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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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

C Name of organization
SSM HEALTH CARE OF WISCONSIN INC

Doing Business As
SEE SCHEDULE O

Number and street (or P O box if mail is not delivered to street address) | Room/suite
10101 WOODFIELD LANE

City or town, state or province, country, and ZIP or foreign postal code
ST LOUIS, MO 63132

D Employer identification number
43-0688874

E Telephone number
(314) 994-7800

G Gross receipts $ 588,697,391

F Name and address of principal officer
WILLIAM THOMPSON
10101 WOODFIELD LANE
ST LOUIS, MO 63132

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

H(b) Are all subordinates 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 SSMHEALTH COM

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

L Year of formation 1912

M State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
OPERATES THREE HEALTH CENTERS AND TWO SKILLED NURSING FACILITIES IN WISCONSIN

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	4,769
6	Total number of volunteers (estimate if necessary)	**6**	786
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	17,095,905
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,448,449	1,315,931
9	Program service revenue (Part VIII, line 2g)	537,659,109	552,618,171
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,722,132	17,512,826
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,554,502	16,831,060
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	571,384,192	588,277,988
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	334,744	420,854
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)	275,671,957	272,070,753
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶625,595		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	254,724,824	260,466,543
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	530,731,525	532,958,150
19	Revenue less expenses Subtract line 18 from line 12	40,652,667	55,319,838

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	861,071,070	886,013,239
21	Total liabilities (Part X, line 26)	326,473,150	330,740,971
22	Net assets or fund balances Subtract line 21 from line 20	534,597,920	555,272,268

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date: 2014-11-17

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 or note to any line 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 $ 466,934,395 including grants of $ 420,854) (Revenue $ 550,856,907)

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** ▶ 466,934,395

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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI 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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more 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 or other assistance to any domestic organization or government 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 or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, 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 25a*	**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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, 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**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *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 or note to any line 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	4,769		
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" to line 3b, 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 or note to any line 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**	11		
	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**	9		
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**		No
b	Other officers or key employees of the organization	**15b**		No
	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

▶MARY GIGOT 2901 LANDMARK PLACE SUITE 300
MADISON, WI 53713 (608) 259-3478

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

Check if Schedule O contains a response or note to any line 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			

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)** ▶								3,659,676	7,272,999	981,693

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 ▶157

			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
DEAN HEALTH SYSTEMS INC 1808 W BELTLINE HWY MADISON WI 53713	PHYSICIAN SERVICES	7,886,857
BOARD OF REGENTS OF THE UNIV OF WI 1100 DELAPLAINE CT MADISON WI 53715	PHYSICIAN SERVICES	4,825,550
WISCONSIN INTEGRATED INFORMATION TECHNOL 1808 W BELTLINE HWY MADISON WI 53713	INFORMATION TECHNOLOGY	3,617,773
UW HOSPITAL AND CLINICS 600 HIGHLAND AVE MADISON WI 53792	PHYSICIAN SERVICES	3,165,111
JH FINDORFF & SON INC 300 S BEDFORD ST MADISON WI 53703	CONSTRUCTION SERVICES	2,807,699

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 ▶88

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	8,452			
	d	Related organizations . . .	1d	1,149,863			
	e	Government grants (contributions)	1e	157,616			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $		17,319			
	h	**Total.** Add lines 1a-1f . . . . . ▶		1,315,931			
Program Service Revenue			Business Code				
	2a	NET PATIENT REVENUE	621110	547,703,562	547,703,562		
	b	OTHER OPERATING REVENUE	621110	4,914,609	4,914,609		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		552,618,171			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		5,845,818			5,845,818
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents	1,879,026				
	b	Less rental expenses	402,662				
	c	Rental income or (loss)	1,476,364				
	d	Net rental income or (loss) . . . . . ▶			1,476,364		1,476,364
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	11,511,710	155,298			
	b	Less cost or other basis and sales expenses	0	0			
	c	Gain or (loss)	11,511,710	155,298			
	d	Net gain or (loss) . . . . . ▶			11,667,008		11,667,008
Other Revenue	8a	Gross income from fundraising events (not including $ 8,452 of contributions reported on line 1c) See Part IV, line 18 . . a		0			
	b	Less direct expenses . . . b		0			
	c	Net income or (loss) from fundraising events . . ▶			0		
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a		36,796			
	b	Less cost of goods sold . . b		16,741			
	c	Net income or (loss) from sales of inventory . . ▶			20,055		20,055
		Miscellaneous Revenue	Business Code				
	11a	IT, ADMIN & SUPPORT SV	561000	7,947,412		7,947,412	
	b	LABORATORY	621500	7,398,025		7,398,025	
	c	JOINT VENTURE REVENUE	900099	-2,104,388	-2,104,388		
	d	All other revenue		2,093,592	343,124	1,750,468	
	e	**Total.** Add lines 11a–11d . . . . . ▶		15,334,641			
	12	**Total revenue.** See Instructions . . . . . ▶		588,277,988	550,856,907	17,095,905	19,009,245

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 or note to any line 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	420,854	420,854		
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	4,039,033	777,512	3,261,521	
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	195,914,417	172,017,714	23,586,673	310,030
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,150,064	17,798,359	2,348,149	3,556
9 Other employee benefits	37,460,392	32,081,412	5,275,197	103,783
10 Payroll taxes	14,506,847	12,613,113	1,874,699	19,035
11 Fees for services (non-employees)				
a Management	6,855,343	2,597,401	4,257,942	
b Legal	207,480		207,480	
c Accounting	3,696,751		3,696,751	
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)	49,589,043	33,967,437	15,550,706	70,900
12 Advertising and promotion	1,021,121		963,883	57,238
13 Office expenses	23,713,211	21,865,943	1,823,324	23,944
14 Information technology	21,885,778	21,773,716	90,542	21,520
15 Royalties . .				
16 Occupancy	11,860,998	11,464,248	389,632	7,118
17 Travel	1,109,582	378,341	724,355	6,886
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	798,887	713,822	83,907	1,158
20 Interest	10,216,018	10,216,018		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,871,619	30,940,170	931,340	109
23 Insurance	978,181	860,056	118,125	
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	79,840,974	79,840,974	0	0
b PROVIDER TAXES	15,017,532	15,017,532	0	0
c BOND RELATED FEES	1,093,243	1,093,243	0	0
d LICENSES	391,297	354,400	36,769	128
e All other expenses	319,485	142,130	177,165	190
25 **Total functional expenses.** Add lines 1 through 24e	532,958,150	466,934,395	65,398,160	625,595
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 or note to any line 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		31,782,182	2	94,865,471
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		59,556,492	4	53,020,637
	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			7	
	8	Inventories for sale or use		6,662,985	8	6,479,282
	9	Prepaid expenses and deferred charges		1,726,710	9	2,111,121
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 625,784,157			
	b	Less accumulated depreciation	10b 311,466,345	331,415,657	10c	314,317,812
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		403,810,854	12	398,128,289
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		26,116,190	15	17,090,627
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		861,071,070	16	886,013,239
Liabilities	17	Accounts payable and accrued expenses		50,940,428	17	50,619,479
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	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		275,532,722	25	280,121,492
	26	**Total liabilities.** Add lines 17 through 25		326,473,150	26	330,740,971
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		528,265,022	27	547,470,127
	28	Temporarily restricted net assets		3,607,246	28	3,235,312
	29	Permanently restricted net assets		2,725,652	29	4,566,829
		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		534,597,920	33	555,272,268
	34	Total liabilities and net assets/fund balances		861,071,070	34	886,013,239

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	588,277,988
2	Total expenses (must equal Part IX, column (A), line 25)	2	532,958,150
3	Revenue less expenses Subtract line 2 from line 1	3	55,319,838
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	534,597,920
5	Net unrealized gains (losses) on investments	5	20,640,170
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	-55,285,660
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	555,272,268

Part XII Financial Statements and Reporting

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

Additional Data

Software ID:
Software Version:
EIN: 43-0688874
Name: SSM HEALTH CARE OF WISCONSIN INC

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			
BRIAN BACHHUBER PT YR DIRECTOR	1 00 0 00	X						0	0	0
KAY BARRETT MD DIRECTOR	1 00 0 00	X						0	0	0
MICHELLE BEHNKE DIRECTOR	1 00 0 00	X						0	0	0
RANDY KRSZYZANIEK MD DIRECTOR	1 00 0 00	X						0	0	0
KATHRYN LILLEY MD DIRECTOR	1 00 0 00	X						0	0	0
MARK MCDADE MD DIRECTOR	1 00 0 00	X						0	0	0
GAUROV DAYAL MD DIRECTOR AND PRESIDENT	30 00 10 00	X		X				0	775,353	124,266
MARY SCHMOEGER DIRECTOR	1 00 0 00	X						0	0	0
DAVID SORBER MD DIRECTOR	1 00 0 00	X						0	0	0
WESLEY SPARKMAN DIRECTOR	1 00 0 00	X						0	0	0
STEVEN BARNEY PT YR DIRECTOR AND PRES	30 00 10 00	X		X				0	592,443	-223,953
SR MARY JEAN RYAN FSM DIRECTOR AND CHAIRPERSON	1 00 0 00	X		X				0	0	0
WILLIAM THOMPSON DIRECTOR AND VICE CHAIR	1 00 40 00	X		X				0	2,421,072	841,970
KRIS ZIMMER TREASURER	1 00 40 00			X				0	836,253	68,008
JUNE PICKETT SECRETARY	1 00 40 00			X				0	256,054	-96,872
LAURA BOWERS ASST SECRETARY	40 00 0 00			X				78,096	0	18,135
CHARLES JOHNSON PT YR REG VP FINANCE	40 00 0 00			X				539,751	0	39,633
STEVEN CALDWELL SENIOR VICE PRES AND CFO	20 00 20 00			X				0	797,407	25,448
FRANK BYRNE MD HOSPITAL PRESIDENT	40 00 0 00				X			0	601,058	75,664
SANDRA ANDERSON HOSPITAL PRESIDENT	40 00 0 00				X			0	389,504	50,156
KERRY SWANSON HOSPITAL PRESIDENT	40 00 0 00				X			0	329,496	63,540
JOAN BEGLINGER VP PAITIENT SERVICES	40 00 0 00				X			310,096	0	15,774
ALICE FACEY VP PATIENT CARE	40 00 0 00				X			93,312	0	14,237
MARILYN BIROS REG VP STRATEGIC DEV	40 00 0 00				X			107,730	0	30,570
LINDA STATZ REG VP HUMAN RESOURCES	40 00 0 00				X			306,995	0	44,980

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			
TODD BURCHILL SYSTEM VP, STRATEGY	40 00 0 00				X			267,729	0	25,412
GREG BURNETT REG VP MEDICAL AFFAIRS	40 00 0 00				X			330,271	0	27,147
KRISTIN MCMANMON EXECUTIVE VP/COO	40 00 0 00				X			322,689	0	51,740
JEFF WELCH PHYSICIAN	40 00 0 00					X		333,642	0	-13,251
SHAHIN SHAHNIA PHYSICIAN	40 00 0 00					X		277,935	0	3,179
KANSAS DUBRAY PHYSICIAN	40 00 0 00					X		246,059	0	24,003
RICHARD STOUGHTON PROJECT MGMT DIRECTOR	40 00 0 00					X		223,788	0	11,027
JOHN STAPELMAN CRNA SUPERVISOR	40 00 0 00					X		221,583	0	38,516
WILLIAM SCHOENHARD FORMER OFFICER	0 00 0 00						X	0	274,359	-277,636

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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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SSM HEALTH CARE OF WISCONSIN INC

Employer identification number
43-0688874

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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		
Return Reference	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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 OF WISCONSIN INC	43-0688874

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) 2010	(b) 2011	(c) 2012	(d) 2013	(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)?	Yes		
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		14,096
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		185,207
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			199,303
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

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

Return Reference	Explanation
PART II-B, LINE 1	SSM HEALTH CARE OF WISCONSIN, INC EMPLOYS LOBBYISTS WHOSE ACTIVITIES INCLUDE SERVING AS LIAISONS TO CITY, STATE, AND FEDERAL OFFICIALS THEY TRACK AND EVALUATE HEALTH CARE AND OTHER LEGISLATION THAT MAY HAVE AN IMPACT ON THE SYSTEM, EXPLORE AND EVALUATE POSSIBLE FUNDING OPPORTUNITIES FOR SSM HEALTH CARE OF WISCONSIN, INC , AND SERVE AS THE SPOKESPERSONS TO LEGISLATIVE COMMITTEES AND STATE AGENCIES FOR THE SYSTEM ON LEGISLATIVE ISSUES THE LOBBYIST'S ACTIVITIES INCLUDE DIRECT MAILINGS, DIRECT CONTACT WITH LEGISLATORS, THEIR STAFF AND OTHER GOVERNMENTAL OFFICIALS IN ADDITION, THE ORGANIZATION PAID DUES TO VARIOUS NATIONAL AND STATE HOSPITAL ASSOCIATIONS AND PORTIONS OF THE DUES WERE ALLOCATED TO LOBBYING ACTIVITIES

Part IV Supplemental Information *(continued)*

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. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SSM HEALTH CARE OF WISCONSIN INC

Employer identification number
43-0688874

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	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	11,841,917	10,885,114	9,892,874	8,884,693	8,508,695
b	Contributions	269,826	797,238	302,799	315,650	227,929
c	Net investment earnings, gains, and losses	440,966	320,680	782,010	763,245	237,889
d	Grants or scholarships	9,250				
e	Other expenditures for facilities and programs	6,159,820	161,115	92,569	70,714	89,820
f	Administrative expenses					
g	End of year balance	6,383,639	11,841,917	10,885,114	9,892,874	8,884,693

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

- a Board designated or quasi-endowment ▶ 11 000 %
- b Permanent endowment ▶ 72 000 %
- c Temporarily restricted endowment ▶ 17 000 %

