and other	77.447	75.851
Estimated third-party payor settlements	12.035	16.721
Total current assets	1.031.106	966.278
ASSETS LIMITED AS TO USE OR RESTRICTED — Excluding current portion	1.812.981	1.692.375
PROPERTY AND EQUIPMENT — Net	1.630.567	1.434.430
OTHER ASSETS		
Deferred financing costs — net	6.753	7.867
Goodwill	31.955	8.987
Intangibles — net	17.041	3.723
Investments in unconsolidated entities	196.077	187.932
Other	5.710	6.316
Total other assets	257.536	214.825
TOTAL	$4.732.190	$4.307.908
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Cash overdraft	$ -	$ 24.310
Revolving line of credit	37.225	-
Current portion of long-term debt	41.313	35.110
Accounts payable and accrued expenses	365.536	337.403
Payable under securities lending agreements	197.188	174.888
Estimated third-party payor settlements	44.524	24.903
Total current liabilities	685.786	596.614
LONG-TERM DEBT — Excluding current portion	1.279.255	1.190.699
ESTIMATED SELF-INSURANCE OBLIGATIONS	72.674	77.101
OTHER LIABILITIES	1.127.856	1.119.640
Total liabilities	3.165.571	2.984.054
NET ASSETS		
Unrestricted		
Noncontrolling interest in subsidiaries	19.232	12.196
SSM Health Care unrestricted net assets	1.487.644	1.260.018
Total unrestricted net assets	1.506.876	1.272.214
Temporarily restricted	40.743	34.090
Permanently restricted	19.000	17.550
Total net assets	1.566.619	1.323.854
TOTAL	$4.732.190	$4.307.908

See notes to consolidated financial statements

SSM HEALTH CARE

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011
(In thousands)

	2012	2011
OPERATING REVENUES AND OTHER SUPPORT		
Net patient service revenues before provision for doubtful accounts	$3,229,147	$2,937,617
Less provision for doubtful accounts	(157,230)	(126,367)
Net patient service revenues	3,071,917	2,811,250
Investment income (loss)	31,167	(1,035)
Other revenue	220,637	185,542
Net assets released from restrictions	3,431	8,585
Total operating revenues and other support	3,327,152	3,004,342
OPERATING EXPENSES		
Salaries and benefits	1,779,786	1,621,225
Supplies	557,111	508,945
Professional fees and other	736,748	655,563
Interest	37,683	35,372
Depreciation and amortization	156,875	144,702
Bad debts	786	-
Total operating expenses	3,268,989	2,965,807
INCOME FROM OPERATIONS	58,163	38,535
NONOPERATING GAINS AND (LOSSES)		
Investment income (loss)	147,097	(8,629)
Loss from early extinguishment of debt	(1,125)	(887)
Other — net	1,835	1,460
Total nonoperating gains and (losses) — net	147,807	(8,056)
EXCESS OF REVENUES OVER EXPENSES BEFORE CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS	205,970	30,479
CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS	306	(69,866)
EXCESS (DEFICIT) OF REVENUES OVER EXPENSES	206,276	(39,387)

(Continued)

SSM HEALTH CARE

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011
(In thousands)

	2012	2011
UNRESTRICTED NET ASSETS		
Excess (deficit) of revenues over expenses	$ 206,276	$ (39,387)
Gains (losses) on investments — net	595	(71)
Pension-related changes other than net periodic pension cost	22,969	(121,623)
Net assets released from restrictions for property acquisitions	2,261	12,802
Other — net	2,561	(6,375)
Increase (decrease) in unrestricted net assets	234,662	(154,654)
TEMPORARILY RESTRICTED NET ASSETS		
Contributions for charity care and other programs	9,324	13,193
Gains on investments — net	3,028	428
Net assets released from restrictions for operations	(3,431)	(8,585)
Net assets released from restrictions for property acquisitions	(2,261)	(12,802)
Other — net	(7)	295
Increase (decrease) in temporarily restricted net assets	6,653	(7,471)
PERMANENTLY RESTRICTED NET ASSETS		
Contributions for charity care and other programs	916	1,383
Gains on investments — net	534	100
Other — net	-	(561)
Increase in permanently restricted net assets	1,450	922
CHANGE IN NET ASSETS	242,765	(161,203)
NET ASSETS — Beginning of year	1,323,854	1,485,057
NET ASSETS — End of year	$1,566,619	$1,323,854

See notes to consolidated financial statements (Concluded)

SSM HEALTH CARE

CONSOLIDATED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011
(In thousands)

	2012	2011
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	$ 242,765	$ (161,203)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Pension-related changes other than net periodic pension cost	(22,969)	121,623
Depreciation and amortization	157,283	145,454
Loss on early extinguishment of debt	1,125	887
Provision for doubtful accounts and bad debts	158,016	126,367
Contributions restricted for long-term investment	(4,403)	(3,312)
Distributions (Contributions) to from noncontrolling owners — net	(3,239)	3,530
Gains and losses on investments — net	(139,598)	50,546
Equity in earnings of unconsolidated entities	(7,919)	(2,955)
Change in valuation of investments in unconsolidated entities	(114)	892
Change in market value of interest rate swaps	(306)	69,866
Gain on disposal of assets	(336)	(974)
Changes in assets and liabilities		
Short-term investments	(9,534)	53,886
Patient accounts receivable	(236,751)	(224,172)
Other receivables, inventories, prepaid expenses, and other	(3,275)	(21,707)
Accounts payable, accrued expenses, and other liabilities	42,128	95,484
Estimated self-insurance obligations	(4,427)	(5,604)
Net cash provided by operating activities	168,446	248,608
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment	(279,710)	(261,298)
Proceeds from disposal of property and equipment	195	1,917
Purchase of assets limited as to use or restricted	(2,974,997)	(3,762,902)
Sales of assets limited as to use or restricted	3,057,107	3,823,730
Contributions to unconsolidated entities	(10,505)	(8,948)
Distributions from unconsolidated entities	11,226	6,589
Acquisition of hospitals and health care entities	(66,004)	-
Net change in other assets	(12,325)	(1,079)
Net cash used in investing activities	(275,013)	(201,991)
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from issuance of long-term debt	283,265	98,444
Payments on long-term debt	(213,281)	(128,937)
Debt issuance costs	(573)	-
Restricted contributions	4,403	3,312
Contributions from noncontrolling owners	7,205	-
Distributions to noncontrolling owners	(3,966)	(3,530)
Proceeds from revolving line-of-credit	37,225	-
Net cash provided by (used in) financing activities	114,278	(30,711)
NET INCREASE IN CASH AND CASH EQUIVALENTS	7,711	15,906
CASH AND CASH EQUIVALENTS — Beginning of year	19,869	3,963
CASH AND CASH EQUIVALENTS — End of year	$ 27,580	$ 19,869

See notes to consolidated financial statements

1. ORGANIZATION AND PURPOSE

SSM Health Care (SSMHC) is a multi-institutional provider of health services comprised of SSM Health Care Corporation (SSMHCC) as the principal not-for-profit corporation which holds membership or stock ownership in other affiliated corporations SSMHCC has been established as the parent corporation Through its affiliated corporations, SSMHC owns and operates 18 acute care hospitals, one children's hospital, two long-term care facilities, and other health care businesses located primarily in Missouri, Oklahoma, Wisconsin, and Illinois SSMHC also has exclusive affiliation agreements with six acute care hospitals SSMHCC and most of its affiliated subsidiary corporations are organizations described in Section 501(c)(3) of the Internal Revenue Code (IRC) As such, they are exempt from federal income tax on income from activities related to their exempt purposes under IRC Section 501(a)

SSMHC is sponsored by the Franciscan Sisters of Mary The President and Councilors of the Congregational Council of the Franciscan Sisters of Mary serve as the members of SSMHCC, which hold certain reserved powers over SSMHCC

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Presentation — The consolidated financial statements include the accounts of SSMHCC and all wholly owned, majority owned, and controlled entities, including the consolidated statements of SSMHC Liability Trust I and SSMHC Liability Trust II as described in Note 13 All significant intercompany balances and transactions have been eliminated in consolidation

Cash and Cash Equivalents — Cash and cash equivalents include investments in highly liquid debt instruments with a maturity of three months or less when purchased

Short-Term Investments — Short-term investments are measured at fair value and include liquid investments with original maturities at time of purchase of greater than three months and less than three years

Financial Instruments — The carrying amounts of cash equivalents and unsettled investment transactions approximate fair value Management's estimates of the fair value of other financial instruments are described elsewhere in the notes to consolidated financial statements Investments reported as assets that are designated as limited as to use or restricted, short-term investments, and interest rate swaps are measured at fair value as described in Note 7 Long-term debt is measured at fair value as described in Note 11 Due to the volatility of the U S economy and the financial markets, there is uncertainty regarding the long-term impact market conditions will have on SSMHC's investment portfolio

Patient Accounts Receivable — Patient accounts receivable are stated at estimated net realizable amounts from patients, third-party payors, and other insurers for services provided Management periodically reviews the adequacy of the allowance for uncollectible accounts based on historical experience, trends in health care coverage, and other collection indicators Reserves for charity and

uncollectible amounts have been established and are netted against patient accounts receivable in the consolidated balance sheets

SSMHC's mission is to provide exceptional health care services to all persons regardless of their ability to pay After all payments, discounts and reasonable collection efforts have been exhausted, SSMHC follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by SSMHC Accounts placed with collection agencies are written off and excluded from patient accounts receivable and allowance for doubtful accounts

Inventories — Inventories are stated at the lower of cost or market Cost is determined principally using the first-in, first-out method

Assets Limited as to use or Restricted — Assets limited as to use include investments and other assets set aside by the Board of Directors at their discretion for future capital improvements or for other purposes, and assets held in trust under bond indentures and self-insurance agreements Unsettled investment transactions include receivables and payables from investment sales which are not settled until the following year Assets restricted as to use include investments and other assets whose use is restricted by donors (temporarily or permanently)

Pooled Investments — SSMHC holds the majority of its investments in a pooled investment program which also includes the investments of its defined benefit plans as well as other smaller nonconsolidated entities The earnings are allocated proportionately according to ownership percentages as defined in pooled investment agreements The combined investments of SSMHC and its defined benefit plans account for over 99% of the pooled investments

SSMHC has elected the fair value option for financial investments in limited partnerships and limited liability corporations made through its centralized investment program that would otherwise be recorded using either the cost or equity methods SSMHC made this election in order to ensure that the accounting treatment of these investments was comparable between categories, regardless of the current organizational structure of the various investments

Derivative Instruments — It is SSMHC's policy to provide sound stewardship of fiscal resources by effectively managing both the level of outstanding debt and the proportion of variable to fixed rate debt Accordingly, SSMHC periodically enters into derivative arrangements to manage interest rate risk related to variable rate debt