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)	Yes	
(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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		12,029,102		12,029,102
b Buildings		391,198,365	174,455,885	216,742,480
c Leasehold improvements		54,082,570	17,837,092	36,245,478
d Equipment		162,568,638	116,504,128	46,064,510
e Other		5,905,482	2,669,240	3,236,242
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				314,317,812

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) SSM COMPREHENSIVE INVESTMENT PROGRAM	309,778,599	F
(B) BENEFICIAL INTEREST IN FOUNDATION	88,349,690	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	398,128,289	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
PENSION FUNDING LIABILITY	33,432,302
DUE TO RELATED PARTY	5,762,389
ASSET RETIREMENT LIABILITY	792,613
THIRD PARTY PAYOR	2,612,044
RABBI TRUST LIABILITY	308,655
ALLOCATED TAX EXEMPT DEBT - SSM HEALTH CARE	237,203,216
DEFERRED REVENUE	10,273
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	280,121,492

2. Liability for uncertain tax positions 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 Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

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

Return Reference	Explanation
PART V, LINE 4	ENDOWMENT FUNDS WILL BE USED TO PROVIDE HEALTH CARE SERVICES
PART X, LINE 2	SSM HEALTH CARE OF WISCONSIN'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF A RELATED ORGANIZATION, SSM HEALTH CARE (SSMHC) SSMHC EVALUATES ITS UNCERTAIN TAX POSITIONS ON AN ANNUAL BASIS A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION IS RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED UPON THE TECHNICAL MERITS THERE HAVE BEEN NO UNCERTAIN TAX POSITIONS RECORDED IN 2013 OR 2012

Part XIII Supplemental Information *(continued)*

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.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SSM HEALTH CARE OF WISCONSIN INC

Employer identification number
43-0688874

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 ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
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 ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
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	Yes	
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		No
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		No
	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)			12,490,134		12,490,134	2 340 %
b Medicaid (from Worksheet 3, column a)			80,719,659	52,370,888	28,348,771	5 320 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,771,292	1,037,030	734,262	0 140 %
d **Total** Financial Assistance and Means-Tested Government Programs			94,981,085	53,407,918	41,573,167	7 800 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,034,466	11,660	1,022,806	0 190 %
f Health professions education (from Worksheet 5)			10,854,372	2,150,021	8,704,351	1 630 %
g Subsidized health services (from Worksheet 6)			2,632,090	638,151	1,993,939	0 370 %
h Research (from Worksheet 7)			65,759		65,759	0 010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			554,442		554,442	0 100 %
j **Total.** Other Benefits			15,141,129	2,799,832	12,341,297	2 300 %
k **Total.** Add lines 7d and 7j			110,122,214	56,207,750	53,914,464	10 100 %

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			2,420		2,420	0 %
3 Community support			22,963		22,963	0 %
4 Environmental improvements						
5 Leadership development and training for community members			86		86	0 %
6 Coalition building			47,297		47,297	0 010 %
7 Community health improvement advocacy			30,426		30,426	0 010 %
8 Workforce development			110,284		110,284	0 020 %
9 Other						
10 **Total**			213,476		213,476	0 040 %

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	Yes		
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	8,668,832		
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	179,064,118
6	Enter Medicare allowable costs of care relating to payments on line 5	6	218,635,891
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-39,571,773
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					
2					
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?
3

Name, address, primary website address, and state license number

	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
See Additional Data Table										

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)

Name of hospital facility or facility reporting group ST MARY'S HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			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**	Yes	
	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 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests 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**	Yes	
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**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V, SECTION C - SUPPLEMENTAL INFO			
b	☑ Other website (list url) WWW SSMHEALTH COM			
c	☑ Available upon request from the hospital facility			
d	☑ 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 as of the end of the tax year)			
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**		No
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**		No
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)*

			Yes	No
Financial Assistance Policy				
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	☐ Residency			
i	☐ 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 individual'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 Section C)			
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 individual'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 Section C)			

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 individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

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 individual 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 individual 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 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)

Name of hospital facility or facility reporting group ST CLARE HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 2

			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**	Yes	
	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 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests 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**	Yes	
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**		No
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V, SECTION C - SUPPLEMENTAL INFO			
b	☑ Other website (list url) WWW SSMHEALTH COM			
c	☑ Available upon request from the hospital facility			
d	☐ 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 as of the end of the tax year)			
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**		No
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**		No
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)*

			Yes	No
Financial Assistance Policy				
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	☐ Residency			
i	☐ 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 individual'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 Section C)			
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 individual'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 Section C)			

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 individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

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 individual 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 individual 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 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)

Name of hospital facility or facility reporting group ST MARY'S JANESVILLE HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 3

			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**	Yes	
	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 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests 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**	Yes	
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**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V, SECTION C - SUPPLEMENTAL INFO			
b	☑ Other website (list url) WWW SSMHEALTH COM			
c	☑ Available upon request from the hospital facility			
d	☐ 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 as of the end of the tax year)			
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**		No
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**		No
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)*

			Yes	No
Financial Assistance Policy				
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	☐ Residency			
i	☐ 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 individual'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 Section C)			
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 individual'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 Section C)			

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 individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

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 individual 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 individual 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. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ST MARY'S HOSPITAL	PART V, SECTION B, LINE 3 THE HEALTHY DANE COLLABORATIVE ENGAGED OTHER ORGANIZATIONS IN THE CHNA THROUGH THE DANE COUNTY HEALTH COUNCIL, A GROUP THAT MEETS REGULARLY TO CONSIDER ISSUES AFFECTING HEALTH IN DANE COUNTY AND WAYS TO COLLECTIVELY ADDRESS ISSUES A LIST OF COUNCIL ORGANIZATIONS CAN BE FOUND ON PAGE 47 OF THE CHNA THE COLLABORATIVE ALSO HOSTED FOCUS GROUPS WHICH PROVIDED INPUT FROM SEVERAL INDIVIDUAL COMMUNITY LEADERS REPRESENTING DIVERSE CONSTITUENCIES THOSE LEADERS ARE LISTED WITH THEIR AFFILIATION IN APPENDICES B & C OF THE CHNA IN ADDITION, THE COLLABORATIVE'S VENDOR, HEALTHY COMMUNITY INSTITUTE, UTILIZING A MULTI-DISCIPLINARY TEAM, MAINTAINS A HIGH-QUALITY DATA AND DECISION-SUPPORT INFORMATION SYSTEM TO AID IN INDICATOR TRACKING, BEST-PRACTICE SHARING AND COMMUNITY DEVELOPMENT ST MARY'S HOSPITAL CHNA CAN BE FOUND AT HTTP //WWW STMARYSMADISON COM/DOCUMENTS/CHNA% 20FULL%20101912-FINAL PDF
ST CLARE HOSPITAL	PART V, SECTION B, LINE 3 AFTER EVALUATING READILY AVAILABLE PUBLIC INFORMATION, 21 KEY STAKEHOLDERS PARTICIPATED IN AN INTERVIEW PROCESS THE 21 STAKEHOLDERS WERE COMPRISED OF PUBLIC HEALTH EXPERTS, INDIVIDUALS FROM HEALTH OR OTHER DEPARTMENTS AND AGENCIES, LEADERS OR REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS, AND OTHER COMMUNITY MEMBERS A LIST OF INDIVIDUALS INTERVIEWED CAN BE FOUND IN EXHIBIT 20 (PAGES A-42 AND A-43) OF THE CHNA ADDITIONALLY, 32 STAKEHOLDERS PARTICIPATED IN A SERIES OF FOCUS GROUPS AND INTERVIEWS A LIST OF FOCUS GROUP PARTICIPANTS CAN BE FOUND IN EXHIBIT 21 (PAGES A-44 AND A-45) OF THE CHNA ST CLARE HOSPITAL'S CHNA CAN BE FOUND AT HTTP //WWW STCLARE COM/PAGES/CHNA%202% 20PAGER%20HOMEPAGE PDF
ST MARY'S JANESVILLE HOSPITAL	PART V, SECTION B, LINE 3 INFORMATION WAS OBTAINED FROM INTERVIEWS WITH STAKEHOLDERS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING PUBLIC HEALTH OFFICIALS AND EXPERTS, AND ST MARY'S JANESVILLE AFFILIATED CLINICIANS, ADMINISTRATORS AND STAFF A LIST OF INDIVIDUALS INTERVIEWED CAN BE FOUND IN EXHIBIT 20 (PAGE A-42) OF THE CHNA ST MARY'S JANESVILLE HOSPITAL'S CHNA CAN BE FOUND AT HTTP //WWW STMARYSJANESVILLE COM/ABOUTUS/DOCUMENTS/SSM% 20ST %20MARY%27S%20JANESVILLE%20CHNA%20-% 20FINAL PDF
ST MARY'S HOSPITAL	PART V, SECTION B, LINE 4 ST MARY'S HOSPITAL COLLABORATED WITH THREE OTHER HOSPITAL ORGANIZATIONS TO FACILITATE THE CHNA PROCESS THE THREE HOSPITAL ORGANIZATIONS WERE MERITOR HEALTH SERVICES, STOUGHTON HOSPITAL, AND UNIVERSITY OF WISCONSIN HOSPITAL AND CLINICS
ST MARY'S JANESVILLE HOSPITAL	PART V, SECTION B, LINE 4 ST MARY'S JANESVILLE COLLABORATED WITH THREE HOSPITAL ORGANIZATIONS TO FACILITATE THE CHNA PROCESS THE THREE HOSPITAL ORGANIZATIONS WERE BELOIT MEMORIAL HOSPITAL, EDGERTON HOSPITAL, AND MERCY HEALTH SYSTEM
ST MARY'S HOSPITAL	PART V, SECTION B, LINE 7 PRIOR TO THE REVIEW OF THE DATA COLLECTED BY THE CHNA PROCESS, A LIST OF CRITERIA WAS DEVELOPED TO AID IN THE SELECTION OF PRIORITY AREAS DURING THE DATA-REVIEW PROCESS, ATTENTION WAS DIRECTED TO HEALTH ISSUES THAT MET ANY OF THESE CRITERIA AFTER REVIEW AND CONSIDERATION OF DATA, THE COLLABORATIVE IDENTIFIED SIX HEALTH ISSUES THAT SHOWED EVIDENCE OF NEED IN THE COMMUNITY ADDITIONAL INFORMATION CONCERNING THIS PROCESS CAN BE FOUND ON PAGES 9 AND 10 OF THE CHNA WITH THE TOP SIX COMMUNITY-SPECIFIC HEALTH ISSUES IDENTIFIED, THE COLLABORATIVE EVALUATED EACH ISSUE UTILIZING A PRIORITIZATION PROCESS WHICH INCLUDED INPUT FROM COMMUNITY MEMBERS TO DETERMINE THE TOP COMMUNITY HEALTH NEEDS THE CHNA-IDENTIFIED HEALTH NEEDS PROCESS CAN BE FOUND ON PAGES 45, 46 AND APPENDIX F OF THE CHNA
ST CLARE HOSPITAL	PART V, SECTION B, LINE 7 BASED ON AN ANALYSIS OF THE PRIMARY DATE COLLECTED, THE CHNA IDENTIFIED THE PRIORITY COMMUNITY HEALTH NEEDS OF THE HOSPITAL'S SERVICE AREA A COMPLETE LIST OF IDENTIFIED NEEDS LISTED BY CATEGORY IN ALPHABETICAL ORDER CAN BE FOUND ON PAGES 5 AND 6 OF THE CHNA ST CLARE HOSPITAL THEN APPLIED A RANKING METHODOLOGY TO HELP PRIORITIZE THE COMMUNITY HEALTH NEEDS IDENTIFIED BY THE ASSESSMENT ADDITIONAL INFORMATION ON THE PRIORITIZATION PROCESS AND CRITERIA CAN BE FOUND ON PAGES A-2 AND A-3 OF THE CHNA
ST MARY'S JANESVILLE HOSPITAL	PART V, SECTION B, LINE 7 BASED ON AN ANALYSIS OF THE PRIMARY DATA COLLECTED, THE CHNA IDENTIFIED THE PRIORITY COMMUNITY HEALTH NEEDS OF THE HOSPITAL'S SERVICE AREA A COMPLETE LIST OF IDENTIFIED NEEDS LISTED BY CATEGORY IN ALPHABETICAL ORDER CAN BE FOUND ON PAGES 5 AND 6 OF THE CHNA ST MARY'S JANESVILLE HOSPITAL THEN APPLIED A RANKING METHODOLOGY TO HELP PRIORITIZE THE COMMUNITY HEALTH NEEDS IDENTIFIED BY THE ASSESSMENT ADDITIONAL INFORMATION ON THE PRIORITIZATION PROCESS AND CRITERIA CAN BE FOUND ON PAGES A-2 AND A-3 OF THE CHNA

Part V Facility Information *(continued)*

Section D. 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? **12**

	Name and address	Type of Facility (describe)
1	See Additional Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