SSMHC records derivative instruments as either an asset or liability measured at its fair value (Note 7) The estimated fair value of interest rate swap instruments has been determined using available market information and valuation methodologies, primarily discounted cash flows

The net change in the fair value is recorded as a nonoperating gain or loss The difference between the actual amount paid and the actual amount received on all interest rate swaps is accrued and recognized as an adjustment to interest expense Collateral is reported as a separate asset rather than an offset to the fair value of interest rate swaps

Securities Lending Program — SSMHC participates in securities lending transactions with its custodian whereby SSMHC lends a portion of its investments to various brokers in exchange for collateral for the securities loaned, usually on a short-term basis SSMHC maintains effective control of the loaned securities through its custodian during the term of the arrangement in that they may be recalled at any time Collateral received from brokers must equal at least 100% of the original market

value of the securities on loan, and is subsequently adjusted for market fluctuations SSMHC must return to the borrower the original value of collateral received regardless of the impact of market fluctuations The collateral is invested in a pool maintained by the custodian Under the terms of the agreement, the borrower must return the same, or substantially the same, investments that were borrowed

The securities on loan under this program are recorded as assets whose use is limited The market value of collateral held for loaned securities is reported as collateral held under securities lending program which is recorded in assets whose use is limited, and an obligation is recorded in current liabilities for repayment of collateral upon settlement of the lending transaction

Property and Equipment — Property and equipment acquisitions are recorded at cost or, if donated or impaired, at fair value at the date of receipt or impairment Depreciation expense is determined using the straight-line method over the estimated useful life of the asset 5 to 25 years for land improvements, 5 to 40 years for buildings, and 3 to 20 years for equipment Equipment under capital leases is amortized using the straight-line method over the shorter of the lease term or the estimated useful life of the equipment Such amortization is included in depreciation and amortization expense Capitalized software costs and related amortization expense are reported as a component of property and equipment Interest costs incurred on borrowed funds during construction periods are capitalized as a component of the asset cost

SSMHC periodically evaluates property and equipment to determine whether assets may have been impaired The evaluations address the estimated recoverability of the assets' carrying value Such analyses require various valuation techniques using management assumptions, including estimates of future cash flows As a result, there is at least a reasonable possibility that recorded estimates of fair value and impairment will change by a material amount

Deferred Financing Costs — Deferred financing costs are amortized using the effective interest rate method over the term of the related obligation

Intangibles — Goodwill represents the excess of costs over the fair value of assets of businesses acquired Goodwill acquired in business combinations is not amortized, but instead is subject to impairment tests performed at least annually Goodwill is evaluated for possible impairment at the reporting unit level at least annually or whenever events or changes in circumstances indicate that the carrying amount of such assets may not be recoverable Goodwill is evaluated for possible impairment by comparing the fair value of a reporting unit with its carrying value, including the goodwill assigned to that reporting unit Fair value of a reporting unit is estimated using a combination of income-based and market-based valuation methodologies Under the income approach, forecasted cash flows of a reporting unit are discounted to a present value using a discount rate commensurate with the risks of those cash flows Under the market approach, the fair value of a reporting unit is estimated based on the revenues and earnings multiples based on recent transactions involving comparable entities An impairment charge is recorded if the carrying value of the goodwill exceeds its implied fair value The determination of a reporting unit's fair value requires management to make significant assumptions regarding estimated future cash flows and long-term growth rates As a result, there is at least a reasonable possibility that recorded estimates of fair value and impairment will change The annual goodwill impairment analyses completed in 2012 and 2011 resulted in no impairment losses

Intangible assets include a tradename, non-compete agreements and other intangible assets acquired from independent parties Intangible assets with a definite life are amortized on a straight-line basis, with estimated useful lives ranging from one to 20 years Amortization of intangibles is included in depreciation and amortization expense SSMHC reviews the carrying value of its amortizable intangible assets only when impairment indicators are present SSMHC evaluates intangible assets for impairment

by comparing the estimates of undiscounted future cash flows to the carrying values of the related assets Indefinite-lived intangible assets are evaluated for possible impairment at least annually or whenever events or changes in circumstances indicate the asset might be impaired There were no impairments identified during 2012 or 2011

Investments in Unconsolidated Entities — Investments in unconsolidated entities, other than the limited partnership and limited liability corporations in the pooled investment program, are accounted for under the cost or equity method of accounting, as appropriate SSMHC utilizes the equity method of accounting for its investments in unconsolidated entities over which it exercises significant influence SSMHC's equity income or loss on these investments is recorded as other revenue SSMHC evaluates these investments for other-than-temporary impairment in accordance with accounting standards for equity method investments

Other Liabilities — Other liabilities include various deferred compensation plans and the underfunded status of SSMHC's pension plans which represents the value of the projected benefit obligation over the fair value of plan assets The pension plan obligations and plan assets are measured as of December 31

In 2012 SSMHC recorded $22,969 to decrease other liabilities and increase unrestricted net assets due to recognition of the change in the underfunded status of the plan The gain was a result of plan amendments as described in Note 12 offset by the impact of the declining discount rate In 2011, SSMHC recorded $121,623 to increase other liabilities and decrease unrestricted net assets due to recognition of the change in the underfunded status of the plan caused by the increase in the projected benefit obligation due to the declining discount rate

Temporarily and Permanently Restricted Net Assets — Temporarily restricted net assets are those whose use by SSMHC has been limited by donors to a specific time period or purpose These assets are restricted for funding a specific program, capital projects, and other purposes Permanently restricted net assets have been restricted by donors to be maintained by SSMHC in perpetuity They are generally restricted to provide ongoing income for a specific program

Noncontrolling Interests — The consolidated financial statements include all assets, liabilities, revenue and expenses of less than 100% owned or controlled entities SSMHC controls in accordance with applicable accounting guidance Accordingly, SSMHC has reflected a noncontrolling interest for the portion of net assets not owned or controlled by SSMHC separately on the consolidated balance sheets

Net Patient Service Revenues — SSMHC recognizes net patient service revenue before provision for bad debt in the period in which services are provided SSMHC has agreements with payors that provide for payments at amounts different from established charges The basis for payment under these agreements includes prospectively determined rates, cost reimbursement, and negotiated discounts from established charges

Net patient service revenues are reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments due to future audits, reviews, and investigations The differences between the estimated and actual adjustments are recorded as part of net patient service revenues in future periods, as the amounts become known, or as years are no longer subject to such audits, reviews, and investigations

Capitated Contracts — SSMHC has capitated contracts with health maintenance organizations Under these arrangements, SSMHC receives capitation premiums based on the demographic characteristics of covered members in exchange for providing comprehensive medical services for those members

SSMHC recorded capitated revenues of $10,370 and $10,563 for the years ended December 31, 2012 and 2011, respectively. Capitation revenues are included in net patient service revenues.

Effective January 1, 2011, SSMHC and Dean Health Systems, Inc. entered into a new risk sharing arrangement for certain health care services provided to members of Dean Health Insurance, Inc. and Dean Health Plan, Inc. Under the risk sharing arrangement, a percentage of the Dean Health Insurance, Inc. and Dean Health Plan, Inc. premiums are paid into various pools for which SSMHC assumes a portion of the risk. Payments are made from the pools for certain covered services. SSM receives disbursements from the pools for their share of the accumulated surplus or pays into the pools for their share of the accumulated deficit. Total payments received during the year ended December 31, 2012 and 2011, for services, net of accumulated deficits, were $133,612 and $131,835, respectively, which are included within net patient service revenues. During the year ended December 31, 2011, SSMHC also received service incentive fees totaling $2,639 which represented retroactive adjustments from the previous risk sharing arrangement with Dean Health Systems, Inc. This amount is included in net patient service revenues.

Investment Income — Most investment income is reported as nonoperating gains or losses. Investment income on funds held in trust for self-insurance purposes and unrestricted funds held by foundations is included in other operating revenue. The cost of investments sold is based on the specific-identification method.

Investment income on investments of donor-restricted funds, other than endowments, is included in excess of revenues over expenses unless the income or loss is restricted by donors. Investment income that is restricted by the donor is recorded directly to temporarily or permanently restricted net assets, in accordance with the donor-imposed restrictions.

SSMHC values hedge funds, real estate investments, and partnership interests at fair value. Gains and losses on these investments are included in nonoperating investment income unless it is restricted by donors.

SSMHC classifies its debt and equity securities as trading securities. Changes in the fair values of trading securities are recorded in the excess of revenues over expenses.

The change in unrealized gains and losses on investments recorded as a change in unrestricted net assets includes the unrealized gains or losses related to investments available for sale at equity method investees.

Contributions — Contributions, including unconditional promises to give, are recognized at their fair value at the time of receipt. For financial reporting purposes, SSMHC distinguishes between contributions that are unrestricted, temporarily restricted, or permanently restricted based on the restrictions placed on their use by the donors. Contributions restricted for additions to property and equipment are recorded as temporarily restricted assets. When the restrictions have been met, these temporarily restricted contributions are recorded as net assets released from restrictions for property acquisitions. Contributions temporarily restricted for other purposes are reported as temporarily restricted contributions if the restrictions are not met in the same reporting period. When such donor-imposed restrictions are met in subsequent reporting periods, they are reported as net assets released from restrictions and an increase to unrestricted net assets. Contributions of assets that donors have stipulated must be maintained permanently, with only the income earned thereon available for use, are classified as permanently restricted assets. Contributions for which donors have not stipulated restrictions are reported as other revenue.