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

3 **Patient 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

Form and Line Reference	Explanation
SCHEDULE H, PART I, QUESTION 3B	SSM HEALTH CARE OF WISCONSIN 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 TIME 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%SCHEDULE H, PART I, QUESTION 3CAN EXCEPTION TO THE SLIDING SCALE IS PROVIDED FOR A PATIENT IF THEIR BALANCE DUE EXCEEDS 20% OF THEIR GROSS FAMILY INCOME IN THIS SITUATION, THE BILL IS DISCOUNTED DOWN TO 20% OF THEIR FAMILY INCOME TO FURTHER STREAMLINE AND AUTOMATE THE FINANCIAL ASSISTANCE PROCESS, SSM HEALTH CARE OF WISCONSIN BUSINESS OFFICE PERSONNEL WILL AUTOMATICALLY CONSIDER 100% OF THE PATIENT ACCOUNT AS CHARITY CARE IF THE COMMERCIAL SOFTWARE SYSTEM (PASSPORT) INDICATES THAT THE PATIENT IS LIVING AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL (FPL) ADDITIONALLY, PRIOR TO CLASSIFYING THE BALANCE DUE AS A BAD DEBT, THE HOSPITAL REVIEWS ACCOUNTS WITH BALANCES OVER $10,000 AND APPLIES THE SAME ELIGIBILITY CRITERIA MENTIONED ABOVE THIS PROCESS IS CALLED "PREEMPTIVE ELIGIBILITY" SCHEDULE H, PART I, QUESTION 6ASSM HEALTH CARE OF WISCONSIN 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 SCHEDULE H, 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 COSTS 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 COSTS ARE BASED ON CHARGES AT DATE/TIME OF SERVICE COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS COSTING METHODOLOGY THE COSTS FOR THESE PROGRAMS WERE BASED ON THE ACTUAL COSTS INCURRED IN THESE AREAS 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 SUBSIDIZED HEALTH SERVICES COSTING METHODOLOGY THE EXPENDITURES ARE DETERMINED BASED ON ACTUAL INVOICES OR DOLLAR AMOUNTS SPENT AND CHARGED TO THESE DEPARTMENTS, REDUCED BY ANY GRANT REVENUES RESTRICTED FOR THESE SERVICES 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 SCHEDULE H, PART II, COMMUNITY BUILDING ACTIVITIESSSM HEALTH CARE OF WISCONSIN 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 HOSPITAL EMPLOYEES PARTICIPATED IN THE JOOP'S PATHWAYS PROGRAM, THE ST CLARE HOSPITAL PRESIDENT SERVES AS A BOARD MEMBER OF THE BARABOO ECONOMIC DEVELOPMENT COMMISSION, THE ST MARY'S JANESVILLE HOSPITAL PRESIDENT SERVES AS A BOARD MEMBER OF FORWARD JANESVILLE, AN ECONOMIC DEVELOPMENT ORGANIZATION COMMUNITY BUILDING - COMMUNITY SUPPORT PROVIDED THANKSGIVING BASKETS FOR LINCOLN SCHOOL FAMILIES, PARTICIPATED IN COMMUNITY DISASTER PREPAREDNESS EVENTS AND TRAINING COMMUNITY BUILDING - COALITION BUILDING PROVIDED CASH, IN-KIND AND BUDGETED EDUCATION SUPPORT FOR THE DEVELOPMENT OF COMMUNITY HEALTH PROGRAMS AND PARTNERSHIPS TO COMMUNITY ORGANIZATIONS INCLUDING SAUK COUNTY ALZHEIMER'S WALK, BOYS & GIRLS CLUB, CANCER RESEARCH EVENTS, KIWANIS, SUSAN G KOMEN, ECUMENICAL DAY IN THE COMMUNITY, MLK COALITION EVENTS, FAMILY FUN NIGHT AT SOUTH MADISON LIBRARY, AND SUMMER CAMP SPONSORSHIP FOR LOW INCOME FAMILIES COMMUNITY BUILDING - COMMUNITY HEALTH IMPROVEMENT ADVOCACY PARTICIPATED IN NUMEROUS COMMUNITY EVENTS TO PROMOTE BASIC PUBLIC HEALTH INCLUDING PARTICIPATION ON THE LATINO HEALTH COUNCIL, DANE COUNTY CHILD ABUSE COLLABORATIVE, WISCONSIN FORWARD AWARD EXAMINER, PARTNERS IN HEALTH AGING, BARABOO LIONS CLUB, PARTICIPATED IN TRAINING ON AFFORDABLE CARE ACT AND HOW IT WILL IMPACT OUR IMPLEMENTATION, PARTICIPATED IN A INITIATIVE BY DANE COUNTY PUBLIC HEALTH TO REVIEW INCIDENCE OF INFANT MORTALITY TO IMPROVE BIRTH OUTCOMES COMMUNITY BUILDING - WORKFORCE DEVELOPMENT HOSPITAL STAFF IS PARTICIPATED IN THE CARE CORPORATION SHADOWING PROGRAM CONTRIBUTING 1,600 HOURS OF MENTORING THE HOSPITAL STAFF PROVIDED AREA HIGH SCHOOL STUDENTS MENTORING DURING THEIR TIME SPENT VOLUNTEERING HOSPITAL STAFF PARTICIPATED IN VARIOUS JOB FAIRS AND PRESENTATIONS AT A LOCAL HIGH SCHOOL HOSPITAL STAFF PROVIDED JOB SHADOWING OPPORTUNITIES TO STUDENTS TO INCREASE AWARENESS OF ALL HEALTH CARE CAREERS HOSPITAL STAFF PARTICIPATED IN THE HEALTH CARE ADMINISTRATIVE TRAINING PROGRAM SCHEDULE H, PART III, SECTION A, LINE 2BAD DEBT EXPENSE REPORTING 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 SCHEDULE H, PART III, SECTION A, LINE 3SSM HEALTH CARE OF WISCONSIN IS PART OF THE HEALTH CARE CONSOLIDATED AUDIT THE FOOTNOTE THAT REFERENCES BAD DEBT EXPENSE IN THE DECEMBER 31, 2013 CONSOLIDATED AUDIT IS AS FOLLOWS "IN LINE WITH ITS MISSION, SSMHC PROVIDES SERVICES TO PATIENTS WITHOUT REGARD TO THE 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 BASED ON 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 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 BY APPLYING A RATIO 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 $17,916,030 AT CHARGES AND $8,668,832 AT COST
SCHEDULE H, 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 OBTAINED FOR THE 2012 MEDICARE COST REPORT SCHEDULE H, PART III, SECTION C, LINE 9BSSM HEALTH CARE OF WISCONSIN HAS ESTABLISHED WRITTEN CREDIT AND COLLECTION POLICY AND PROCEDURES THE BILLING AND COLLECTION POLICIES AND PRACTICES REFLECT THE MISSION AND VALUES OF SSM HEALTH CARE 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 FAIRLY 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 OF WISCONSIN' COLLECTION AND CHARITY POLICIES SCHEDULE H, 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 MIND, BODY, SPIRIT, AND ENVIRONMENT WITHIN THE FINANCIAL LIMITS OF THE SYSTEM A COMMUNITY BENEFIT ACTIVITY IS IDENTIFIED AS SUCH BECAUSE RATHER THAN AS A MARKETING TOOL AND MEETS AT LEAST TWO OF THE FOLLOWING CRITERIA - IT IS FINANCED BY PHILANTHROPIC CONTRIBUTIONS, VOLUNTEER EFFORTS, OR AN ENDOWMENT - IT PROVIDES A RESPONSE TO A UNIQUE OR EMERGING OUR HEALTH PROBLEM IN THE COMMUNITY - IT GENERATES A LOW OR NEGATIVE MARGIN ON A FULLY ABSORBED COST BASIS - IT RESPONDS TO THE NEEDS OF SPECIAL POPULATIONS SUCH AS MINORITIES, WOMEN AND CHILDREN, THE FRAIL ELDERLY, LOW INCOME PERSONS WITH DISABILITIES, THE MENTALLY ILL, OR THOSE LIVING WITH CHRONIC ILLNESS - THE DECISION TO OFFER THE SERVICE OR PROGRAM IS NOT MADE ON A PURELY FINANCIAL BASIS - IF NOT PROVIDED BY HEALTH CARE ORGANIZATION, THE SERVICE WOULD NO LONGER BE AVAILABLE IN THE COMMUNITY OR WOULD BE THE RESPONSIBILITY OF GOVERNMENT THE COMMUNITY BENEFIT PLAN DETAILS THE PLANNING, MEASUREMENT AND COMMUNICATION OF ITS COMMUNITY BENEFITS THE THREE-MAIN ASPECTS OF COMMUNITY BENEFIT BEING THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WHICH DETERMINES THE COMMUNITY NEEDS TO BE ADDRESSED BY THE HOSPITAL, THE COMMUNITY BENEFIT PLAN WHICH DETAILS STEPS TO BE ACCOMPLISHED TO MEET IDENTIFIED NEEDS, AND THE CBISA DATABASE WHICH DOCUMENTS ALL OF THE COMMUNITY BENEFIT ACTIVITIES FOR EACH YEAR AT THE END OF EACH YEAR, THE CBISA COMMUNITY BENEFIT REPORT IS GIVEN TO MANAGEMENT, ADMINISTRATION AND THE SSMHC BOARD OF DIRECTORS IN ORDER TO EVALUATE AND IMPROVE THE PROGRAM ST MARY'S HOSPITAL - MEDFORD, WI TO ASSESS THE HEALTH NEEDS OF DANE COUNTY, FOUR AREA HOSPITALS (MERITOR HOSPITAL, ST MARY'S HOSPITAL, STOUGHTON HOSPITAL AND UW HOSPITAL AND CLINICS) JOINED WITH PUBLIC HEALTH MADISON & DANE COUNTY AFTER A SEARCH FOR A VENDOR PARTNER, THE COLLABORATIVE GROUP, KNOWN AS HEALTHY DANE, SELECTED HEALTH COMMUNITIES INSTITUTE (HCI) TO ASSIST IN GATHERING AND ANALYZING DATA DETAILS OF THE ST MARY'S HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS CAN BE FOUND ON PAGES 42 THROUGH 46 OF THE CHNA THE STRATEGIC PRIORITIES OF THE ST MARY'S HOSPITAL COMMUNITY BENEFIT PLAN ARE DIABETES, STROKE & HYPERTENSION, POOR BIRTH OUTCOMES, AND ASTHMA/COPD DURING 2013, GOALS AND OBJECTIVES WERE ESTABLISHED TO CHANGE BEHAVIOR, PROVIDE METRICS TO MEASURE CHANGE, AND TO IMPACT THE OVERALL HEALTH OF THOSE WE SERVE ALL OF THE COMMUNITY BENEFIT ACTIVITIES ARE DESIGNED TO MEET THE NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WHICH WAS COMPLETED IN OCTOBER 2012 ST CLARE HOSPITAL - BARABOO WI ST CLARE HOSPITAL PARTNERED WITH VERITE HEALTHCARE CONSULTING, LLC, A NATIONAL RESOURCE THAT HELPS HOSPITALS CONDUCT CHNAS, TO COMPLETE A CHNA IN NOVEMBER 2012 INFORMATION CONCERNING THE CHNA METHODOLOGY CAN BE FOUND ON PAGES A-2 AND A- 3 OF THE CHNA BASED ON THE CHNA RESULTS, ST CLARE HOSPITAL IDENTIFIED THE FOLLOWING STRATEGIC PRIORITIES OBESITY, DENTAL CARE, AND ACCESS TO CARE DURING 2013, GOALS AND OBJECTIVES WERE ESTABLISHED TO CHANGE BEHAVIOR, PROVIDE METRICS TO MEASURE CHANGE, AND TO IMPACT THE OVERALL HEALTH OF THOSE WE SERVE ST MARY'S JANESVILLE HOSPITAL ST MARY'S JANESVILLE HOSPITAL ALSO PARTNERED WITH VERITE HEALTHCARE CONSULTING, LLC TO COMPLETE A CHNA IN NOVEMBER 2012 IN ADDITION, ST MARY'S JANESVILLE COLLABORATED WITH THREE HOSPITAL ORGANIZATIONS TO FACILITATE THE CHNA PROCESS THE THREE HOSPITAL ORGANIZATIONS WERE BELOIT MEMORIAL HOSPITAL, EDGERTON HOSPITAL, AND MERCY HEALTH SYSTEM INFORMATION CONCERNING THE CHNA METHODOLOGY CAN BE FOUND ON PAGES A-2 AND A-3 OF THE CHNA BASED ON THE CHNA RESULTS, ST MARY'S JANESVILLE IDENTIFIED THE FOLLOWING STRATEGIC PRIORITIES HEALTHY LIFESTYLES, TOBACCO USE, AND ACCESS TO CARE DURING 2013, GOALS AND OBJECTIVES WERE ESTABLISHED TO CHANGE BEHAVIOR, PROVIDE METRICS TO MEASURE CHANGE, AND TO IMPACT THE OVERALL HEALTH OF THOSE WE SERVE SCHEDULE H, 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 SSMHC FACILITIES OFFER DISCOUNTS FOR HOSPITAL SERVICES TO ALL UNINSURED PERSONS SELF-PAY DISCOUNTS APPLY TO EVERYONE WHO DOES NOT HAVE HEALTH INSURANCE, NO MATTER THEIR ABILITY TO PAY SSMHC APPLIES ITS CHARITY CARE POLICIES FAIRLY AND CONSISTENTLY EACH PERSON IS TREATED AS AN INDIVIDUAL WITH SPECIFIC NEEDS FOR ASSISTANCE WITHOUT REGARD TO PAYMENT SSMHC EMBRACES ITS RESPONSIBILITY TO SERVE THE COMMUNITIES IN WHICH WE PARTICIPATE BY ESTABLISHING SOUND BUSINESS PRACTICES CHARITY CARE IS PROVIDED TO PATIENTS BASED ON A SLIDING SCALE FOR HOUSEHOLD INCOMES UP TO FOUR TIMES THE FEDERAL POVERTY LEVEL PATIENTS WHOSE HOUSEHOLD INCOME IS NO MORE THAN TWO TIMES THE FEDERAL POVERTY LEVEL ARE ELIGIBLE FOR FREE HOSPITAL SERVICES IN ADDITION, AN EXCEPTION TO THE SLIDING SCALE IS PROVIDED FOR A PATIENT'S BALANCE DUE IF THE AMOUNT EXCEEDS 20% OF THEIR FAMILY GROSS INCOME EACH ENTITY PROVIDING MEDICAL SERVICES SHALL PROVIDE INFORMATION TO THE PUBLIC REGARDING ITS CHARITY CARE POLICIES AND THE QUALIFICATION REQUIREMENTS FOR EACH OF ITS FACILITIES WHEN STANDARD SYSTEM NOTICES AND COMMUNICATION REGARDING CHARITY CARE ARE AVAILABLE, THESE MAY BE USED MODIFICATIONS TO THE STANDARD MAY BE MADE TO COMPLY WITH STATE AND LOCAL LAWS, AS WELL AS REFLECT CULTURALLY SENSITIVE TERMINOLOGY FOR THE POLICY ALL NOTICES ARE EASY TO UNDERSTAND BY THE GENERAL PUBLIC, CULTURALLY APPROPRIATE AND AVAILABLE IN THOSE LANGUAGES THAT ARE PREVALENT IN THE COMMUNITY THEY PROVIDE INFORMATION ABOUT - THE PATIENT'S RESPONSIBILITY FOR PAYMENT,- THE AVAILABILITY OF FINANCIAL ASSISTANCE FROM PUBLIC PROGRAMS AND ENTITY CHARITY CARE AND PAYMENT ARRANGEMENTS,- THE ENTITY'S CHARITY POLICY AND APPLICATION PROCESS, AND- WHOM TO CONTACT TO GET ADDITIONAL INFORMATION OR FINANCIAL COUNSELING THE FOLLOWING TYPES OF NOTICES TO THE PUBLIC ARE PROVIDED - SIGNS IN THE EMERGENCY DEPARTMENT, OUTPATIENT AND INPATIENT REGISTRATION AND PUBLIC WAITING AREAS - BROCHURES OR FLIERS PROVIDED AT TIME OF REGISTRATION AND AVAILABLE IN THE FINANCIAL COUNSELING AREAS - NOTICES SENT WITH OR ON PATIENT BILLS OR COMMUNICATIONS SENT TO PATIENTS AND GUARANTORS RELATED TO MEDICAL SERVICES - APPLICATIONS PROVIDED TO UNINSURED PATIENTS AT THE TIME OF REGISTRATION

Form and Line Reference	Explanation
THE APPLICATION FOR CHARITY CARE, TOGETHER WITH ANY INSTRUCTIONS, MUST	CLEARLY STATE THE POLICIES REGARDING CHARITY CARE, INCLUDING EXCLUDED SERVICES, ELIGIBILITY CRITERIA AND DOCUMENTATION REQUIREMENTS INFORMATION ABOUT THIS ENTITY'S CHARITY POLICIES IS ALSO PROVIDED TO PUBLIC AGENCIES ST MARY'S HOSPITAL SERVES DANE COUNTY WHICH IS LOCATED IN SOUTH-CENTRAL WISCONSIN WHICH IS HOME TO WISCONSIN'S STATE CAPITAL, MADISON, AND WISCONSIN'S FLAGSHIP PUBLIC UNIVERSITY, THE UNIVERSITY OF WISCONSIN-MADISON DANE COUNTY IS THE SECOND MOST DENSELY POPULATED COUNTY IN WISCONSIN AND MADISON IS THE SECOND LARGEST CITY IN THE STATE THE POPULATION OF DANE COUNTY GREW 14 4% BETWEEN 2000 AND 2010 BRING THE POPULATION TO 488,073 DANE COUNTY HAS MORE ETHNIC DIVERSITY, A LARGER PERCENT OF FOREIGN-BORN RESIDENTS (7 4%), AND A LARGER PERCENT THAT SPEAKS A LANGUAGE OTHER THAN ENGLISH IN THE HOME (11% IN DANE COUNTY, 14 8% IN MADISON) MINORITIES ARE MORE CONCENTRATED IN THE CITY OF MADISON, WITH OVER HALF OF ALL STUDENTS IN MADISON PUBLIC SCHOOLS BEING OF RACIAL/ETHNIC MINORITY GROUPS THE PERCENT OF THE POPULATION THAT HAS AT LEAST A BACHELOR'S DEGREE IS MUCH HIGHER IN DANE COUNTY THAN IN WISCONSIN AND THE US HOWEVER, DANE COUNTY'S CURRENT 86% HIGH SCHOOL GRADUATION RATE IS ONE OF THE LOWEST AMONG WISCONSIN COUNTIES THE MEDIAN HOUSEHOLD INCOME FOR DANE COUNTY IS $60,519 AND MADISON'S MEDIAN HOUSEHOLD INCOME IS $52,550 DESPITE THE HIGH MEDIAN HOUSEHOLD INCOME AND RELATIVELY LOW UNEMPLOYMENT RATE (5 4%), DANE COUNTY IS FACED WITH AN INCREASING NUMBER OF PEOPLE LIVING IN POVERTY, 11 6% ADDITIONAL DETAILED INFORMATION ON THE ST MARY'S HOSPITAL SERVICE AREA CAN BE FOUND ON PAGES 5 THROUGH 41 OF THE CHNA ST CLARE HOSPITAL SERVES THE COLUMBIA AND SAUK COUNTIES IN WISCONSIN THERE ARE 38 ZIP CODES IN THESE COUNTIES, SOME OF WHICH STRADDLE MULTIPLE COUNTIES THE HOSPITAL IS LOCATED IN BARABOO, WISCONSIN WITH URGENT CARE CLINICS IN LAKE DELTON AND WISCONSIN DELLS IN 2010, THE ST CLARE COMMUNITY HAD AN ESTIMATED POPULATION OF 118,809 PERSONS, A 10 3 PERCENT INCREASE BETWEEN 2000 AND 2010 OF THE HOSPITAL'S DISCHARGES, 81% ORIGINATED FROM THE COMMUNITY, THE MAJORITY FROM SAUK COUNTY THE COMMUNITY HAS A SLIGHTLY HIGHER PROPORTION OF RESIDENTS AGED 65 AND OLDER THAN WISCONSIN AS A WHOLE THE DISTRIBUTION OF RACE/ETHNICITY IN OUR COMMUNITY IS WHITE/CAUCASIAN 95%, BLACK/AFRICAN-AMERICAN 1%, HISPANIC 3%, OTHER 1% SAUK AND COLUMBIA COUNTIES EXPERIENCED A POVERTY RATE OF 8 5% AND 9 5%, RESPECTIVELY BOTH ARE LOWER THAN THE NATIONAL AND WISCONSIN AVERAGES THE MEDIAN HOUSEHOLD INCOME WAS $55,910 FOR COLUMBIA COUNTY AND $50,390 FOR SAUK COUNTY ADDITIONAL DETAILED INFORMATION ON THE ST CLARE HOSPITAL SERVICE AREA CAN BE FOUND ON PAGES A-4 THROUGH A-22 OF THE CHNA ST MARY'S JANESVILLE'S COMMUNITY IS DEFINED AS ROCK COUNTY, WISCONSIN THERE ARE 22 ZIP CODES THAT ARE CONTAINED WITHIN OR OVERLAY THE COUNTY THE HOSPITAL IS LOCATED IN JANESVILLE, WISCONSIN IN 2010, THE ST MARY'S JANESVILLE COMMUNITY HAD AN ESTIMATED POPULATION OF 160,221 PERSONS A INCREASE OF 5 3 PERCENT BETWEEN 2000 AND 2010 ROCK COUNTY HAS A SLIGHTLY HIGHER PROPORTION OF PEOPLE UNDER 18 (25 1%) THAN WISCONSIN AS A WHOLE THE DISTRIBUTION OF RACE/ETHNICITY IN OUR COMMUNITY IS WHITE/CAUCASIAN 88%, BLACK/AFRICAN-AMERICAN 5%, HISPANIC 8%, OTHER 1% MORE THAN 13 PERCENT OF THE RESIDENTS REPORTED HAVING A DISABILITY WHICH IS SLIGHTLY HIGHER THAN THE WISCONSIN AND NATIONAL AVERAGES NEARLY 13% OF ROCK COUNTY RESIDENTS AGED 25 YEARS OR OLDER DID NOT GRADUATE HIGH SCHOOL AS OF 2010, THE PERCENT OF PEOPLE LIVING IN POVERTY WAS 12 8% THE MEDIAN HOUSEHOLD INCOME FOR THE COUNTY IS $49,716 ADDITIONAL DETAILED INFORMATION ON THE ST MARY'S JANESVILLE HOSPITAL SERVICE AREA CAN BE FOUND ON PAGES A-4 THROUGH A-23 OF THE CHNA THE ST MARY'S CAMPUS INCLUDES AN OUTPATIENT SURGERY CENTER AND AN EMPLOYEE CHILD CARE CENTER ST MARY'S ALSO OPERATES AN OFF-SITE ADULT DAY HEALTH CENTER, IS PART-OWNER OF A HOME HEALTH CARE ORGANIZATION, AND IS AFFILIATED WITH THE ST MARY'S CARE CENTER (SKILLED NURSING FACILITY) ON MADISON'S SOUTHWEST SIDE ST MARY'S HOSPITAL IN PARTNERSHIP WITH DEAN CLINIC HAS CHOSEN TO PARTICIPATE IN A MEDICARE ACCOUNTABLE CARE ORGANIZATION PROGRAM ST MARY'S HOSPITAL OFFERS A FULL RANGE OF INPATIENT AND OUTPATIENT TREATMENT AND DIAGNOSTIC SERVICES IN PRIMARY CARE AND NEARLY ALL SPECIALTIES ST CLARE HOSPITAL OFFERS ACUTE CARE SERVICES AS WELL AS A WIDE RANGE OF OTHER SERVICES INCLUDING CHEMICAL DEPENDENCY TREATMENT AND HEMODIALYSIS ST MARY'S JANESVILLE ALSO OFFERS ACUTE CARE SERVICES MEDICAL/SURGICAL AREAS OF SPECIAL FOCUS INCLUDE DEAN & ST MARY'S CARDIAC CENTER, FAMILY BIRTH CENTER, PEDIATRICS, NEUROSCIENCE CENTER, GERIATRICS, ORTHOPEDICS, AND EMERGENCY SERVICES SCHEDULE H, PART VI LINE 5 PROMOTION OF COMMUNITY HEALTHSSM HEALTH CARE'S MISSION STATEMENT IS "THROUGH OUR EXCEPTIONAL HEALTH CARE SERVICES, WE REVEAL THE HEALING PRESENCE OF GOD " SSM HEALTH CARE OF WISCONSIN 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 ST MARY'S HOSPITAL - MADISON, WI FREE ASTHMA CLINIC A FREE CLINIC PROVIDING FREE DIAGNOSTIC AND TREATMENT SERVICES TO ASTHMATICS OPERATES IN A STOREFRONT NEAR A LOW INCOME NEIGHBORHOOD THE CLINIC HAD 599 VISITS IN 2013 THE CLINIC HELPS REDUCE THE NUMBER OF PATIENTS SEEKING HELP IN EMERGENCY DEPARTMENTS PARISH NURSE PROGRAM TO IMPROVE ACCESS AND PROVIDE ASSISTANCE IN IDENTIFYING AND FINDING CARE FOR HEALTH CARE ISSUES, THE PARISH NURSE PROGRAM PLACES REGISTERED NURSES IN SITES AROUND MADISON, MOST OF WHICH ARE CHURCHES EACH YEAR THE PROGRAM REVIEWS HEALTH CARE NEEDS AND SETS GOALS IN SPECIFIC AREAS THE PROGRAM ACHIEVED AN AVERAGE SATISFACTION RATING OF 5 (ON A 1 - 5 SCALE) ON CLIENT SURVEYS AND INCREASED TO 90% THE NUMBER OF PROGRAM PARTICIPANTS PLANNING TO TAKE ACTION AS RESULT OF PARTICIPATION IN THE PROGRAM GOLDENCARE GOLDENCARE IS A FREE PROGRAM OFFERED TO ADULTS AGE 60 AND OLDER GOLDENCARE IS JOINTLY SPONSORED BY ST CLARE HOSPITAL AND ST MARY'S HOSPITAL GOLDENCARE PROVIDES OUR MEMBERS HEALTH PROGRAMS, BLOOD PRESSURE SCREENINGS, EDUCATIONAL PRESENTATIONS AND SOCIAL EVENTS WE ALSO OFFER AN EMERGENCY RESPONSE TELEPHONE SYSTEM MEMBERS RECEIVE A VARIETY OF DISCOUNTS, EXAMPLES ARE, MEAL DISCOUNTS AT ST CLARE HOSPITAL AND ST MARY'S HOSPITAL CAFETERIAS, AND THE HAIR FORCE BEAUTY SALON LOCATED IN ST CLARE MEADOWS CARE CENTER MEMBERS RECEIVE THE GOLDENCARE UPDATE, A NEWSLETTER THAT IS PUBLISHED FOUR TIMES PER YEAR IT CONTAINS A WEALTH OF HEALTHCARE INFORMATION FOR ADULTS AND IS COMPLETE WITH THE GOLDENCARE CALENDAR OF EVENTS HANDS ON HEALTH PROGRAM ST MARY'S HOSPITAL PROVIDES EDUCATIONAL TOURS AND HEALTH PROGRAMS THROUGHOUT THE SCHOOL YEAR TO 2ND GRADE CLASSES IN AND AROUND DANE COUNTY A TOTAL OF 621 STUDENTS PARTICIPATED IN THE PROGRAM IN 2013 ST MARY'S ADULT DAY HEALTH CENTER AS THE ONLY DAY-TIME CARE FACILITY FOR ADULTS NEEDING SKILLED NURSING OVERSIGHT, THE ADULT DAY HEALTH CENTER PLAYS A MAJOR ROLE IN MAINTAINING THEIR CLIENTS' INDEPENDENCE AND HAPPINESS ADOPT A SCHOOL PROGRAM ST MARY'S HOSPITAL SUPPORTS LINCOLN ELEMENTARY SCHOOL IN ITS ADOPT-A-SCHOOL PARTNERSHIP THROUGH THE FOUNDATION FOR MADISON SCHOOLS BECAUSE 70% OF STUDENTS AT THE SOUTH MADISON SCHOOL LIVE IN POVERTY, ST MARY'S HOSPITAL OFFERS HELP THAT IMPROVES THEIR CHANCES FOR SUCCESS HEALTH RESOURCE CENTER THE HEALTH RESOURCE CENTER IS OPEN TO ALL COMMUNITY MEMBERS, PATIENTS AND FAMILY MEMBERS LIBRARIANS ARE AVAILABLE TO HELP CONSUMERS FIND HEALTH INFORMATION ON A VARIETY OF TOPICS BOOKS AND OTHER MATERIALS ARE AVAILABLE FOR CHECKOUT COMPUTERS AND A PRINTER/SCANNER/FAX MACHINE ARE PROVIDED AT NO CHARGE IN 2013, THE MEDICAL LIBRARY PROVIDED 685 ARTICLES AND 20 SEARCH SERVICES TO FAMILY MEDICINE RESIDENTS AND FACULTY IN ADDITION, THE LIBRARY PROVIDED 1,866 ARTICLES FROM OUR JOURNAL COLLECTION TO OTHER HOSPITAL LIBRARIES EDUCATIONAL EVENTS ST MARY'S HOSPITAL PROVIDES NUMEROUS EDUCATIONAL CLASSES TO THE COMMUNITY ON RELEVANT HEALTH TOPICS INCLUDING WOMEN'S HEALTH, COMMUNITY SPIRITUAL CARE, HANDS ON HEARTS COCPR TRAINING, DIABETES, AND HEALTH LITERACY ST MARY'S HOSPITAL ALSO PROVIDES HEALTH INFORMATION THROUGH THE NEIGHBORS AND COMMUNITY CONNECTIONS NEWSLETTERS
ST CLARE HOSPITAL - BARABOO, WI	ST CLARE HOSPITAL IS A MAJOR SPONSOR OF FARM SAFETY DAYS, WHICH TEACHES CHILDREN AND YOUNG ADULTS HOW TO BE SAFE ON THE FARM SINCE 2000, THE HOSPITAL HAS ALSO PARTNERED WITH THE ST CLARE FOUNDATION IN THE DEVELOPMENT OF HEALTHY COMMUNITIES PROGRAMS AND HAS SPONSORED OTHER ORGANIZATIONS' ACTIVITIES AS A WAY TO GIVE BACK TO THE COMMUNITY THE ST CLARE HEALTH CARE FOUNDATION, THROUGH ITS PATHWAYS TO WELLNESS INITIATIVE, HAS DEVELOPED AND SPONSORED HEALTH AND WELLNESS PROGRAMS AND ACTIVITIES AS A WAY TO GIVE BACK TO THE COMMUNITY GOLDENCARE IS PROVIDED FOR THROUGH ST CLARE HOSPITAL AND IS A FREE PROGRAM OFFERED TO ADULTS AGE 60 AND OLDER GOLDENCARE IS JOINTLY SPONSORED BY ST CLARE HOSPITAL AND ST MARY'S HOSPITAL GOLDENCARE PROVIDES MEMBERS WITH HEALTH PROGRAMS, BLOOD PRESSURE SCREENINGS, EDUCATIONAL PRESENTATIONS AND SOCIAL EVENTS MEMBERS ARE ALSO OFFERED AN EMERGENCY RESPONSE TELEPHONE SYSTEM AND A VARIETY OF DISCOUNTS INCLUDING, BUT NOT LIMITED TO, MEAL DISCOUNTS AT ST CLARE HOSPITAL'S CAFETERIA AND THE HAIR FORCE BEAUTY SALON LOCATED IN ST CLARE MEADOWS CARE CENTER MEMBERS RECEIVE THE GOLDENCARE UPDATE, A NEWSLETTER THAT IS PUBLISHED FOUR TIMES PER YEAR IT CONTAINS A WEALTH OF HEALTHCARE INFORMATION FOR ADULTS AND IS COMPLETE WITH THE GOLDENCARE CALENDAR OF EVENTS ST CLARE HOSPITAL PARTICIPATES IN NUMEROUS COMMUNITY EDUCATIONAL EVENTS TO IMPROVE THE HEALTH OF THE COMMUNITY IN ADDITION, THE HOSPITAL PROVIDES WEEKLY RADIO SHOW UPDATES PROVIDING INFORMATION TO EDUCATE AND INFORM THE PUBLIC ON COMMUNITY HEALTH NEEDS AND ISSUES THE PARISH NURSE PROGRAM IS VITAL WITHIN THE ST CLARE HOSPITAL SERVICE AREA AND IMPROVES ACCESS AND PROVIDES ASSISTANCE IN IDENTIFYING AND FINDING CARE FOR HEALTH CARE ISSUES THE PARISH NURSE PROGRAM WORKS WITH NURSES AROUND THE AREA, BUT SPECIFICALLY WITHIN FAITH-BASED ORGANIZATIONS LIKE CHURCHES ST MARY'S JANESVILLE HOSPITAL - JANESVILLE, WIST MARY'S JANESVILLE HAS DEVELOPED THE FIT FAMILIES ROCK (FFR) PROGRAM THE PROGRAM IS A COMPREHENSIVE PROGRAM THAT HELPS FAMILIES LOSE WEIGHT AND GET FIT TOGETHER FFR WORKS WITH FAMILIES TO FIND THE BEHAVIORS, NUTRITION HABITS AND ACTIVITIES THAT WILL WORK BEST FOR THEM OVER A LIFETIME THE PROGRAM WAS DEVELOPED FOR FAMILIES WITH ONE CHILD BETWEEN THE AGES OF 8 AND 12 WHO IS AT OR ABOVE THE 85 PERCENTILE OF THEIR BMI ONE PARENT MUST ATTEND EACH SESSION WITH THEIR CHILD AND SIBLINGS ARE WELCOME TO ATTEND ST MARY'S JANESVILLE HAS JOINED WITH THE UW-EXTENSION OF ROCK COUNTY TO OFFER THE STRONGWOMEN PROGRAM, A 12-WEEK EVIDENCE-BASED STRENGTH TRAINING PROGRAM DESIGNED FOR OLDER WOMEN DEVELOPED BY TUFTS UNIVERSITY THE PROGRAM IS BASED ON YEARS OF RESEARCH ON HOW STRENGTH TRAINING IMPROVES BONE DENSITY, REDUCES FALLS, IMPROVES ARTHRITIS SYMPTOMS, INCREASES STRENGTH AND IMPROVES FLEXIBILITY DURING 2013, ST MARY'S JANESVILLE PARTICIPATED IN VARIOUS COMMUNITY EVENTS PROVIDING EDUCATIONAL INFORMATION ON HEALTHY EATING HABITS THE HOSPITAL HELD AN ANNUAL PRODUCE POWER EVENT WHERE THE EXECUTIVE CHEF PROVIDED EDUCATIONAL SESSIONS SUCH AS "SENSATIONAL SALADS" AND "RATATOUILLE ROCKS "TO ADDRESS THE ISSUE OF FALLING AS THE LEADING CAUSE OF ACCIDENTAL DEATH AMONG WISCONSINITES 65 OR OLDER, THE HOSPITAL HAD AN EMPLOYEE TRAINED TO BECOME A STEPPING ON INSTRUCTOR AND HAS DEVELOPED A COMMUNITY-BASED FALL PREVENTION INITIATIVE WITH SUPPORT FROM DEAN CLINIC AND COMMUNITY EXPERTS THAT WILL BE IMPLEMENTED IN 2014 ST MARY'S JANESVILLE PREPARES A QUARTERLY NEWSLETTER THAT IS EMAILED TO SUBSCRIBERS THE NEWSLETTER PROVIDES HEALTH INFORMATION AS WELL AS INFORMATION ON COMMUNITY HEALTH EDUCATION ACTIVITIES AT THE HOSPITAL THE HOSPITAL ALSO PROVIDES A WEEKLY RADIO PROGRAM, STAY HEALTHY ROCK COUNTY, TO PROVIDE HEALTH INFORMATION TO MASS AUDIENCES ON STAYING WELL AND ILLNESS/INJURY PREVENTION ST MARY'S JANESVILLE HAS A NEW COLLABORATION WITH THE YMCA OF NORTHERN ROCK COUNTY AND MERCY HEALTH SYSTEM TO OFFER A HEALTH AND WELLNESS EDUCATION SERIES FREE TO SURROUNDING COMMUNITIES CLASSES WILL BE HELD MONTHLY AND TOPICS WILL RANGE FROM HEALTHY EATING HABITS, THE BENEFITS OF VITAMINS AND SUPPLEMENTS, TO EXERCISE REGIMENTS FOR ACTIVE OLDER ADULTS RESIDENTS OF ROCK COUNTY EXHIBIT HIGH RATES OF SMOKING AND TOBACCO USE COMPARED TO THE HEALTHY PEOPLE 2020 GOAL, THE WISCONSIN AVERAGE, AND WHEN COMPARED TO OTHER WISCONSIN COUNTIES THE HOSPITAL WILL INITIATE THE FIRST BREATH SMOKING CESSATION PROGRAM FOR PREGNANT MOTHERS WHO RECEIVE THEIR PRENATAL CARE AT DEAN CLINIC AND IMPLEMENT A CHRONIC LUNG DISEASE SUPPORT GROUP FOR COPD/CHF PATIENTS AND THEIR FAMILIES SSM HEALTH CARE OF WISCONSIN 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 - SSM HEALTH CARE OF WISCONSIN IS DEDICATED TO PROVIDING A HIGH QUALITY PATIENT CARE DELIVERY SYSTEM WHICH INCLUDES THE REINVESTMENT OF SURPLUS FUNDS AN EXAMPLE OF THIS REINVESTMENT IS THE MULTI-MILLION DOLLAR NEW HOSPITAL IN JANESVILLE, WISCONSIN WHICH OPENED IN 2012 SCHEDULE H, PART VI LINE 6 AFFILIATED HEALTH CARE SYSTEMSSM HEALTH CARE OF WISCONSIN (SSMHC/WI) IS A COMPREHENSIVE NOT-FOR-PROFIT CATHOLIC HEALTH CARE SYSTEM PROVIDING HEALTH CARE SERVICES TO RESIDENTS OF AND VISITORS TO AN 18-COUNTY AREA IN SOUTH-CENTRAL WISCONSIN SSMHC/WI, WITH HEADQUARTERS IN MADISON, WI, IS SPONSORED BY SSM HEALTH MINISTRIES AND IS OWNED AND OPERATED BY SSM HEALTH CARE (SSMHC) BASED IN ST LOUIS, MISSOURI SSMHC/WI PROVIDES HEALTH CARE SERVICES AT THREE WHOLLY-OWNED ACUTE CARE HOSPITALS, ST MARY'S HOSPITAL IN MADISON, ST CLARE HOSPITAL IN BARABOO AND ST MARY JANESVILLE HOSPITAL IN JANESVILLE, AS WELL AS AT TWO NURSING HOMES - ST MARY'S CARE CENTER IN MADISON AND ST CLARE MEADOWS IN BARABOO SCHEDULE H, PART VI LINE 7 STATE FILING OF COMMUNITY BENEFIT REPORTTHE SSM HEALTH CARE ANNUAL CONSOLIDATED COMMUNITY BENEFIT REPORT IS FILED IN ILLINOIS, MISSOURI, OKLAHOMA, AND WISCONSIN