Endowment assets include donor-restricted funds that SSMHC must hold in perpetuity or for a donor-specified period SSMHC preserves the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary SSMHC classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and, if applicable, (c) accumulations to the permanent endowment made in accordance with specific donor instructions The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the SSMHC entity that received the donation SSMHC considers the following factors in making determinations to appropriate or accumulate donor-restricted endowment funds

a State law

b The duration and preservation of the fund

c The purposes of the donor-restricted endowment funds and how they relate to SSMHC's priorities for carrying out its mission within the communities it serves

d General economic conditions

e The possible effects of inflation and deflation

f The expected total return from income and the appreciation of investments

g Other resources available to the entity and its beneficiary, if applicable

h The investment policies of the entity

Electronic Health Record Incentives — Under certain provisions of the American Recovery and Reinvestment Act of 2009 (ARRA), federal incentive payments are available to hospitals, physicians and certain other professionals (Providers) when they adopt, implement or upgrade (AIU) certified electronic health record (EHR) technology or become "meaningful users," as defined under ARRA, of EHR technology in ways that demonstrate improved quality, safety and effectiveness of care Providers can become eligible for annual Medicare incentive payments by demonstrating meaningful use of EHR technology in each period over four periods Medicaid providers can receive their initial incentive payment by satisfying AIU criteria, but must demonstrate meaningful use of EHR technology in subsequent years in order to qualify for additional payments Hospitals may be eligible for both Medicare and Medicaid EHR incentive payments, however, physicians and other professionals may be eligible for either Medicare or Medicaid incentive payments, but not both Hospitals that are meaningful users under the Medicare EHR incentive payment program are deemed meaningful users under the Medicaid EHR incentive payment program and do not need to meet additional criteria imposed by a state Medicaid EHR incentive payments to Providers are 100% federally funded and administered by the states The Centers for Medicare and Medicaid Services (CMS) established calendar year 2011 as the first year states could offer EHR incentive payments Before a state may offer EHR incentive payments, the state must submit and CMS must approve the state's incentive plan

SSMHC recognizes Medicaid EHR incentive payments in its consolidated statements of operations for the first payment year when (1) CMS approves a state's EHR incentive plan, and (2) its hospital or employed physician acquires certified EHR Medicare and Medicaid EHR incentive payments for subsequent payment years are recognized in the period during which the specified meaningful use criteria are met SSMHC recognizes Medicare EHR incentive when (1) the specified meaningful use

criteria are met, and (2) contingencies in estimating the amount of the incentive payments to be received are resolved During the years ended December 31, 2012 and 2011, certain of SSMHC's hospitals satisfied the CMS AIU and/or meaningful use criteria As a result, SSMHC recognized approximately $4,470 and $13,037 of Medicaid EHR incentive payments as other revenue for the years ended December 31, 2012 and 2011, respectively SSMHC's hospitals recognized $14,209 of Medicare EHR incentive payments as other revenue for the year ended December 31, 2012

Performance Indicator — The consolidated statements of operations and changes in net assets include excess of revenues over expenses as SSMHC's performance indicator Changes in unrestricted net assets that are excluded from excess of revenues over expenses, consistent with industry practice, include changes in unrealized gains and losses on investments, net of available for sale investments held by equity investees, permanent transfers of assets to and from affiliates for other than goods and services, contributions of long-lived assets (including assets acquired using contributions that by donor restriction were to be used for the purpose of acquiring such assets), and pension related changes other than net periodic pension cost

Consolidated Statements of Operations — For purpose of display, transactions deemed by management to be ongoing, major, or central to the provision of health care and related services are reported as operating revenue and expenses Peripheral or incidental transactions are reported as nonoperating gains and losses

Income Taxes — SSMHC evaluates its uncertain tax positions on an annual basis A tax benefit from an uncertain tax position may be recognized when it is more likely than not that the position will be sustained upon examination, including resolutions of any related appeals or litigation processes, based on the technical merits There have been no uncertain tax positions recorded in 2012 or 2011

SSMHC has net operating loss (NOL) carryforwards available related to unrelated business income and to its for-profit subsidiaries SSMHC fully reserves these carryforwards because it does not anticipate earning future profits The amount of the carryforwards available for 2012 and 2011 was $429,662 and $379,124, respectively

Use of Estimates — The preparation of the consolidated financial statements in conformity with U S generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements Estimates also affect the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates

Non-Cash Transactions — During the years ended December 31, 2012 and 2011, SSMHC had the following non-cash transactions

	2012	2011
Collateral received (refunded) under securities lending program	$ 22,300	$ 34,265
Property and equipment purchases included in accounts payable	19,618	22,078
Investment in unconsolidated entities included in long-term debt	8,648	4,000
Capital leases	-	65

New Accounting Pronouncements — In October 2012, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No 2012-05, *Statement of Cash Flows (Topic230), Not-for-Profit Entities Classification of the Sale Proceeds of Donated Financial Assets in the Statement of Cash Flows* (ASU 2012-05) to address diversity in practice about how to classify cash receipts arising

from the sale of certain donated financial assets, such as securities, in the statement of cash flows of not-for-profit entities The adoption of ASU 2012-05 is effective prospectively as of January 1, 2013 The adoption of ASU 2012-05 is not expected to have a material impact on SSMHC's consolidated financial statements

In July 2012, the FASB issued ASU 2012-02, *Intangibles – Goodwill and Other (Topic 350), Testing Indefinite-Lived Intangible Assets for Impairment,* (ASU 2012-02) which permits an entity to first assess qualitative factors to determine whether it is more likely than not that an indefinite-lived intangible asset is impaired as a basis for determining whether it is necessary to perform the quantitative impairment test as described in Topic 350 ASU 2012-02 is effective for SSMHC as of January 1, 2013 The adoption of ASU 2012-02 is not expected to have a material impact on SSMHC's consolidated financial statements

In September 2011, the FASB issued ASU 2011-08, *Intangibles – Goodwill and Other (Topic 350), Testing Goodwill for Impairment,* (ASU 2011-08) which simplifies how entities test goodwill for impairment ASU 2011-08 permits entities to first assess qualitative factors to determine whether it is more likely than not that the fair value of a reporting unit is less than its carrying value as a basis for determining whether it is necessary to perform the two-step goodwill impairment test The adoption of ASU 2011-08 was effective for SSMHC as of January 1, 2012 and did not have a material impact on SSMHC's consolidated financial statements

In July 2011, the FASB issued ASU No 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and Allowance for Doubtful Accounts for Certain Health Care Entities* (ASU 2011-07) which amended Accounting Standards Codification (ASC) No 954, *Health Care Entities* (ASC 954) to provide greater transparency regarding a health care entity's net patient revenue and the related allowance for doubtful accounts ASU 2011-07 requires certain health care entities to change the presentation of the provision for bad debts associated with patient service revenue by reclassifying the provision from operating expenses to a deduction from net patient revenue if the organization does not evaluate the patient's ability to pay before providing services and recognizing revenue and requires enhanced disclosures about net patient revenue and the policies for recognizing revenue and assessing bad debts The adoption of ASU 2011-07 was effective for SSMHC as of January 1, 2012 and was applied retrospectively to the year ended December 31, 2011 The adoption of ASU 2011-07 did not have a material impact on SSMHC's consolidated financial statements other than the reclassification of bad debts from total operating expenses to a reduction of net patient revenue

In May 2011, the FASB issued ASU No 2011-04, *Fair Value Measurements (Topic 820), Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U S GAAP and IFRSs* (ASU 2011-04), which amended ASC No 820, *Fair Value Measurement* (ASC 820) to change the wording used to describe many of the requirements in U S GAAP for measuring fair value and for disclosing information about fair value measurements The adoption of ASU 2011-04 was effective for SSMHC as of January 1, 2012 and did not have a material impact on SSMHC's consolidated financial statements

3. UNCOMPENSATED CARE

In line with its mission, SSMHC provides services to patients without regard to their ability to pay for those services For some of its patient services, SSMHC receives no payment or payment that is less than the full cost of providing the services

SSMHC voluntarily provides free care to patients who are unable to pay for all or part of their health care expenses as determined by SSMHC's criteria for financial assistance Because SSMHC does not

pursue collection of amounts determined to qualify as charity care, they are not reported as patient service revenues

In some cases, SSMHC does not receive the amount billed for patient services even though it did not receive information necessary to determine if the patients met the criteria for financial assistance

The estimated cost of charity care and the cost of doubtful accounts are as follows The estimated costs are calculated using the costs of providing patient care divided by gross patient service revenue This ratio is then multiplied by the gross charity and doubtful charges to determine estimated costs

	2012	2011
Cost of charity care	$95,484	$78,002
Cost of doubtful accounts	69,954	56,729

SSMHC also commits significant time and resources to activities and critical services that address unmet community needs Many of these activities are sponsored with the knowledge that they will not be self-supporting or financially viable Such programs include health screenings and assessments, prenatal education and care, hospice, support for residences for homeless persons, trauma care, community health education and various support groups

4. NET PATIENT SERVICE REVENUES

A significant portion of SSMHC's revenue is generated under agreements with Medicare and Medicaid Payments for services covered by Medicare are based on federal regulations specific to the type of service provided Medicare pays for most services at a prospective rate Hospital facilities that meet certain requirements receive additional funds in partial payment for the cost of medical education and caring for the indigent The rates for services covered by Medicaid are determined by the regulations of the state in which the beneficiary is a resident Medicare and Medicaid regulations are complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount

SSMHC has an estimation process for recording Medicare net patient service revenue and estimated cost report settlements Accruals are recorded to reflect the expected final cost report settlements Accruals are based upon filed cost reports or an estimate of what is expected to be reported on cost reports not yet filed

In addition, SSMHC has negotiated contracts with certain other third-party payors Revenues under these contracts are based primarily on payment terms involving predetermined rates per diagnosis, per-diem rates, discounted fee-for-service rates and other similar contractual arrangements SSMHC estimates the discounts for contractual allowances at the individual hospital level utilizing billing data on an individual patient basis On a monthly basis, an estimate is made of the expected reimbursement for patients of managed care plans based on the applicable contract terms

SSMHC provides discounts on charges for hospital services to all patients without insurance and who do not receive their health care services under Medicare, Medicaid or a public aid program The discount varies by geographical location, primarily based on the discounts negotiated with SSMHC private third-party payors in that location The total discounts provided to uninsured patients under this policy were $205,362 and $167,491 for the years ended December 31, 2012 and 2011, respectively, and are included as a reduction in net patient service revenues If it is determined that an uninsured patient is eligible for a charity discount for hospital services, the charity discount will be taken after the discount for uninsured patients has been applied

SSMHC participates in assessment programs in the four states in which it operates For the year ended December 31, 2012, SSMHC recognized $191,375 in revenue and $136,319 in expenses relating to these programs For the year ended December 31, 2011, SSMHC recognized $152,050 in revenue and $115,667 in expenses relating to these programs The revenue is included in net patient service revenues and the expenses are included in professional fees and other expenses

The table below shows the sources of net patient service revenue before provision for bad debt

	2012	2011
Medicare	$ 907,218	$ 841,689
Medicaid	479,091	430,005
Managed Care	1,501,064	1,399,195
Other	341,774	266,728
Net patient service revenue before provision for bad debt	$3,229,147	$2,937,617

A summary of SSMHC's Medicare, Medicaid and managed care utilization percentages, based upon gross patient service revenues was as follows

	2012	2011
Medicare	33 %	33 %
Medicaid	12	12
Managed care	45	45
Other	10	10
	100 %	100 %

In 2012 and 2011, net patient service revenues increased by $32,466 and $6,094, respectively, relating to changes in estimates for prior years' settlements from Medicare, Medicaid and other programs, including $24,236 in 2012 for settlement of an appeal with CMS related to underpayments that occurred between 1998 and 2011 as a result of errors in the Medicare inpatient wage index calculation

5. CONCENTRATION OF CREDIT RISK

SSMHC provides health care services through its inpatient and outpatient care facilities located in their respective communities SSMHC attempts to collect amounts due from patients, including co-payments and deductibles for patients with insurance, at the time of service while complying with all federal and state laws and regulations, including the Emergency Medical Treatment and Active Labor Act (EMTALA) Generally, as required by EMTALA, patients may not be denied emergency treatment due to the inability to pay In non-emergency circumstances or for elective procedures, SSMHC's policy is to verify insurance prior to treatment, however, exceptions can occur SSMHC generally does not require collateral or other security in extending credit to patients, however, it routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits payable under their health insurance programs, plans or policies (e g , Medicare, Medicaid, health maintenance organizations, and commercial insurance policies)