Additional Data

Software ID:
Software Version:
EIN: 43-0688874
Name: SSM HEALTH CARE OF WISCONSIN INC

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. 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?

	Name and address	Type of Facility (describe)
1	ST MARY'S RENAL SERVICES CENTER 2840 INDEX ROAD FITCHBURH,WI 53713	RENAL DIALYSIS CENTER
2	ST MARY'S CARE CENTER 3401 MAPLE GROVE DRIVE MADISON,WI 53719	RENAL DIALYSIS CENTER
3	ST MARY'S SUN PRAIRIE EMERGENCY CENTER 2840 OKEEFE AVENUE SUN PRAIRIE,WI 53590	RENAL DIALYSIS CENTER
4	ST CLARE MEADOWS CARE CENTER 1414 JEFFERSON BARABOO,WI 53913	RENAL DIALYSIS CENTER
5	ST CLARE DIALYSIS 1600 JEFFERSON STREET SUITE 200 BARABOO,WI 53913	RENAL DIALYSIS CENTER
6	ST MARY'S SLEEP CENTER 2844 INDEX ROAD FITCHBURG,WI 53713	RENAL DIALYSIS CENTER
7	ST CLARE CENTER 1510 JEFFERSON STREET BARABOO,WI 53913	RENAL DIALYSIS CENTER
8	ST CLARE URGENT CARE 530 WISCONSIN DELLS PARKWAY LAKE DELTON,WI 53965	RENAL DIALYSIS CENTER
9	ST MARY'S CHILD CARE CENTER 723 S ORCHARD STREET MADISON,WI 53715	RENAL DIALYSIS CENTER
10	ADULT DAY HEALTH CENTER 2440 ATWOOD AVENUE MADISON,WI 53704	RENAL DIALYSIS CENTER
11	WI DELLS URGENT CARE 1306 BRAODWAY ROAD WISCONSIN DELLS,WI 53965	RENAL DIALYSIS CENTER
12	ST CLARE CHILD CARE CENTER 1605 JEFFERSON ST BARABOO,WI 53913	RENAL DIALYSIS CENTER

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SSM HEALTH CARE OF WISCONSIN INC

Employer identification number
43-0688874

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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 13

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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

Software ID:
Software Version:
EIN: 43-0688874
Name: SSM HEALTH CARE OF WISCONSIN INC