SSMHC records an allowance for uncollectible accounts by establishing an allowance to reduce the carrying value of receivables to their estimated net realizable value This allowance is calculated on an individual hospital basis and is based upon the aging of accounts receivable by payor class, historical

collection experience and other relevant factors SSMHC has not changed its charity care, allowance for uncollectible accounts or uninsured discount policies during the years ended December 31, 2012 and 2011 The allowance for uncollectible accounts increased $33,890 from $87,037 at December 31, 2011 to $120,927 at December 31, 2012 This increase was primarily due to increased volumes of self-pay patients as well as co-payments and deductibles for patients with insurance SSMHC does not maintain a material allowance for uncollectible accounts from third-party payors

The mix of net receivables from patients and third-party payors as of December 31, 2012 and 2011, was as follows

	2012	2011
Medicare	26 %	23 %
Medicaid	15	13
Managed care	43	47
Other	16	17
	100 %	100 %

6. ASSETS LIMITED AS TO USE OR RESTRICTED

The SSMHC Board of Directors has designated the accumulation of certain funds for future replacement of property and equipment, other capital improvements, debt retirement, and other purposes Additionally, under the terms of the indentures for various bond issues, funds held by trustees have been established and legally designated for debt service

A summary of assets limited as to use or restricted as of December 31, 2012 and 2011, is as follows

	2012	2011
Assets limited as to use		
Board designated for property and equipment, long-term employee benefit programs, and other	$1,610,955	$1,494,850
Held by trustee		
Bond funds	4,254	4,222
Self-insurance (Note 13)	191,336	229,220
Collateral held under swap agreements	-	27,620
Collateral held under securities lending agreements	197,188	174,888
	392,778	435,950
Assets restricted by donor as to use		
Temporarily restricted	40,743	34,090
Permanently restricted	19,000	17,550
	59,743	51,640
Total assets limited as to use or restricted	2,063,476	1,982,440
Less current portion	250,495	290,065
Noncurrent portion	$1,812,981	$1,692,375

Assets limited as to use or restricted comprise the following asset classifications which include securities on loan

	2012	2011
Cash and cash equivalents	$ 55,790	$ 102,148
Corporate obligations	279,549	184,355
Government securities	199,026	231,943
Mutual funds		
Domestic	366,088	385,965
International	184,166	149,918
Emerging markets	61,538	43,388
Hedge funds	177,050	188,825
Equities		
Small cap	29,700	28,942
Mid cap	69,358	86,250
Large cap	223,440	185,171
Partnership interests	79,813	84,706
Real estate investments	118,584	121,926
Unsettled investment transactions	(3,330)	(35,366)
Guaranteed fixed funds	4,502	3,400
Pooled separate accounts	2,998	2,558
Securities lending		
Equities	39,979	112,247
Government securities	136,111	28,337
Corporate obligations	21,098	34,304
Swap collateral — cash and cash equivalents	-	27,620
Other	18,016	15,803
Total	$2,063,476	$1,982,440

A summary of investment income (loss) for the years ended December 31, 2012 and 2011, is as follows

	2012	2011
Interest and dividends	$ 42,823	$ 41,339
Realized and unrealized gains (losses) on investments — net	139,598	(50,546)
Total	$182,421	$ (9,207)

Investment income (loss) is reported as follows

	2012	2011
Operating investment income (loss)	$ 31,167	$(1,035)
Nonoperating investment income (loss)	147,097	(8,629)
Gains (losses) on investments — net — unrestricted net assets	595	(71)
Gains on investments — net — temporarily restricted net assets	3,028	428
Gains on investments — net — permanently restricted net assets	534	100
Total	$182,421	$(9,207)

The collateral held for the securities loaned and related payable of equal value at December 31, 2012 and 2011, were $197,188 and $174,888, respectively

The securities on loan are included in the following classifications

	2012	2011
Equity securities	$ 39,700	$ 109,061
Government securities	133,306	27,783
Corporate obligations	20,704	33,628
Total	$ 193,710	$ 170,472

SSMHC recorded net investment income of $1,225 and $935 on these transactions for the years ended December 31, 2012 and 2011, respectively Net investment income represents the amount received as investment income on the securities received as collateral, offset by the fees paid to the various brokers and the investment earnings on the securities loaned to the brokers

7. FAIR VALUE MEASUREMENTS

SSMHC defines fair value as the price that would be received upon sale of an asset or paid upon transfer of a liability in an orderly transaction between market participants at the measurement date and in the principal or most advantageous market for that asset or liability The fair value should be calculated based on assumptions that market participants would use in pricing the asset or liability, not on assumptions specific to the entity In addition, the fair value of liabilities should include consideration of non-performance risk including SSMHC's own credit risk

The fair values of all assets and liabilities recognized or disclosed at fair value are classified based on the lowest level significant inputs SSMHC used the following methods to determine fair value

Level 1 — Quoted prices (unadjusted) in active markets for identical assets or liabilities that SSMHC has the ability to access on the report date

Level 2 — Inputs (financial matrices, models, valuation techniques) other than quoted market prices included in Level 1, that are observable for the asset or liability, either directly or indirectly If the asset or liability has a specified (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability Such observable inputs include benchmarking prices for similar assets in active, liquid markets, quoted prices in markets that are not active and observable yields and spreads in the market SSMHC's Level 2 assets and liabilities include investment securities with quoted prices that are traded less frequently than exchange-traded instruments and derivative contracts whose values are determined using market standard valuation techniques This category primarily includes corporate obligations and government securities, among others Level 2 valuations are generally obtained from third party pricing services for identical or comparable assets or liabilities Prices from services are validated through analytical reviews and assessment of current market activity Interest rate swaps are valued using discounted future cash flows

Level 3 — Inputs (such as professional appraisals, quoted prices from inactive markets that require adjustment based on significant assumptions or data that is not current, data from independent sources) that are unobservable for the asset or liability SSMHC holds investments in real estate funds, hedge funds, and partnership interests The real estate funds invest in real estate investment trusts and

commercial real estate, diversified by geographical location and use The hedge funds invest in funds that hold various types of debt and equity securities

For the years ended December 31, 2012 and 2011, a majority of the hedge funds, real estate investments, and partnership interests are recorded at the net asset value (NAV), which is the estimated fair value of the investments

Following is a summary of assets and liabilities measured at fair value on a recurring basis by the level of significant input

2012	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents — restricted	$ 55,790	$ -	$ -	$ 55,790
Corporate obligations	-	279,549	-	279,549
Government securities	-	199,026	-	199,026
Mutual funds				
Domestic	487,260	-	-	487,260
International	113,046	71,120	-	184,166
Emerging markets	61,538	-	-	61,538
Hedge funds	-	-	177,050	177,050
Equities				
Small cap	29,700	-	-	29,700
Mid cap	69,358	-	-	69,358
Large cap	223,440	-	-	223,440
Partnership interests	61,564	-	18,249	79,813
Real estate investments	-	-	118,584	118,584
Guaranteed fixed funds	-	4,502	-	4,502
Pooled separate accounts	-	2,998	-	2,998
Securities lending				
Equity securities	39,979	-	-	39,979
Government securities	-	136,111	-	136,111
Corporate obligations	-	21,098	-	21,098
Total assets	$ 1,141,675	$ 714,404	$ 313,883	$ 2,169,962
Liabilities — interest rate swaps	$ -	$ 135,152	$ -	$ 135,152

2011	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents — restricted	$ 102,148	$ -	$ -	$ 102,148
Corporate obligations	-	184,355	-	184,355
Government securities	-	231,943	-	231,943
Mutual funds				
Domestic	497,600	-	-	497,600
International	91,920	57,998	-	149,918
Emerging markets	43,388	-	-	43,388
Hedge funds	-	-	188,825	188,825
Equities				
Small cap	28,942	-	-	28,942
Mid cap	86,250	-	-	86,250
Large cap	185,171	-	-	185,171
Partnership interests	62,647	-	22,059	84,706
Real estate investments	-	-	121,926	121,926
Guaranteed fixed funds	-	3,400	-	3,400
Pooled separate accounts	-	2,558	-	2,558
Swap collateral				
Cash and cash equivalents	27,620	-	-	27,620
Securities lending				
Equity securities	112,247	-	-	112,247
Government securities	-	28,337	-	28,337
Corporate obligations	-	34,304	-	34,304
Total assets	$1,237,933	$542,895	$332,810	$2,113,638
Liabilities — interest rate swaps	$ -	$135,458	$ -	$ 135,458

It is SSMHC's policy that transfers between Levels will occur when revised information regarding the lowest level of significant inputs becomes available During 2011, additional information became available regarding certain international mutual fund investments and management determined that mutual funds previously classified as Level 3 should be classified as Level 2 As of January 1, 2011, SSMHC transferred $51,290 from Level 3 to Level 2 Transfers out of Level 3 represent existing assets that were previously categorized as Level 3 for which the lowest significant input became observable during the period

Changes related to the fair values based on Level 3 inputs for the years ended December 31, 2012 and 2011, are summarized as follows

	2012	2011
Assets		
Beginning balance	$332,810	$221,747
Total gains (losses)	16,011	(8,479)
Purchases	15,696	187,615
Sales	(50,634)	(16,783)
Transfers out	-	(51,290)
Ending balance	$313,883	$332,810

Unrealized gains (losses) on Level 3 investments were $15,249 and $(7,575) for 2012 and 2011, respectively, and are recorded as nonoperating investment income

The hedge funds, real estate investments, and partnership interests are redeemable at NAV under the original terms of the agreements However, it is possible that these redemption rights may be restricted or eliminated by the funds in the future in accordance with the underlying fund agreements Due to the nature of the investments held by the funds, changes in market conditions and the economic environment may significantly impact the net asset value of the funds and, consequently, the fair value of SSMHC's interests in the funds Although a secondary market exists for these investments, it is not active and individual transactions are typically not observable When transactions do occur in this limited secondary market, they may occur at discounts to the reported net asset value It is therefore reasonably possible that if SSMHC were to sell these investments in the secondary market a buyer may require a discount to the reported net asset value, and the discount could be significant As such, SSMHC has classified these as level 3 investments In addition, the unfunded commitments to these funds are $8,830 and $10,078 at December 31, 2012 and 2011, respectively Assets recorded at NAV at December 31, 2012, are as follows

December 31, 2012	**Fair Value**	**Unfunded Commitments**	**Redemption Frequency (if Currently Eligible)**	**Redemption Notice Period**
Hedge funds (a)	$ 177,050	$ -	quarterly	30–100 days
Partnership interests (b)	18,249	-	quarterly	30–100 days
Real estate investments (c)	118,584	8,830		
Total	$ 313,883	$ 8,830		

December 31, 2011	**Fair Value**	**Unfunded Commitments**	**Redemption Frequency (if Currently Eligible)**	**Redemption Notice Period**
Hedge funds (a)	$ 188,825	$ -	quarterly	30–100 days
Partnership interests (b)	22,059	-	quarterly	30–100 days
Real estate investments (c)	332,810	10,078		
Total	$ 543,694	$ 10,078		

(a) This category includes investments in hedge funds that maintain positions both long and short in equity and equity derivative securities A wide variety of investment processes can be employed to arrive at an investment decision, including both quantitative and fundamental techniques, and the managers can maintain net long or net short exposure levels based on market views The strategy designs a diversified portfolio of managers and strategies with the objective of significantly lowering the risk and volatility of investing with an individual manager

(b) This category includes investments in a limited partnership interest that invests in multiple long-short, market-neutral equity hedge fund managers The investment is designed to achieve consistent market returns across all market cycles and mitigate market directional portfolio risk through maintaining low net exposure

(c) This category includes investments in real estate funds that invest in the following underperforming and distressed real estate assets at well below potential replacement cost and which create significant value-added upside through extensive repositioning and capital improvements, distressed real estate and real estate-related debt, companies, securities, and other assets, high quality properties in major metropolitan areas, participating mortgages secured by core real estate properties Investments in real estate are valued based upon independent appraisals using a cost approach, market approach or income approach as well as consideration of other third party evidence

8. PROPERTY AND EQUIPMENT

A summary of property and equipment at December 31, 2012 and 2011, is as follows

	2012	2011
Land and improvements	$ 116,761	$ 105,220
Buildings	1,754,415	1,598,998
Equipment	1,114,845	1,003,199
	2,986,021	2,707,417
Less accumulated depreciation	1,676,907	1,544,129
	1,309,114	1,163,288
Real estate held for future development	9,140	9,366
Construction in process	312,313	261,776
Total	$1,630,567	$1,434,430

Operating depreciation expense for the years ended December 31, 2012 and 2011, totaled $154,837 and $142,793, respectively Nonoperating depreciation or amortization expense for the years ended December 31, 2012 and 2011, totaled $60 and $62, respectively

Capitalized software costs totaled $165,688 and $129,116 at December 31, 2012 and 2011, respectively The related amortization totaled $114,173 and $82,619, respectively at December 31, 2012 and 2011 These amounts are included in equipment in the above summary of property and equipment

The book value of equipment under capital lease obligations at December 31, 2012 and 2011, totaled $66,869 and $58,323, respectively The related accumulated depreciation totaled $32,822 and $38,888, respectively, at December 31, 2012 and 2011 These amounts are included in the above summary of property and equipment

Assets Held for Sale and Impairment Costs — SSMHC had no properties held for sale at December 31, 2012 and 2011 SSMHC periodically performs reviews of its properties based on strategic criteria to determine the best use of its resources

9. GOODWILL AND OTHER INTANGIBLE ASSETS

The following table provides information on changes in the carrying amount of goodwill for the years ended December 31, 2012 and 2011

	2012	2011
Balance — beginning of the period	$ 8,987	$8,987
Goodwill acquired during the year	22,968	-
Balance — end of the period	$31,955	$8,987

The following table provides information regarding other intangible assets for the years ended December 31, 2012 and 2011

	2012		2011	
	Gross Carrying Amount	Accumulated Amortization	Gross Carrying Amount	Accumulated Amortization
Amortized intangible assets				
Noncompete agreements	$13,678	$ 756	$1,116	$ 372
Tradename	2,642	727	2,642	595
Favorable leasehold interests	1,321	52	-	-
Certificates of need	1,277	788	1,277	408
Medical records	876	523	262	199
Other	113	20	-	-
Total	$19,907	$2,866	$5,297	$1,574

The weighted-average amortization period for the intangible assets subject to amortization is approximately 18 years There are no expected residual values related to these intangible assets Amortization expense on these intangible assets was $1,272 and $914 during the years ended December 31, 2012 and 2011, respectively

Estimated future amortization of intangibles with finite useful lives as of December 31, 2012 is as follows

2013	$1,974
2014	780
2015	780
2016	780
2017	780

10. INVESTMENTS IN UNCONSOLIDATED ENTITIES AND BUSINESS ACQUISITIONS

Investments in Unconsolidated Affiliates — SSMHC included the following income from operations from equity method investments in health care joint ventures for the years ended December 31, 2012 and 2011, as other revenue

	2012	2011
Income from operations	$ 17,495	$ 13,781
Losses from operations	(9,576)	(10,826)
Net income from operations	$ 7,919	$ 2,955

SSMHCC owns 47% of the outstanding stock of Dean Health Insurance, Inc., which operates as a health maintenance organization in the Southern Wisconsin market. This investment is being accounted for under the equity method and the carrying value of this investment exceeded SSMHC's share of underlying equity by approximately $42,073 at December 31, 2012 and 2011. In addition, SSMHCC owns 47% of Dean Health Service Co., which is an information technology provider for Dean Health Insurance, Inc.

Dean Health Insurance, Inc. classifies its marketable securities as available for sale and includes the change in unrealized gain (loss) on available-for-sale marketable securities outside of its performance indicator. SSMHC records its share of this activity as an increase (decrease) in unrestricted net assets outside of its performance indicator.

Condensed financial information of Dean Health Insurance, Inc. and Subsidiaries and Dean Health Service Co. as of December 31, 2012 and 2011, and for the year then ended, is summarized below:

	2012	2011
Current assets	$ 167,982	$ 145,470
Noncurrent assets	162,630	146,253
Total assets	$ 330,612	$ 291,723
Current liabilities	$ 151,888	$ 126,575
Noncurrent liabilities	24,782	13,083
Total liabilities	176,670	139,658
Equity	153,942	152,065
Total liabilities and equity	$ 330,612	$ 291,723
Total revenues	$ 1,080,770	$ 1,046,477
Total expenses	1,071,148	1,046,516
Net income (loss)	$ 9,622	$ (39)

SSMHC also owns 5% of the outstanding stock of Dean Health Systems, Inc., a Wisconsin service corporation, acquired for $8,000. This investment is being accounted for under the cost method. Dean

Health Systems, Inc owns the remaining shares of Dean Health Insurance, Inc and Dean Health Service Co

Acquisitions — SSMHC entered into the following significant acquisition activities during the years ended June 30, 2012 and 2011

Community Health Partners, Inc. d/b/a Unity Health Center — Effective June 30, 2012, SSMHC acquired the assets and liabilities of Unity Health Partners, Inc Unity Health Center, a 114-bed hospital facility with approximately 60 physicians and 550 health-care professionals is located in Shawnee Oklahoma SSMHC acquired Unity Health Center for $58,895 in cash and recorded related goodwill of $21,933 and renamed the facility St Anthony Shawnee Hospital

Summarized balance sheet information for St Anthony Shawnee Hospital at June 30,2012 is shown below

Current assets	$ 3,027
Property and equipment	39,628
Goodwill	21,933
Intangible assets	1,928
Investment in unconsolidated entity	833
Liabilities	(8,454)

Operating results of St Anthony Shawnee Hospital for the period June 30, 2012 through December 31, 2012 included total unrestricted revenue of $36,227, operating income of $1,333 and excess of revenue over expenses of $1,292

Shawnee Medical Center Clinic, Inc. — Effective June 17, 2012, SSMHC acquired the assets and liabilities of Shawnee Medical Center Clinic, Inc ("Clinic") The Clinic is a multispecialty medical group with 27 physicians, 13 mid-level providers and 220 employees located primarily in Shawnee, Oklahoma SSMHC acquired the Clinic for $6,338 and recorded related goodwill of $828

Summarized balance sheet information for the Clinic at June 17, 2012 is shown below

Current assets	$ 2,633
Property and equipment	3,074
Goodwill	828
Intangible assets	244
Liabilities	(441)

Operating results of the Clinic for the period June 17, 2012 through December 31, 2012 included total unrestricted revenue of $13,589 operating income of $1,727 and excess of revenue over expenses of $1,727

The amount of SSMHC's revenue, earnings and changes in net assets had the above acquisitions occurred on January 1, 2011 are as follows

	2012	2011
Net operating revenues and other support	$3,378,731	$3,099,953
Income from operations	61,208	45,468
Excess (deficit) of revenues over expenses	211,757	(30,476)

11. DEBT

Debt at December 31, 2012 and 2011, consists of the following

	2012	2011
Under the Master Indenture		
Fixed rate		
Series 2010A Bonds, 4.9%, due serially through 2034 (plus unamortized premium of $2,657 and $2,848 at December 31, 2012 and 2011, respectively)	$ 121,422	$ 123,773
Series 2010B Bonds, 4.8%, due serially through 2034 (plus unamortized premium of $1,383 and $1,480 at December 31, 2012 and 2011, respectively)	154,353	154,450
Series 2008A Bonds, 5.0%, due serially through 2036 (less unamortized discount of $2,589 and $2,711 at December 31, 2012 and 2011, respectively)	101,411	101,289
Series 2002A Bonds, 3.2% to 5.0%, due serially through 2012 (plus unamortized premium of $0 and $0 at December 31, 2012 and 2011, respectively)	-	10,695
Series 1992A, 6.2%, due serially through 2015 (plus unamortized premium of $370 and $555 at December 31, 2012 and 2011, respectively)	7,725	10,080
Total fixed rate debt	384,911	400,287
Variable rate		
Series 2012A Variable Rate Direct Loans, 0.60% at December 31, 2012, due serially through 2045	110,000	-
Series 2012B Variable Rate Direct Loans, 0.79% at December 31, 2012, due serially through 2045	73,265	-
Series 2010C Variable Rate Demand Bonds, extinguished July, 2012	-	95,045
Series 2010D Variable Rate Demand Bonds, 0.17% at December 31, 2012, due serially through 2045	111,060	111,590
Series 2010E Variable Rate Demand Bonds, 0.14% at December 31, 2012, due serially through 2045	87,135	87,565
Series 2005A Variable Rate Demand Bonds, extinguished July, 2012		64,600
Series 2005C Variable Rate Demand Bonds, 0.15% to 0.18% at December 31, 2012, due serially through 2033	157,500	183,300
Series 2005D Variable Rate Demand Bonds, 0.21% at December 31, 2012, due serially through 2033	76,125	76,125
Series 2002B, Auction Rate Bonds, 0.60% at December 31, 2012, term bonds due between 2013 and 2020	60,000	60,000
Series 1998B, Auction Rate Bonds, 0.60% at December 31, 2012, due serially through 2019	77,150	80,250
Total variable rate debt	752,235	758,475
Taxable debt — Fixed rate direct loan, 2.2% due in annual installments through 2019	100,000	-
Other debt		
Note payable to Felician Services, Inc	40,832	40,134
Notes payable, due at various dates through 2029, interest at 4.00% to 6.00%, unsecured	7,121	8,189
Capital lease obligations, at varying rates from 3.00% to 6.13% collateralized by leased equipment	35,469	18,724
Total other	83,422	67,047
Total long-term debt	1,320,568	1,225,809
Less current portion	41,313	35,110
Total	$ 1,279,255	$ 1,190,699