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
ALZHEIMERS & DEMENTIA ALLIANCE OF WISCONSIN 517 N SEGOE RD 301 MADISON,WI 53705	43-1237069	501(C)(3)	8,350				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
BETHLEHEM LUTHERAN CHURCH W8267 HWY 33 PORTAGE,WI 53901	39-1045809	501(C)(3)	8,000				PARISH NURSE GRANT

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
BOYS AND GIRLS CLUB OF DANE COUNTY 2001 TAFT ST MADISON,WI 53713	39-1925617	501(C)(3)	8,000				SPECIAL EVENT SPONSORSHIPS

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
DEAN FOUNDATION 2711 ALLEN BLVD MIDDLETON,WI 53562	39-1546086	501(C)(3)	49,235				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
MARCH OF DIMES 5100 N BROOKLINE OKLAHOMA CITY,OK 73112	13-1846366	501(C)(3)	21,500				SPONSORSHIP

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
MADISON COMMUNITY HEALTH CENTER 3434 E WASHINGTON AVENUE MADISON,WI 53704	13-1846366	501(C)(3)	10,000				COMMUNITY SERVICE 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
SAFE COMMUNITY COALITION OF MADISON & DANE COUNTY PO BOX 6652 MADISON,WI 53716	39-1655790	501(C)(3)	15,000				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
ST JOSEPH CATHOLIC PARISH 300 2ND ST BARABOO,WI 53916	39-0810558	501(C)(3)	8,000				PARISH NURSE GRANT

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
UNIVERSITY OF WISCONSIN MEDICAL FOUNDATION 1685 HIGHLAND AVE MADISON,WI 53705	39-1824445	501(C)(3)	9,000				SPONSORSHIP

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
URBAN LEAGUE OF GREATER MADISON INC 2222 S PARK ST MADISON,WI 53713	39-1098146	501(C)(3)	8,750				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
WISCONSIN WOMENS HEALTH FOUNDATION 2503 TODD DRIVE MADISON,WI 53713	39-1900678	501(C)(3)	17,500				NEWSLETTER SPONSORSHIP

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 ANTHONY HOSPITAL FOUNDATION INC 10101 WOODFIELD LANE ST LOUIS,MO 63132	73-6104300	501(C)(3)	11,575				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
BOYS AND GIRLS CLUB OF WEST CENTRAL WISCONSIN 105 W MILWAUKEE ST TOMAH,WI 54660	39-1962065	501(C)(3)	5,285				GENERAL SUPPORT

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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, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SSM HEALTH CARE OF WISCONSIN INC

Employer identification number
43-0688874

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 directors, trustees, officers, including 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

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

Return Reference	Explanation
PART I, LINES 4A-B	PART I, LINE 1A THE FOLLOWING INDIVIDUALS LISTED ON PART VII SECTION A RECEIVED A TAX INDEMNIFICATION/GROSS UP PAYMENT IN 2013 THESE PAYMENTS WERE INCLUDED IN THEIR TAXABLE COMPENSATION LINDA STATZ KRISTIN MCMANMON 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 RECEIVED PAYMENTS UNDER THIS PLAN WILLIAM SCHOENHARD $274,359 JOAN BEGLINGER $239,629 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 2013 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 2013 ALL DISTRIBUTIONS RECEIVED FROM THE PLAN IN THE CURRENT YEAR WERE INCLUDED IN THE INDIVIDUALS' TAXABLE COMPENSATION STEVEN BARNEY $148,902 WILLIAM THOMPSON $59,209 KRIS ZIMMER $45,405 FRANK BYRNE $43,031 JOAN BEGLINGER $20,611 KERRY SWANSON $19,269 JUNE PICKETT $19,086 CHARLES JOHNSON $15,426 LINDA STATZ $9,970

Additional Data

Software ID:
Software Version:
EIN: 43-0688874
Name: SSM HEALTH CARE OF WISCONSIN INC

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				
GAUROV DAYAL MD DIRECTOR AND PRESIDENT	(I) (II)	0 749,382	0 0	0 25,971	0 96,224	0 28,042	0 899,619	0 0
STEVEN BARNEY PT YR DIRECTOR AND PRES	(I) (II)	0 354,279	0 0	0 238,164	0 -236,820	0 12,867	0 368,490	0 0
WILLIAM THOMPSON DIRECTOR AND VICE CHAIR	(I) (II)	0 1,404,608	0 0	0 1,016,464	0 811,381	0 30,589	0 3,263,042	0 59,150
KRIS ZIMMER TREASURER	(I) (II)	0 763,126	0 0	0 73,127	0 40,169	0 27,839	0 904,261	0 45,360
JUNE PICKETT SECRETARY	(I) (II)	0 226,100	0 0	0 29,954	0 -119,886	0 23,014	0 159,182	0 8,680
CHARLES JOHNSON PT YR REG VP FINANCE	(I) (II)	470,812 0	0 0	68,939 0	16,076 0	23,557 0	579,384 0	15,400 0
STEVEN CALDWELL SENIOR VICE PRES AND CFO	(I) (II)	0 447,765	0 0	0 349,642	0 11,475	0 13,973	0 822,855	0 0
FRANK BYRNE MD HOSPITAL PRESIDENT	(I) (II)	0 522,629	0 0	0 78,429	0 41,956	0 33,708	0 676,722	0 35,210
SANDRA ANDERSON HOSPITAL PRESIDENT	(I) (II)	0 333,498	0 0	0 56,006	0 32,492	0 17,664	0 439,660	0 21,000
KERRY SWANSON HOSPITAL PRESIDENT	(I) (II)	0 281,751	0 0	0 47,745	0 34,025	0 29,515	0 393,036	0 19,250
JOAN BEGLINGER VP PAITIENT SERVICES	(I) (II)	12,470 0	0 0	297,626 0	-3,078 0	18,852 0	325,870 0	9,224 0
LINDA STATZ REG VP HUMAN RESOURCES	(I) (II)	285,468 0	0 0	21,527 0	16,245 0	28,735 0	351,975 0	9,960 0
TODD BURCHILL SYSTEM VP, STRATEGY	(I) (II)	260,401 0	0 0	7,328 0	11,600 0	13,812 0	293,141 0	0 0
GREG BURNETT REG VP MEDICAL AFFAIRS	(I) (II)	321,010 0	0 0	9,261 0	15,000 0	12,147 0	357,418 0	0 0
KRISTIN MCMANMON EXECUTIVE VP/COO	(I) (II)	312,362 0	0 0	10,327 0	27,258 0	24,482 0	374,429 0	0 0
JEFF WELCH PHYSICIAN	(I) (II)	333,642 0	0 0	0 0	-19,863 0	6,612 0	320,391 0	0 0
SHAHIN SHAHNIA PHYSICIAN	(I) (II)	277,935 0	0 0	0 0	3,179 0	0 0	281,114 0	0 0
KANSAS DUBRAY PHYSICIAN	(I) (II)	227,111 0	0 0	18,948 0	-4,320 0	28,323 0	270,062 0	0 0
RICHARD STOUGHTON PROJECT MGMT DIRECTOR	(I) (II)	213,329 0	0 0	10,459 0	763 0	10,264 0	234,815 0	0 0
JOHN STAPELMAN CRNA SUPERVISOR	(I) (II)	206,285 0	0 0	15,298 0	8,216 0	30,300 0	260,099 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	(I)	0	0	0	0	0	0	0
SCHOENHARD	(II)	0	0	274,359	-296,128	18,492	-3,277	0
FORMER OFFICER								

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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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SSM HEALTH CARE OF WISCONSIN INC

Employer identification number
43-0688874

Return Reference	Explanation
FORM 990, PART I, DOING BUSINESS AS	SSM HEALTH CARE OF WISCONSIN, INC CURRENTLY CONDUCTS BUSINESS UNDER THE FOLLOWING REGISTERED NAMES GOLDEN CARE LAKE DELTON CLINIC MEADOW LANE ST CLARE CENTER - JEFFERSON STREET ST CLARE HOSPITAL ST CLARE HOSPITAL AND HEALTH SERVICES, 39-1023846 ST CLARE MEADOWS CARE CENTER, 39-1023846 ST CLARE URGENT CARE AT LAKE DELTON ST CLARE URGENT CARE AT WISCONSIN DELLS ST MARY'S CARE CENTER, 39-0806393 ST MARY'S HOSPITAL, 39-0806393 ST MARY'S HOSPITAL MEDICAL CENTER ST MARY'S JANESVILLE HOSPITAL

Return Reference	Explanation
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION	SSM HEALTH CARE OF WISCONSIN OPERATES THREE HEALTH CENTERS AND TWO SKILLED NURSING FACILITIES THAT ARE LOCATED IN MADISON, BARABOO AND JANESVILLE WISCONSIN

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	THE COMMUNITY BENEFIT CONTRIBUTION OF SSM HEALTH CARE OF WISCONSIN, INC INCLUDES PROGRAMS AND ACTIVITIES THAT IMPROVE ACCESS TO HEALTH CARE AND IMPROVE HEALTH IN OUR COMMUNITIES BRIEFLY DESCRIBE THE CORPORATION'S MISSION SINCE IT WAS FOUNDED IN 1872 BY CATHOLIC SISTE RS, SSM HEALTH CARE (SSMHC) HAS EXISTED TO MEET THE HEALTH NEEDS OF THE COMMUNITIES IT SER VES AS OF NOVEMBER 15, 2013, WITH VATICAN APPROVAL, THE FRANCISCAN SISTERS OF MARY TRANSI TIONED SPONSORSHIP OF SSMHC TO SSM HEALTH MINISTRIES SSM HEALTH MINISTRIES IS AN INDEPEND ENT 6-MEMBER BODY COMPRISED OF THREE FRANCISCAN SISTERS OF MARY AND THREE LAY PEOPLE WHO C OLLECTIVELY HOLD CERTAIN RESERVED POWERS OVER SSMHC HEADQUARTERED IN ST LOUIS, MISSOURI, SSMHC OWNS AND OPERATES 18 ACUTE CARE HOSPITALS, ONE CHILDREN'S HOSPITAL, TWO LONG-TERM CA RE FACILITIES, AN EXTENSIVE NETWORK OF PHYSICIAN PRACTICE OPERATIONS, AND OTHER HEALTH CAR E BUSINESSES LOCATED PRIMARILY IN MISSOURI, OKLAHOMA, WISCONSIN, AND ILLINOIS THE HEALTH SYSTEM EMPLOYS APPROXIMATELY 30,000 PEOPLE AND IS AFFILIATED WITH MORE THAN 8,000 PHYSICIA NS IN THE TRADITION OF ITS FOUNDING SISTERS, SSMHC STRIVES TO FULFILL ITS MISSION BY PROV IDING EXCEPTIONAL HEALTH CARE TO EVERY ONE WHO COMES TO ITS HOSPITALS, REGARDLESS OF THEIR ABILITY TO PAY DESCRIBE THE ORGANIZATION'S APPROACH TO PROVIDING COMMUNITY BENEFIT A COM MUNITY BENEFIT ACTIVITY IS IDENTIFIED AS A SERVICE RATHER THAN AS A MARKETING TOOL AND MEE TS AT LEAST TWO OF THE FOLLOWING CRITERIA - IT IS FINANCED BY PHILANTHROPIC CONTRIBUTIONS , VOLUNTEER EFFORTS, OR AN ENDOWMENT - IT PROVIDES A RESPONSE TO A UNIQUE OR PARTICULAR H EALTH PROBLEM IN THE COMMUNITY - IT GENERATES A LOW OR NEGATIVE MARGIN ON A FULLY ABSORBE D COST BASIS - IT RESPONDS TO THE NEEDS OF SPECIAL POPULATIONS SUCH AS MINORITIES, WOMEN AND CHILDREN, THE FRAIL ELDERLY, LOW INCOME PERSONS WITH DISABILITIES, THE MENTALLY ILL, O R THOSE LIVING WITH CHRONIC ILLNESS - THE DECISION TO OFFER THE SERVICE OR PROGRAM IS NOT MADE ON A PURELY FINANCIAL BASIS - IF NOT PROVIDED BY HEALTH CARE ORGANIZATION, THE SERV ICE WOULD NO LONGER BE AVAILABLE IN THE COMMUNITY OR WOULD BE THE RESPONSIBILITY OF GOVERN MENT THE COMMUNITY BENEFIT PLAN DETAILS THE PLANNING, MEASUREMENT AND COMMUNICATION OF IT S COMMUNITY BENEFITS THE THREE-MAIN ASPECTS OF COMMUNITY BENEFIT BEING THE COMMUNITY HEAL TH NEEDS ASSESSMENT (CHNA) WHICH DETERMINES THE COMMUNITY NEEDS TO BE ADDRESSED BY THE HOS PITAL, THE COMMUNITY BENEFIT PLAN WHICH DETAILS STEPS TO BE ACCOMPLISHED TO MEET IDENTIFIE D NEEDS, AND THE CBISA DATABASE WHICH DOCUMENTS ALL OF THE COMMUNITY BENEFIT ACTIVITIES FO R EACH YEAR AT THE END OF EACH YEAR, THE CBISA COMMUNITY BENEFIT REPORT IS GIVEN TO MANAG EMENT, ADMINISTRATION AND THE SSMHC BOARD OF DIRECTORS IN ORDER TO EVALUATE AND IMPROVE TH E PROGRAM ST MARY'S HOSPITAL - MADISON, WI TO ASSESS THE HEALTH NEEDS OF DANE COUNTY, F OUR AREA HOSPITALS (MERITOR HOSPITAL, ST MARY'S HOSPITAL, STOUGHTON HOSPITAL AND UW HOSPI TAL AND CLINICS) JOINED WITH PUBLIC HEALTH MADISON & DANE COUNTY AFTER A SEARCH FOR A VEN DOR PARTNER, THE COLLABORATIVE GROUP, KNOWN AS HEALTHY DANE, SELECTED HEALTH COMMUNITIES I NSTITUTE (HCI) TO ASSIST IN GATHERING AND ANALYZING DATA DETAILS OF THE ST MARY'S HOSPITA L COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS CAN BE FOUND ON PAGES 42 THROUGH 46 OF THE CHN A THE STRATEGIC PRIORITIES OF THE ST MARY'S HOSPITAL COMMUNITY BENEFIT PLAN ARE DIABETES , STROKE & HYPERTENSION, POOR BIRTH OUTCOMES, AND ASTHMA/COPD DURING 2013, GOALS AND OBJE CTIVES WERE ESTABLISHED TO CHANGE BEHAVIOR, PROVIDE METRICS TO MEASURE CHANGE, AND TO IMPA CT THE OVERALL HEALTH OF THOSE WE SERVE ALL OF THE COMMUNITY BENEFIT ACTIVITIES ARE DESIG NED TO MEET THE NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WHICH WAS COMPLETED IN OCTOBER 2012 ST CLARE HOSPITAL - BARABOO, WI ST CLARE HOSPITAL PARTNERED WITH VERITE HEALTHCARE CONSULTING, LLC, A NATIONAL RESOURCE THAT HELPS HOSPITALS CONDUCT CHNAS, TO COMPLETE A CHNA IN NOVEMBER 2012 INFORMATION CONCERNING THE CHNA METHODOLOGY CA N BE FOUND ON PAGES A-2 AND A-3 OF THE CHNA BASED ON THE CHNA RESULTS, ST CLARE HOSPITAL IDENTIFIED THE FOLLOWING STRATEGIC PRIORITIES OBESITY, DENTAL CARE, AND ACCESS TO CARE D URING 2013, GOALS AND OBJECTIVES WERE ESTABLISHED TO CHANGE BEHAVIOR, PROVIDE METRICS TO M EASURE CHANGE, AND TO IMPACT THE OVERALL HEALTH OF THOSE WE SERVE ST MARY'S JANESVILLE HOS PITAL ST MARY'S JANESVILLE HOSPITAL ALSO PARTNERED WITH VERITE HEALTHCARE CONSULTING, LLC TO COMPLETE A CHNA IN NOVEMBER 2012 IN ADDITION, ST MARY'S JANESVILLE COLLABORATED WITH THREE HOSPITAL ORGANIZATIONS TO FACILITATE THE CHNA PROCESS THE THREE HOSPITAL ORGANIZATI ONS WERE BELOIT MEMORIAL HOSPITAL, EDGERTON HOSPITAL, AND MERCY HEALTH SYSTEM INFORMATION CONCERNING THE CHNA METHODOLOGY CAN BE FOUND ON PAGES A-2 AND A-3 OF THE CHNA BASED ON T HE CHNA RESULTS, ST MARY'S JANESVILLE IDENTIFIED THE FOLLOWING STRATEGIC PRIORITIES HEAL THY LIFESTYLES, TOBACCO USE, AND ACCESS TO CARE D