SSM Health Care Master Indenture — SSMHCC is a member of the SSM Health Care Credit Group (Credit Group) and the only Obligated Group Member pursuant to a Master Trust Indenture (amended and restated) dated May 15, 1998 SSMHC corporations not included in the Credit Group include a variety of entities consisting primarily of foundations, medical office building corporations, employed physician practices, and various other corporations involved in activities supporting SSM Health Care Certain of SSMHC's affiliates are "Designated Affiliates" under the Master Trust Indenture The net assets of the Designated Affiliates are available to SSMHCC to service all obligations under the Master Indenture Various issuing authorities have issued tax-exempt revenue bonds under the Master Trust Indenture The payment of Series 2002B, 1998B, 1992A, which aggregate $144,875 and $149,775 at December 31, 2012 and 2011, respectively, is insured by municipal bond insurance policies The remaining bonds are uninsured All Master Indenture debt is subject to certain debt covenants, including, among other things, the maintenance of certain cash balances and other financial ratios SSMHC was in compliance with all debt covenants as of December 31, 2012

On May 12, 2011, SSMHC terminated the bond insurance on portions of the Series 2005C variable rate demand bonds, totaling $97,500 In connection with this termination, these bonds were subject to mandatory tender by bond owners and were remarketed to the public Concurrently with the mandatory tender and the termination of insurance, SSMHC entered into an amended agreement to provide liquidity support for the bonds The mandatory tender draws on the lines of credit and subsequent repayment of the amounts drawn are reported in the accompanying consolidated statements of cash flows as proceeds from long-term debt and repayments of long-term debt As a result of the termination of the bond insurance, SSMHC recorded a loss on the extinguishment of debt in the amount of $887 in 2011

On July 26, 2012, SSMHC issued $183,265 of direct tax-exempt loans through the Health and Educations Facility of the state of Missouri The proceeds were used for the partial repayment of the Series 2005C bonds and the complete repayment of the 2005A and 2010C bonds SSMHC recorded a loss on the extinguishment of debt of $1,125 in connection with these transactions

Taxable Debt — On June 27, 2012, SSMHC entered into a term loan agreement with a financial institution in the amount of $100,000

Auction Rate Bonds — The debt includes $137,150 and $140,250 at December 31, 2012 and 2011, respectively, of variable auction rate bonds The interest rates on these bonds are reset at regular intervals of 35 days The bonds are bought and sold at the lowest bid rate at which all of the outstanding bonds can be sold This rate varies based on market conditions If there are insufficient orders to purchase all of the bonds available for sale, the rate is set at a maximum rate required by the bond agreement The maximum rate for SSMHC's auction rate bonds is the higher of the 175% of the after-tax equivalent rate or the Kenny Index, but no more than 12%

Variable Rate Bonds — The debt includes $615,085 and $618,225 at December 31, 2012 and 2011, respectively, of variable rate demand bonds The interest rates on these bonds are reset at daily or weekly intervals The bonds are supported by credit facilities for the full amount of the bonds

Note Payable to FSI — On July 1, 2007, SSMHC entered into an installment note payable to the Felician Services, Inc (FSI) Under the terms of the agreement, FSI may elect to convert the note to pay status on or after December 31, 2014 SSMHC will begin making twenty annual payments on the note, with the first one due one year after FSI has notified SSMHC of its election to convert the note to pay status Under specified circumstances SSMHC can issue a resolution which enables FSI to convert the note to pay status prior to December 31, 2014, with installments to begin two years from notice The fixed interest rate will be equal to the 20-year municipal market data index plus 0 25 on the first day the note is in pay status

Until the note is in pay status, the principal is adjusted annually based on a specified consumer price index The principal of the note was adjusted $698 and $1,154 for the years ended December 31, 2012 and 2011, respectively, from the fair value at July 1, 2007, which is reflected in interest expense

Liquidity Agreements — The Series 2005A, 2005C, 2005D, 2010C, 2010D, and 2010E Variable Rate Demand Bonds require remarketing agents to purchase and remarket any bonds tendered before the stated maturity date To provide liquidity support for the timely payment of any bonds that are not successfully remarketed, SSMHC has liquidity agreements with five banking corporations If the bonds are not successfully remarketed, SSMHC is required to pay an interest rate specified in the liquidity agreement These agreements have terms that expire in 2014 through 2019 or require accelerated principal repayment terms in the event of a failed remarketing

The, 2005C, 2005D, 2010D, and 2010E Variable Rate Demand Bonds are classified between long-term borrowings and short-term borrowings based upon these accelerated terms The contingent payments below reflect these accelerated terms However, SSMHC's contractual payments do not reflect these accelerated terms If any of these agreements are terminated and not replaced, extended, or renewed, SSMHC can be required to purchase the tendered bonds at the specified bank rate in a short period of time

Contractual and Contingent Principal Repayments — Contractual and contingent principal repayments on long-term debt and capital lease obligations of SSMHC are as follows

	Long-Term Debt		Capital
	Contractual Payments	Contingent Payments	Lease Obligations
2013	$ 28,493	$ 34,493	$ 9,174
2014	27,805	27,805	7,532
2015	34,040	34,040	2,663
2016	31,867	31,867	2,664
2017	32,964	32,964	2,663
Thereafter	1,128,109	1,122,109	35,736
	$ 1,283,278	$ 1,283,278	60,432
Less amount representing interest under capital lease obligations			24,963
			$ 35,469

Revolving Line of Credit — At December 31, 2012, SSMHC had 4 line of credit agreements with banks One line is at varying rates of interest through July 15, 2013 and permits SSMHC to borrow up to $50,000 The outstanding balance under this agreements at December 31, 2012 was $37,000 The remaining lines are at varying rates of interest through February 26, 2013 Two of these permit SSMHC to borrow up to $50,000 while the other permits borrowing up to $30,000 There were no outstanding borrowings under these agreements at December 31, 2012 At December 31, 2011, SSMHC had one line of credit agreement which expired July 15, 2012 There were no outstanding borrowings under this agreement at December 31, 2011

Fair Value of Long-Term Debt — The valuation of the estimated fair value of long-term debt is completed by a third party service and takes into account a number of factors including, but not limited

to, any one or more of the following general interest rate and market conditions, macroeconomic and/or deal-specific credit fundamentals, valuations of other financial instruments which may be comparable in terms of rating, structure, maturity and/or covenant protection, investor opinions about the respective deal parties, size of the transaction, cash flow projections, which in turn are based on assumptions about certain parameters that include, but are not limited to, default, recovery, prepayment and reinvestment rates, administrator reports, asset manager estimates, broker quotations and/or trustee reports, and comparable trades, where observable Based on the inputs in determining the estimated fair value of debt this liability would be considered Level 2 The fair value approximated $1,341,457 and $1,245,445 at December 31, 2012 and 2011, respectively compared to carrying amounts of $1,320,568 and $1,225,809, respectively

Interest Rate Swaps — In 2005, SSMHC entered into interest rate swap contracts under which SSMHC pays a fixed rate of interest ranging from 3 357% to 3 509% and receives a payment of 65% of LIBOR plus 12 basis points from swap counterparties on notional amounts totaling $625,300 beginning July 21, 2005

None of the aforementioned swaps have been designated as hedges of the interest payments on outstanding debt obligations for accounting purposes

As of December 31, 2011, the counterparty to SSMHC required posting of collateral if the market value fell below the established spread in the swap contract Collateral was posted in the amount of $27,620 as of December 31, 2011

On August 23, 2012, SSMHC completed a swap novation with three new counterparties The financial terms of the swap contracts remained the same, however, the collateral posting requirements changed SSMHC had no collateral posted as of December 31, 2012

The following table shows the outstanding notional amount of derivative instruments measured at fair value as reported in other liabilities in the consolidated balance sheets as of December 31, 2012 and 2011

December 31, 2012	Recorded on Balance Sheet	Maturity Date of Derivatives	Fixed Rate	Notional Amount Outstanding	Fair Value
Derivatives not designated as hedges — interest rate swaps	Other liabilities	2033–2035	3 357%–3 509%	$613,600	$(135,152)
Total				$613,600	$(135,152)
December 31, 2011					
Derivatives not designated as hedges — interest rate swaps	Other liabilities	2033–2035	3 357%–3 509%	$617,800	$(135,458)
Total				$617,800	$(135,458)

Fair value is based on significant other observable inputs (level 2) at December 31, 2012 and 2011 The gain (loss) related to derivative instruments has been recorded for the years ended December 31, 2012 and 2011, as follows

	Recorded as	Gain (Loss) December 31, 2012	2011
Settled amounts	Operating interest expense	$(19,431)	$(20,009)
Unrealized gains/losses	Change in market value of interest rate swap	306	(69,866)
Total		$(19,125)	$(89,875)

Cash Paid for Interest — Cash paid for interest totaled $37,848 and $36,867 for the years ended December 31, 2012 and 2011, respectively SSMHC capitalized interest cost in the amounts of $6,342 and $8,807 in the years ended December 31, 2012 and 2011, respectively

12. PENSION

SSMHC administers several qualified and non-qualified pension plans for its employees As of March 31, 2012, SSMHC made changes to its retirement plans including a change in its final average benefit structure (beginning in 2013) and a lump sum feature for current and future employees (beginning in 2012 and phasing-in over the next several years) The result of the plan changes was a reduction in the plans' liabilities and improvement of the funded status of $263,987, measured as of March 31, 2012 The reduction in liability was first used to reduce any current unrecognized prior service cost with the remainder recorded as a prior service credit

The following table summarizes the benefit obligations, the fair value of plan assets and the funded status at December 31, 2012 and 2011

	2012	2011
Change in projected benefit obligation		
Projected benefit obligation — beginning of period	$1,746,127	$1,577,775
Service cost, benefits earned during the period	61,774	61,732
Interest costs on projected benefit obligation	82,076	88,138
Plan amendment	(263,987)	-
Actuarial loss	296,609	55,058
Benefits paid	(75,460)	(36,576)
Projected benefit obligation — end of period	1,847,139	1,746,127
Change in plan assets		
Fair value of plan assets — beginning of period	852,280	853,252
Actual return on plan assets	103,130	(19,638)
Employer contributions	71,651	55,242
Benefits paid	(75,460)	(36,576)
Fair value of plan assets — end of period	951,601	852,280
Net amount recognized at end of period and funded status	$ (895,538)	$ (893,847)
Accumulated benefit obligation — end of period	$1,743,348	$1,549,417

The following is a summary of the amounts recognized in the consolidated balance sheets for the years ended December 31, 2012 and 2011

	2012	2011
Amounts recognized in the consolidated balance sheets consist of		
Accounts payable and accrued expenses	$ (2,481)	$ (1,806)
Other liabilities	(893,057)	(892,042)
Net amount recognized	$(895,538)	$(893,848)
Amounts recognized in unrestricted net assets consist of		
Beginning of year balance	$ 635,980	$ 514,358
Arising during current year		
Net actuarial loss	270,756	151,549
Prior service cost	(263,988)	-
Reclassified into net periodic benefit cost		
Net actuarial loss	(50,947)	(29,140)
Prior service cost	21,210	(787)
	$ 613,011	$ 635,980

The net loss and prior service cost for the defined benefit pension plans that will be amortized from unrestricted net assets into net periodic benefit costs over the next fiscal year are $71,224 and ($28,542), respectively

The following is a summary of the components of net periodic pension cost for the years ended December 31, 2012 and 2011

	2012	2011
Service cost, benefits earned during the period	$ 61,774	$ 61,732
Interest costs on projected benefit obligation	82,076	88,138
Expected return on plan assets	(77,277)	(76,853)
Amortization of unrecognized		
Prior service costs	(21,210)	787
Net loss	50,946	29,140
Net periodic pension cost	$ 96,309	$ 102,944

The following are the actuarial assumptions used by the pension plans to develop the components of pension expense for the years ended December 31, 2012 and 2011

	April 1 – December 31, 2012	January 1 – March 31, 2012	2011
Discount rates	4 70 %	5 20 %	5 50 %
Rates of salary increase	4 00	4 00	4 25
Return on plan assets	8 00	8 00	8 25

The following are the actuarial assumptions used by the pension plans to develop the components of the pension projected benefit obligation as of December 31, 2012 and 2011

	2012	2011
Discount rates	3 95 %	5 20 %
Rates of salary increase	4 00	4 00

SSMHC expects to contribute $72,976 to its pension plans in 2013

Estimated Future Benefit Payments — The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid

	Pension Benefits
2013	$ 79,450
2014	139,987
2015	97,581
2016	102,118
2017	107,268
Years 2018–2022	618,610

The actual plan asset allocations and the allocation goals comprise the following investment classifications at December 31, 2012 and 2011

	2012	2011	Allocation Goals
Cash, cash equivalents, and short-term investments	1 %	3 %	2 %
Equities	48	47	47
Fixed income	21	20	21
Real estate investments	15	15	15
Multi-strategy hedge funds	15	15	15
	100 %	100 %	100 %

SSMHC's investment objective with respect to pension plans is to produce sufficient current income and capital growth through a portfolio of equity, real estate, hedge fund, and fixed income investments, which together with appropriate employer contributions is sufficient to provide for the pension benefit obligations The assumed return on plan assets is intended to be a long-term rate expected on funds invested or to be invested in accordance with SSMHC's asset allocation policy to provide for benefits reflected in the plans' projected benefit obligation In developing the assumptions, SSMHC evaluates input from its actuary and pension fund investment advisors Pension assets are managed by outside investment managers in accordance with the investment policies and guidelines established by the pension trustees, and are diversified by investment style, asset category, sector, industry, issuer, geographical location, and maturity Pension assets are rebalanced each quarter to the plan's asset allocation guidelines SSMHC anticipates that its investment managers will continue to generate long-term returns equal to or in excess of its assumed rates

Plan assets comprise the following asset classifications which include securities on loan

	2012	2011
Assets valued at fair value		
Cash and cash equivalents	$ 34,973	$ 47,312
Corporate obligations	87,741	52,114
Government securities	56,442	82,513
Mutual funds		
Domestic	76,575	68,507
International	139,920	115,540
Emerging markets	46,753	33,439
Hedge funds	143,066	126,435
Equities		
Small cap	22,564	22,305
Mid cap	52,695	66,472
Large cap	168,555	141,004
Partnership interests	21,103	16,700
Real estate investments	100,992	89,403
Securities lending		
Equities	30,358	86,865
Government securities	18,645	12,245
Corporate obligations	7,146	3,985
	1,007,528	964,839
Assets valued at other than fair value — unsettled investment transactions	222	(9,464)
Total assets	1,007,750	955,375
Payable under security lending agreement	(56,149)	(103,095)
Fair value of Plan assets	$ 951,601	$ 852,280

Following is a summary of plan assets by the level of significant input For description of levels, see Note 7

2012	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents — restricted	$ 34,973	$ -	$ -	$ 34,973
Corporate obligations	-	87,741	-	87,741
Government securities	-	56,442	-	56,442
Mutual funds				
Domestic	76,575	-	-	76,575
International	85,886	54,034	-	139,920
Emerging markets	46,753	-	-	46,753
Hedge funds	-	-	143,066	143,066
Equities				
Small cap	22,564	-	-	22,564
Mid cap	52,695	-	-	52,695
Large cap	168,555	-	-	168,555
Partnership interests	21,103	-	-	21,103
Real estate investments	-	-	100,992	100,992
Securities lending				
Equity securities	30,358	-	-	30,358
Government securities	-	18,645	-	18,645
Corporate obligations	-	7,146	-	7,146
Total assets	$ 539,462	$ 224,008	$ 244,058	$ 1,007,528

2011	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents — restricted	$ 47,312	$ -	$ -	$ 47,312
Corporate obligations	-	52,114	-	52,114
Government securities	-	82,513	-	82,513
Mutual funds				
Domestic	68,507	-	-	68,507
International	70,842	44,698	-	115,540
Emerging markets	33,439	-	-	33,439
Hedge funds	-	-	126,435	126,435
Equities				
Small cap	22,305	-	-	22,305
Mid cap	66,472	-	-	66,472
Large cap	141,004	-	-	141,004
Partnership interests	16,700	-	-	16,700
Real estate investments	-	-	89,403	89,403
Securities lending				
Equity securities	86,865	-	-	86,865
Government securities	-	12,245	-	12,245
Corporate obligations	-	3,985	-	3,985
Total assets	$ 553,446	$ 195,555	$ 215,838	$ 964,839

It is SSMHC's policy that transfers between Levels will occur when revised information regarding the lowest level of significant inputs becomes available During 2011, additional information became

available regarding certain international mutual fund investments and management determined that mutual funds previously classified as Level 3 should be classified as Level 2 As of January 1, 2011, SSMHC transferred $37,051 from Level 3 to Level 2 Transfers out of Level 3 represent existing assets that were previously categorized as Level 3 for which the lowest significant input became observable during the period

Changes related to the fair values based on Level 3 inputs, are summarized as follows

	2012	2011
Beginning balance	$215,838	$150,533
Actual return on plan assets - realized	544	1,119
Actual return on plan assets - unrealized	10,901	(3,090)
Transfers	-	(37,051)
Purchases, sales, and settlements, net	16,775	104,327
Ending balance	$244,058	$215,838

Unrealized gains (losses) on Level 3 investments were $10,901 and $(3,090) for 2012 and 2011, respectively

The hedge funds and real estate investments are redeemable at NAV under the original terms of the agreements However, it is possible that these redemption rights may be restricted or eliminated by the funds in the future in accordance with the underlying fund agreements Due to the nature of the investments held by the funds, changes in market conditions and the economic environment may significantly impact the net asset value of the funds and, consequently, the fair value of SSMHC's interests in the funds Although a secondary market exists for these investments, it is not active and individual transactions are typically not observable When transactions do occur in this limited secondary market, they may occur at discounts to the reported net asset value It is therefore reasonably possible that if SSMHC were to sell these investments in the secondary market a buyer may require a discount to the reported net asset value, and the discount could be significant As such, SSMHC has classified these as level 3 investments In addition, the unfunded commitments to these funds are $7,345 and $7,422 at December 31, 2012 and 2011, respectively Assets recorded at NAV at December 31, 2012, are as follows

December 31, 2012	**Fair Value**	**Unfunded Commitments**	**Redemption Frequency (if Currently Eligible)**	**Redemption Notice Period**
Hedge funds (a)	$ 143,066	$ -	quarterly	30–100 days
Real estate investments (b)	100,992	7,345		
Total	$ 244,058	$ 7,345		

December 31, 2011	**Fair Value**	**Unfunded Commitments**	**Redemption Frequency (if Currently Eligible)**	**Redemption Notice Period**
Hedge funds (a)	$ 126,435	$ -	quarterly	30–100 days
Real estate investments (b)	89,403	7,422		
Total	$ 215,838	$ 7,422		

(a) This category includes investments in hedge funds that maintain positions both long and short in equity and equity derivative securities A wide variety of investment processes can be employed to arrive at an investment decision, including both quantitative and fundamental techniques, and the managers can maintain net long or net short exposure levels based on market views The strategy designs a diversified portfolio of managers and strategies with the objective of significantly lowering the risk and volatility of investing with an individual manager

(b) This category includes investments in real estate funds that invest in the following underperforming and distressed real estate assets at well below potential replacement cost and which create significant value-added upside through extensive repositioning and capital improvements, distressed real estate and real estate-related debt, companies, securities, and other assets, high quality properties in major metropolitan areas, participating mortgages secured by core real estate properties Investments in real estate are valued based upon independent appraisals using a cost approach, market approach or income approach as well as consideration of other third party evidence

Defined Contribution Plans — SSMHC also sponsors defined contribution plans covering employees who participate in the voluntary tax deferred annuity program and who meet age and service requirements SSMHC's contributions to these plans are based on a percentage of employee compensation or employee contributions Defined contribution pension expense for these plans was $10,684 and $9,732 for 2012 and 2011, respectively

13. SELF-INSURANCE

Professional Liability Insurance — A majority of the members of SSMHC participate in the SSMHC Liability Trust I or SSMHC Liability Trust II (Trusts) Both Trusts are revocable grantor trusts These Trusts, which cover primary limits of professional and general liability, require annual contributions by participating entities at actuarially determined amounts All professional and general liability claims and workers' compensation claims are paid from the Trusts subject to certain liability limitations

SSMHC's underlying self-insured retention for professional liability claims is as follows

	January 1, 2011 to December 31, 2012
Per occurrence limits — Missouri, Oklahoma, and Illinois	$5,000
Annual aggregate	None

SSMHC's hospitals and physicians located in Wisconsin are qualified healthcare providers as defined by Wisconsin state statutes regarding professional liability coverage and participate in the State of Wisconsin Injured Patients and Families Compensation Fund (PCF) As defined by Wisconsin state statute, these hospitals and physicians have separate professional liability limits of $1,000,000 per claim and $3,000,000 annual aggregate applied to each qualified provider Losses in excess of these amounts are fully covered through mandatory participation in the PCF SSMHC is commercially insured up to these limits for these hospitals and physicians

SSMHC's underlying self-insured retention for general liability claims is as follows

	January 1, 2011 to December 31, 2012
Per occurrence limits — Missouri, Oklahoma, Wisconsin and Illinois	$3,000
Annual aggregate	None

SSMHC maintains reinsurance through a wholly owned captive for professional and general liability claims exceeding the underlying self-insured retention As of December 31, 2012, the reinsurance provides coverage up to the limits in the following table The sublimits that apply are part of and not in addition to the overall policy aggregate limits

	All Locations
Each loss event	$135,000
Annual aggregate, per location	135,000
Annual aggregate all locations	160,000

The estimated professional and general liability obligation is recorded in the consolidated financial statements at the present value of future cash payments for both asserted and unasserted claims, using discount rates of 3.0% and 4.0% at December 31, 2012 and 2011, respectively. The liability for self-insured reserves represents estimates of the ultimate net cost of all losses and related expenses, which are incurred but not paid at the balance sheet date based on an actuarial valuation. This estimated obligation is $77,520 and $85,053 at December 31, 2012 and 2011, respectively, of which $17,754 and $19,730 is recorded as a current liability at December 31, 2012 and 2011, respectively.