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	URING 2013, GOALS AND OBJECTIVES WERE ESTABLISHED TO CHANGE BEHAVIOR, PROVIDE METRICS TO M EASURE CHANGE, AND TO IMPACT THE OVERALL HEALTH OF THOSE WE SERVE DESCRIBE THE CORPORATIO N'S FINANCIAL ASSISTANCE POLICIES OR PROGRAMS (E.G CHARITY CASE, DISCOUNTING) FOR LOW-INC OME PERSONS AND HOW THEY ARE COMMUNICATED TO THE PUBLIC ALL SSMHC FACILITIES WILL ENTITY' S CHARITY POLICIES WILL ALSO BE PROVIDED TO PUBLIC AGENCIES ALL SSMHC FACILITIES WILL STR IVE TO PROVIDE EXCEPTIONAL HEALTH CARE SERVICES TO ALL PERSONS IN NEED REGARDLESS OF THEIR ABILITY TO PAY ALL BILLING AND COLLECTION POLICIES AND PRACTICES WILL REFLECT THE MISSIO N AND VALUES OF SSMHC, INCLUDING OUR SPECIAL CONCERN FOR PEOPLE WHO ARE POOR AND VULNERABL E SSMHC FACILITIES OFFER DISCOUNTS FOR HOSPITAL SERVICES TO ALL UNINSURED PERSONS SELF-P AY DISCOUNTS APPLY TO EVERYONE WHO DOES NOT HAVE HEALTH INSURANCE, NO MATTER THEIR ABILITY TO PAY SSMHC WILL APPLY ITS CHARITY CARE POLICIES FAIRLY AND CONSISTENTLY EACH PERSON W ILL BE TREATED AS AN INDIVIDUAL WITH SPECIFIC NEEDS FOR ASSISTANCE WITHOUT REGARD TO PAYME NT SSMHC EMBRACES ITS RESPONSIBILITY TO SERVE THE COMMUNITIES IN WHICH WE PARTICIPATE BY ESTABLISHING SOUND BUSINESS PRACTICES CHARITY CARE IS PROVIDED TO PATIENTS BASED ON A SLI DING SCALE FOR HOUSEHOLD INCOMES UP TO FOUR TIMES THE FEDERAL POVERTY LEVEL PATIENTS WHOS E HOUSEHOLD INCOME IS NO MORE THAN TWO TIMES THE FEDERAL POVERTY LEVEL ARE ELIGIBLE FOR FR EE HOSPITAL SERVICES IN ADDITION, AN EXCEPTION TO THE SLIDING SCALE IS PROVIDED FOR A PAT IENT'S BALANCE DUE IF THE AMOUNT EXCEEDS 20% OF THEIR FAMILY GROSS INCOME EACH ENTITY PRO VIDING MEDICAL SERVICES SHALL PROVIDE INFORMATION TO THE PUBLIC REGARDING ITS CHARITY CARE POLICIES AND THE QUALIFICATION REQUIREMENTS FOR EACH OF ITS FACILITIES WHEN STANDARD SYS TEM NOTICES AND COMMUNICATIONS REGARDING CHARITY CARE ARE AVAILABLE, THESE MUST BE USED M ODIFICATIONS TO THE STANDARD MAY BE MADE TO COMPLY WITH STATE AND LOCAL LAWS, AS WELL AS R EFLECT CULTURALLY SENSITIVE TERMINOLOGY FOR THE POLICY ALL NOTICES WILL BE EASY TO UNDERS TAND BY THE GENERAL PUBLIC, CULTURALLY APPROPRIATE AND AVAILABLE IN THOSE LANGUAGES THAT A RE PREVALENT IN THE COMMUNITY THEY WILL PROVIDE INFORMATION ABOUT - THE PATIENT'S RESPON SIBILITY FOR PAY MENT, - THE AVAILABILITY OF FINANCIAL ASSISTANCE FROM PUBLIC PROGRAMS AND ENTITY CHARITY CARE AND PAY MENT ARRANGEMENTS, - THE ENTITY'S CHARITY POLICY AND APPLICATIO N PROCESS AND - WHOM TO CONTACT TO GET ADDITIONAL INFORMATION OR FINANCIAL COUNSELING TH E FOLLOWING TY PES OF NOTICES TO THE PUBLIC SHALL BE PROVIDED - SIGNS IN THE EMERGENCY DEP ARTMENT, OUTPATIENT AND INPATIENT REGISTRATION AND PUBLIC WAITING AREAS - BROCHURES OR FL IERS PROVIDED AT TIME OF REGISTRATION AND AVAILABLE IN THE FINANCIAL COUNSELING AREAS - N OTICES SENT WITH OR ON PATIENT BILLS OR COMMUNICATIONS SENT TO PATIENTS AND GUARANTORS REL ATED TO MEDICAL SERVICES - APPLICATIONS PROVIDED TO UNINSURED PATIENTS AT THE TIME OF REG ISTRATION THE APPLICATION FOR CHARITY CARE, TOGETHER WITH ANY INSTRUCTIONS, MUST CLEARLY STATE THE POLICIES REGARDING CHARITY CARE, INCLUDING EXCLUDED SERVICES, ELIGIBILITY CRITER IA AND DOCUMENTATION REQUIREMENTS INFORMATION ABOUT THE ENTITY'S CHARITY POLICIES WILL AL SO BE PROVIDED TO PUBLIC AGENCIES ORGANIZATIONAL DESCRIPTION FOR TAX EXEMPTION

Return Reference	Explanation	
	SSM HEALTH CARE OF WISCONSIN HOSPITALS	- OPERATE EMERGENCY ROOMS THAT ARE OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY, - HAV E AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA, - HAVE A GOVERNING BODY IN WHICH INDEPENDENT PERSONS REPRESENTATIVE OF THE COMMUNITY COMP RISE A MAJORITY, - ENGAGE IN THE TRAINING AND EDUCATION OF HEALTH CARE PROFESSIONALS, - PA RTICIPATE IN MEDICAID, MEDICARE, CHAMPUS, TRICARE, AND/OR OTHER GOVERNMENT-SPONSORED HEALT H CARE PROGRAMS - SSM HEALTH CARE OF WISCONSIN IS DEDICATED TO PROVIDING A HIGH QUALITY P ATIENT CARE DELIVERY SYSTEM WHICH INCLUDES THE REINVESTMENT OF SURPLUS FUNDS AN EXAMPLE O F THIS REINVESTMENT IS THE MULTI-MILLION DOLLAR NEW HOSPITAL IN JANESVILLE, WISCONSIN WHIC H OPENED IN 2012 DESCRIPTION OF COMMUNITY BENEFIT PROGRAMS ST MARY'S HOSPITAL - MADISON , WI FREE ASTHMA CLINIC A FREE CLINIC PROVIDING FREE DIAGNOSTIC AND TREATMENT SERVICES T O ASTHMATICS OPERATES IN A STOREFRONT NEAR A LOW INCOME NEIGHBORHOOD THE CLINIC HAD 599 V ISITS IN 2013 THE CLINIC HELPS REDUCE THE NUMBER OF PATIENTS SEEKING HELP IN EMERGENCY DE PARTMENTS PARISH NURSE PROGRAM TO IMPROVE ACCESS AND PROVIDE ASSISTANCE IN IDENTIFYING A ND FINDING CARE FOR HEALTH CARE ISSUES, THE PARISH NURSE PROGRAM PLACES REGISTERED NURSES IN SITES AROUND MADISON, MOST OF WHICH ARE CHURCHES EACH YEAR THE PROGRAM REVIEWS HEALTH CARE NEEDS AND SETS GOALS IN SPECIFIC AREAS THE PROGRAM ACHIEVED AN AVERAGE SATISFACTION RATING OF 5 (ON A 1 - 5 SCALE) ON CLIENT SURVEYS AND INCREASED TO 90% THE NUMBER OF PROGRA M PARTICIPANTS PLANNING TO TAKE ACTION AS RESULT OF PARTICIPATION IN THE PROGRAM GOLDENCA RE GOLDENCARE IS A FREE PROGRAM OFFERED TO ADULTS AGE 60 AND OLDER GOLDENCARE IS JOINTLY SPONSORED BY ST CLARE HOSPITAL AND ST MARY'S HOSPITAL GOLDENCARE PROVIDES OUR MEMBERS H EALTH PROGRAMS, BLOOD PRESSURE SCREENINGS, EDUCATIONAL PRESENTATIONS AND SOCIAL EVENTS WE ALSO OFFER AN EMERGENCY RESPONSE TELEPHONE SYSTEM MEMBERS RECEIVE A VARIETY OF DISCOUNTS , EXAMPLES ARE, MEAL DISCOUNTS AT ST CLARE HOSPITAL AND ST MARY'S HOSPITAL CAFETERIAS, A ND THE HAIR FORCE BEAUTY SALON LOCATED IN ST CLARE MEADOWS CARE CENTER MEMBERS RECEIVE T HE GOLDENCARE UPDATE, A NEWSLETTER THAT IS PUBLISHED FOUR TIMES PER YEAR IT CONTAINS A WE ALTH OF HEALTHCARE INFORMATION FOR ADULTS AND IS COMPLETE WITH THE GOLDENCARE CALENDAR OF EVENTS HANDS ON HEALTH PROGRAM ST MARY'S HOSPITAL PROVIDES EDUCATIONAL TOURS AND HEALTH PROGRAMS THROUGHOUT THE SCHOOL YEAR TO 2ND GRADE CLASSES IN AND AROUND DANE COUNTY A TOTA L OF 621 STUDENTS PARTICIPATED IN THE PROGRAM IN 2013 ST MARY'S ADULT DAY HEALTH CENTER AS THE ONLY DAY-TIME CARE FACILITY FOR ADULTS NEEDING SKILLED NURSING OVERSIGHT, THE ADULT DAY HEALTH CENTER PLAYS A MAJOR ROLE IN MAINTAINING THEIR CLIENTS' INDEPENDENCE AND HAPPI NESS ADOPT A SCHOOL PROGRAM ST MARY'S HOSPITAL SUPPORTS LINCOLN ELEMENTARY SCHOOL IN ITS ADOPT-A-SCHOOL PARTNERSHIP THROUGH THE FOUNDATION FOR MADISON SCHOOLS BECAUSE 70% OF STU DENTS AT THE SOUTH MADISON SCHOOL LIVE IN POVERTY, ST MARY'S HOSPITAL OFFERS HELP THAT IMP ROVES THEIR CHANCES FOR SUCCESS HEALTH RESOURCE CENTER THE HEALTH RESOURCE CENTER IS OPE N TO ALL COMMUNITY MEMBERS, PATIENTS AND FAMILY MEMBERS LIBRARIANS ARE AVAILABLE TO HELP CONSUMERS FIND HEALTH INFORMATION ON A VARIETY OF TOPICS BOOKS AND OTHER MATERIALS ARE AV AILABLE FOR CHECKOUT COMPUTERS AND A PRINTER/SCANNER/FAX MACHINE ARE PROVIDED AT NO CHARG E IN 2013, THE MEDICAL LIBRARY PROVIDED 685 ARTICLES AND 20 SEARCH SERVICES TO FAMILY MED ICINE RESIDENTS AND FACULTY IN ADDITION, THE LIBRARY PROVIDED 1,866 ARTICLES FROM OUR JOU RNAL COLLECTION TO OTHER HOSPITAL LIBRARIES EDUCATIONAL EVENTS ST MARY'S HOSPITAL PROVID ES NUMEROUS EDUCATIONAL CLASSES TO THE COMMUNITY ON RELEVANT HEALTH TOPICS INCLUDING WOME N'S HEALTH, COMMUNITY SPIRITUAL CARE, HANDS ON HEARTS COCPR TRAINING, DIABETES, AND HEALTH LITERACY ST MARY'S HOSPITAL ALSO PROVIDES HEALTH INFORMATION THROUGH THE NEIGHBORS AND C OMMUNITY CONNECTIONS NEWSLETTERS ST CLARE HOSPITAL - BARABOO, WI ST CLARE HOSPITAL IS A MAJOR SPONSOR OF FARM SAFETY DAYS, WHICH TEACHES CHILDREN AND YOUNG ADULTS HOW TO BE SAF E ON THE FARM SINCE 2000, THE HOSPITAL HAS ALSO PARTNERED WITH THE ST CLARE FOUNDATION I N THE DEVELOPMENT OF HEALTHY COMMUNITIES PROGRAMS AND HAS SPONSORED OTHER ORGANIZATIONS' A CTIVITIES AS A WAY TO GIVE BACK TO THE COMMUNITY THE ST CLARE HEALTH CARE FOUNDATION, TH ROUGH ITS PATHWAYS TO WELLNESS INITIATIVE, HAS DEVELOPED AND SPONSORED HEALTH AND WELLNESS PROGRAMS AND ACTIVITIES AS A WAY TO GIVE BACK TO THE COMMUNITY GOLDENCARE IS PROVIDED FO R THROUGH ST CLARE HOSPITAL AND IS A FREE PROGRAM OFFERED TO ADULTS AGE 60 AND OLDER GOL DENCARE IS JOINTLY SPONSORED BY ST CLARE HOSPITAL AND ST MARY'S HOSPITAL GOLDENCARE PROV IDES MEMBERS WITH HEALTH PROGRAMS, BLOOD PRESSURE SCREENINGS, EDUCATIONAL PRESENTATIONS AN D SOCIAL EVENTS MEMBERS ARE ALSO OFFERED AN EMERGENCY RESPONSE TELEPHONE SYSTEM AND A VAR IETY OF DISCOUNTS INCLUDING, BUT NOT LIMITED TO, M