The accumulated assets of the Trusts are not available to participating members except to pay covered professional liability claims or to reduce future contributions when warranted by claims experience. In the event the Trusts are ever depleted, the participating members would be required to fund deficiencies based on future actuarial determinations.

Workers' Compensation — A majority of the members of SSMHC participate in SSMHC's centralized self-insured workers' compensation program. Claims in excess of certain liability limitations are covered by commercial insurance. The estimated workers' compensation liability obligation is actuarially determined and recorded in the consolidated financial statements at the present value of future cash payments for both asserted and unasserted claims, using a discount rate of 1.00%, at December 31, 2012 and 2011.

Employee Health Insurance — A majority of the members of SSMHC participate in the SSM Employee Health Care Fund (Fund). Each participating member funds an actuarially determined amount with the Fund's trustee for payment of covered benefits and related expenses, which are subject to certain limitations.

Claims paid by the Fund are included in salaries and benefits expense. The accumulated assets of the Fund are not available to the participating members except to pay covered benefits. In the event the Fund is ever depleted, the participating entities would be assessed to cover the deficiencies.

14. ASSET RETIREMENT OBLIGATIONS

SSMHC has recorded conditional asset retirement obligations and capitalized retirement costs related to the estimated cost of removing asbestos from its facilities. Federal and state regulations require the removal of asbestos when a building is demolished or, at a minimum, encapsulation of the asbestos when it would be exposed during renovation. The obligation is included in other liabilities, and the capitalized costs are included in property and equipment. The following summarizes the asset retirement obligations at December 31, 2012 and 2011:

	2012	2011
Balance — beginning of the period	$ 10,152	$ 10,319
Retirements	(703)	(527)
Additions	169	-
Accretion expense	329	360
Balance — end of the period	$ 9,947	$ 10,152

15. ENDOWMENTS

Endowments consist of approximately 50 individual funds established for a variety of purposes. They include both donor-restricted endowment funds and funds designated by the boards of trustees or

governors of its 15 foundations to function as endowments (board-designated endowment funds) Net assets associated with endowment funds, including board-designated funds, are classified and reported based on the existence or absence of donor-imposed restrictions and the nature of the restrictions, if any

Endowment Net Asset Composition by Type of Fund as of December 31, 2012	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	$ -	$ 7,460	$ 19,000	$ 26,460
Board-designated endowment funds	15,606	-	-	15,606
Total funds	$ 15,606	$ 7,460	$ 19,000	$ 42,066

Endowment Net Asset Composition by Type of Fund as of December 31, 2011	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	$ -	$ 5,608	$ 17,550	$ 23,158
Board-designated endowment funds	14,820	-	-	14,820
Total funds	$ 14,820	$ 5,608	$ 17,550	$ 37,978

Changes in Endowment Net Assets for the Fiscal Year Ended December 31, 2012	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets — beginning of year	$ 14,820	$ 5,608	$ 17,550	$ 37,978
Investment return				
Investment income	321	374	485	1,180
Net depreciation (realized and unrealized)	612	1,001	49	1,662
Total investment return	933	1,375	534	2,842
Contributions	14	645	916	1,575
Appropriation of endowment assets for expenditure	(161)	(168)	-	(329)
Endowment net assets — end of year	$ 15,606	$ 7,460	$ 19,000	$ 42,066

Changes in Endowment Net Assets for the Fiscal Year Ended December 31, 2011	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets — beginning of year	$ 14,135	$ 4,144	$ 16,628	$ 34,907
Investment return				
Investment income	561	355	100	1,016
Net depreciation (realized and unrealized)	(132)	(68)	-	(200)
Total investment return	429	287	100	816
Contributions	10	1,000	1,383	2,393
Appropriation of endowment assets for expenditure	(304)	(225)	-	(529)
Other changes — transfers in (out)	550	402	(561)	391
Endowment net assets — end of year	$ 14,820	$ 5,608	$ 17,550	$ 37,978

Transfers in (out) include a reclassification of board-designated endowment fund previously classified as permanently restricted and reclassification of earnings on permanently restricted endowments

Funds with Deficiencies — From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or current law requires SSMHC to retain as a fund of perpetual duration In accordance with accounting principles generally accepted in the United States of America, deficiencies of this nature are reported in unrestricted net assets There were no such deficiencies as of December 31, 2012 and 2011

Return Objectives and Risk Parameters — SSMHC has investment and spending practices for endowment assets that intend to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets Endowment assets include those assets of donor-restricted funds that SSMHC must hold in perpetuity or for a donor-specified period(s) as well as board-designated funds The policy allows the endowment assets to be invested in a manner that is intended to produce results that exceed the price and yield results of the allocation index while assuming a moderate level of investment risk SSMHC expects its endowment funds to provide a rate of return that preserves the gift and generates earnings to achieve the endowment purpose

Strategies Employed for Achieving Objectives — To satisfy its long-term rate-of-return objectives, SSMHC relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and interest and dividend income SSMHC uses a diversified asset allocation to achieve its long-term return objectives within prudent risk constraints to preserve capital

Spending Policy and how the Investment Objectives Relate to Spending Policy — SSMHC has a practice of distributing the major portion of current year earnings on the endowment funds, if the restrictions have been met Some of the donor-restricted endowments require a portion of the earnings to

increase the corpus of the endowment This is consistent with the organization's objective to maintain the purchasing power of the endowment assets held in perpetuity as well as to provide additional real growth through new gifts and investment return

16. NET ASSETS

SSMHC reports the noncontrolling interest in the net assets of consolidated subsidiaries as a separate component of the appropriate class of net assets The reconciliation of noncontrolling interest reported in unrestricted net assets is as follows

	Total	SSMHC Unrestricted Net Assets	Noncontrolling Interest
Unrestricted net assets — January 1, 2011	$1,426,868	$1,415,251	$11,617
Excess of revenues over expenses	(39,387)	(43,496)	4,109
Distributions to noncontrolling owners	(3,530)	-	(3,530)
Other — net	(111,737)	(111,737)	-
Change in unrestricted net assets	(154,654)	(155,233)	579
Unrestricted net assets — December 31, 2011	1,272,214	1,260,018	12,196
Excess of revenues over expenses	210,226	206,276	3,950
Distributions to noncontrolling owners	(3,966)		(3,966)
Contributions	14,410	7,205	7,205
Other — net	13,992	14,145	(153)
Change in unrestricted net assets	234,662	227,626	7,036
Unrestricted net assets — December 31, 2012	$1,506,876	$1,487,644	$19,232

17. FUNCTIONAL EXPENSES

SSMHC provides general health care services to residents within its geographic locations Expenses related to providing these services are as follows

	2012	2011
Health care services	$3,054,404	$2,671,784
General and administrative	205,336	289,670
Fundraising	9,249	4,353
Total expenses	$3,268,989	$2,965,807

18. COMMITMENTS AND CONTINGENT LIABILITIES

Leases for property and equipment that do not meet the criteria for capitalization are classified as operating leases with related rentals charged to operating expense on a straight-line basis over the term of the lease

The following is a schedule of future minimum lease payments under operating leases as of December 31, 2012, that have initial or remaining lease terms in excess of one year

2013	$ 37,326
2014	33,916
2015	29,811
2016	24,053
2017	18,431
Thereafter	32,991
Total minimum lease payments	$ 176,528

Total rental expense was approximately $46,083 and $48,165 in 2012 and 2011, respectively

SSMHC has outstanding letters of credit of $12,605 at December 31, 2012 and 2011 There were no outstanding draws on these letters of credit

At December 31, 2012, SSMHC has entered into construction projects for new facilities and capital improvements to existing facilities The commitments for these projects totaled approximately $331,186 As of December 31, 2012, SSMHC has unmet commitments of approximately $143,972, which will be financed with board-designated assets, project funds or cash generated from operations

SSMHCC has guaranteed that certain lease payments will be made by some of its equity investments The amount of future lease payments guaranteed by SSMHCC totaled $109 and $438 at December 31, 2012 and 2011, respectively In addition, SSMHC has entered into certain other income guarantees with outside entities to be paid out from 2013 through 2017 which totaled $26,403 at December 31, 2012

SSMHC is involved in litigation and regulatory investigations arising in the normal course of business After consultation with legal counsel, it is management's opinion that these matters will be resolved without a material adverse effect on SSMHC's consolidated financial position or consolidated results of operations

During a periodic cost report audit performed by the Medicare intermediary in Oklahoma, the intermediary identified potential issues with the calculation of the disproportionate share hospital (DSH) payments paid to SSMHC's Oklahoma facility The payments are paid by Medicare for hospitals that treat a disproportionate share of Medicaid and disabled social security patients The specific issue under review is whether the care furnished for children and adolescents in an adolescent psychiatric program at SSMHC's Oklahoma facility is similar in acuity to services that are usually paid for under Medicare's inpatient hospital prospective payment system At the end of the year, no determination (reduction of previously claimed Medicaid days, or agreement with previous days claimed) had been made by the Medicare contractor or the Centers for Medicare and Medicaid Services If an adverse ruling is rendered and a request for partial or full refund of previous DSH payments attributable to the adolescent psychiatric program is made for 2012 and previous Medicare cost report years that are subject to audit or reopening, a reduction in revenue would occur The amount of an adverse ruling is indeterminable, however, the estimated DSH payments received and recognized as revenue attributable to the adolescent psychiatric program for the period (2004–2012) is approximately $57,021

19. SUBSEQUENT EVENTS

For the year ended December 31, 2012, SSMHC has evaluated subsequent events for potential recognition and disclosure through March 29, 2013, the date the financial statements were available for issuance

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