Return Reference	Explanation	
	SSM HEALTH CARE OF WISCONSIN HOSPITALS	EAL DISCOUNTS AT ST CLARE HOSPITAL'S CAFETERIA AND THE HAIR FORCE BEAUTY SALON LOCATED IN ST CLARE MEADOWS CARE CENTER MEMBERS RECEIVE THE GOLDENCARE UPDATE, A NEWSLETTER THAT I S PUBLISHED FOUR TIMES PER YEAR IT CONTAINS A WEALTH OF HEALTHCARE INFORMATION FOR ADULTS AND IS COMPLETE WITH THE GOLDENCARE CALENDAR OF EVENTS ST CLARE HOSPITAL PARTICIPATES IN NUMEROUS COMMUNITY EDUCATIONAL EVENTS TO IMPROVE THE HEALTH OF THE COMMUNITY IN ADDITION , THE HOSPITAL PROVIDES WEEKLY RADIO SHOW UPDATES PROVIDING INFORMATION TO EDUCATE AND INF ORM THE PUBLIC ON COMMUNITY HEALTH NEEDS AND ISSUES THE PARISH NURSE PROGRAM IS VITAL WIT HIN THE ST CLARE HOSPITAL SERVICE AREA AND IMPROVES ACCESS AND PROVIDES ASSISTANCE IN IDE NTIFYING AND FINDING CARE FOR HEALTH CARE ISSUES THE PARISH NURSE PROGRAM WORKS WITH NURS ES AROUND THE AREA, BUT SPECIFICALLY WITHIN FAITH-BASED ORGANIZATIONS LIKE CHURCHES ST MA RY'S JANESVILLE HOSPITAL - JANESVILLE, WI ST MARY'S JANESVILLE HAS DEVELOPED THE FIT FAMIL IES ROCK (FFR) PROGRAM THE PROGRAM IS A COMPREHENSIVE PROGRAM THAT HELPS FAMILIES LOSE WE IGHT AND GET FIT TOGETHER FFR WORKS WITH FAMILIES TO FIND THE BEHAVIORS, NUTRITION HABITS AND ACTIVITIES THAT WILL WORK BEST FOR THEM OVER A LIFETIME THE PROGRAM WAS DEVELOPED FO R FAMILIES WITH ONE CHILD BETWEEN THE AGES OF 8 AND 12 WHO IS AT OR ABOVE THE 85 PERCENTIL E OF THEIR BMI ONE PARENT MUST ATTEND EACH SESSION WITH THEIR CHILD AND SIBLINGS ARE WELC OME TO ATTEND ST MARY'S JANESVILLE HAS JOINED WITH THE UW-EXTENSION OF ROCK COUNTY TO OFF ER THE STRONGWOMEN PROGRAM, A 12-WEEK EVIDENCE-BASED STRENGTH TRAINING PROGRAM DESIGNED FO R OLDER WOMEN DEVELOPED BY TUFTS UNIVERSITY THE PROGRAM IS BASED ON YEARS OF RESEARCH ON HOW STRENGTH TRAINING IMPROVES BONE DENSITY, REDUCES FALLS, IMPROVES ARTHRITIS SYMPTOMS, I NCREASES STRENGTH AND IMPROVES FLEXIBILITY DURING 2013, ST MARY'S JANESVILLE PARTICIPATED IN VARIOUS COMMUNITY EVENTS PROVIDING EDUCATIONAL INFORMATION ON HEALTHY EATING HABITS T HE HOSPITAL HELD AN ANNUAL PRODUCE POWER EVENT WHERE THE EXECUTIVE CHEF PROVIDED EDUCATION AL SESSIONS SUCH AS "SENSATIONAL SALADS" AND "RATATOUILLE ROCKS " TO ADDRESS THE ISSUE OF FALLING AS THE LEADING CAUSE OF ACCIDENTAL DEATH AMONG WISCONSINITES 65 OR OLDER, THE HOSP ITAL HAD AN EMPLOYEE TRAINED TO BECOME A STEPPING ON INSTRUCTOR AND HAS DEVELOPED A COMMUN ITY-BASED FALL PREVENTION INITIATIVE WITH SUPPORT FROM DEAN CLINIC AND COMMUNITY EXPERTS T HAT WILL BE IMPLEMENTED IN 2014 ST MARY'S JANESVILLE PREPARES A QUARTERLY NEWSLETTER THAT IS EMAILED TO SUBSCRIBERS THE NEWSLETTER PROVIDES HEALTH INFORMATION AS WELL AS INFORMAT ION ON COMMUNITY HEALTH EDUCATION ACTIVITIES AT THE HOSPITAL THE HOSPITAL ALSO PROVIDES A WEEKLY RADIO PROGRAM, STAY HEALTHY ROCK COUNTY, TO PROVIDE HEALTH INFORMATION TO MASS AUD IENCES ON STAYING WELL AND ILLNESS/INJURY PREVENTION ST MARY'S JANESVILLE HAS A NEW COLLA BORATION WITH THE YMCA OF NORTHERN ROCK COUNTY AND MERCY HEALTH SYSTEM TO OFFER A HEALTH A ND WELLNESS EDUCATION SERIES FREE TO SURROUNDING COMMUNITIES CLASSES WILL BE HELD MONTHLY AND TOPICS WILL RANGE FROM HEALTHY EATING HABITS, THE BENEFITS OF VITAMINS AND SUPPLEMENT S, TO EXERCISE REGIMENTS FOR ACTIVE OLDER ADULTS RESIDENTS OF ROCK COUNTY EXHIBIT HIGH RA TES OF SMOKING AND TOBACCO USE COMPARED TO THE HEALTHY PEOPLE 2020 GOAL, THE WISCONSIN AVE RAGE, AND WHEN COMPARED TO OTHER WISCONSIN COUNTIES THE HOSPITAL WILL INITIATE THE FIRST BREATH SMOKING CESSATION PROGRAM FOR PREGNANT MOTHERS WHO RECEIVE THEIR PRENATAL CARE AT D EAN CLINIC AND IMPLEMENT A CHRONIC LUNG DISEASE SUPPORT GROUP FOR COPD/CHF PATIENTS AND TH EIR FAMILIES

Return Reference	Explanation
QUANTIFIABLE COMMUNITY BENEFIT	THE FOLLOWING IS A LIST OF THE TYPES OF PROGRAMS AND SERVICES THAT COULD BE INCLUDED AS COMMUNITY BENEFIT ACTIVITIES TRADITIONAL CHARITY CARE $ 12,490,134 UNPAID COST OF MEDICAID $ 28,348,771 UNPAID COST OF MEDICARE $ 39,571,773 COST OF BAD DEBTS $ 8,668,832 COMMUNITY BENEFIT PROGRAMS $ 12,341,297 TOTAL QUANTIFIABLE COMMUNITY BENEFIT $101,420,807

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 OF WISCONSIN, INC AND SSM HEALTH CARE CORPORATION ARE PART OF THE INTEGRATED HEALTH CARE SYSTEM KNOWN AS SSM HEALTH CARE

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBER HAS THE POWER TO APPOINT ADDITIONAL, SUCCESSOR OR REPLACEMENT MEMBER AND TO APPOINT AND REMOVE THE APPOINTED DIRECTORS AND THE EX OFFICIO DIRECTORS

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

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 SYSTEM 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 SYSTEM 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 PRIOR TO FILING WITH THE IRS

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

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	BENEFICIAL INTEREST IN FOUNDATION 3,064,427 TRANSFERS TO AFFILIATES -58,350,087

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493321104314

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SSM HEALTH CARE OF WISCONSIN INC

Employer identification number
43-0688874

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on 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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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" on 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	Yes	
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	Yes	
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	Yes	
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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ST MARY'S FOUNDATION INC	C	921,020	CASH
(2) ST CLARE HEALTH CENTER FOUNDATION	C	200,943	CASH
(3) DELLS MEDICAL BUILDING INC	A	37,244	CASH
(4) DELLS MEDICAL BUILDING INC	R	850,000	CASH

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 43-0688874
Name: SSM HEALTH CARE OF WISCONSIN INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SSM HEALTH CARE CORPORATION 10101 WOODFIELD LANE ST LOUIS, MO 63132 46-6029223	HEALTH CARE	MO	501(C)(3)	LINE 11A, I	FRANCISCAN SISTERS OF MARY		No
(1) SSMHC LIABILITY TRUST I 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-6331003	INSURANCE	MO	501(C)(3)	LINE 11A, I	SSM HEALTH CARE CORPORATION		No
(2) SSM CONSOLIDATED HEALTH SERVICES 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1473657	HEALTH CARE	MO	501(C)(3)	LINE 11A, I	SSM HEALTH CARE CORPORATION		No
(3) SSM POLICY INSTITUTE 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1788151	HEALTH CARE	MO	501(C)(4)		SSM HEALTH CARE CORPORATION		No
(4) SSM HEALTH CARE PORTFOLIO MANAGEMENT CO 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1825256	MANAGEMENT	MO	501(C)(3)	LINE 11A, I	SSM HEALTH CARE CORPORATION		No
(5) SSM CARDINAL GLENNON CHILDREN'S HOSPITAL 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-0738490	HEALTH CARE	MO	501(C)(3)	LINE 3	SSM HEALTH CARE ST LOUIS		No
(6) CARDINAL GLENNON CHILDREN'S FOUNDATION 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1754347	FUNDRAISING	MO	501(C)(3)	LINE 7	SSM CARDINAL GLENNON CHILDREN'S HOSPITAL		No
(7) SSM DEPAUL HEALTH CENTER FOUNDATION 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1776109	FUNDRAISING	MO	501(C)(3)	LINE 7	SSM HEALTH CARE ST LOUIS		No
(8) SSM ST JOSEPH FOUNDATION 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1591556	FUNDRAISING	MO	501(C)(3)	LINE 7	SSM HEALTH CARE ST LOUIS		No
(9) SSM ST CLARE HEALTH CENTER FOUNDATION 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1273310	FUNDRAISING	MO	501(C)(3)	LINE 7	SSM HEALTH CARE ST LOUIS		No
(10) SSM ST MARY'S HEALTH CENTER FOUNDATION 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1552945	FUNDRAISING	MO	501(C)(3)	LINE 7	SSM HEALTH CARE ST LOUIS		No
(11) SSM HEALTH CARE OF OKLAHOMA INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 73-0657693	HEALTH CARE	OK	501(C)(3)	LINE 3	SSM HEALTH CARE CORPORATION		No
(12) ST ANTHONY HOSPITAL FOUNDATION INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 73-6104300	FUNDRAISING	OK	501(C)(3)	LINE 7	SSM HEALTH CARE OF OKLAHOMA		No
(13) DELLS MEDICAL BUILDING INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 39-1613292	MOB	WI	501(C)(2)		SSM HEALTH CARE OF WISCONSIN	Yes	
(14) ST MARY'S FOUNDATION INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1940686	FUNDRAISING	WI	501(C)(3)	LINE 7	SSM HEALTH CARE OF WISCONSIN	Yes	
(15) ST CLARE HEALTH CARE FOUNDATION INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1940683	FUNDRAISING	WI	501(C)(3)	LINE 7	SSM HEALTH CARE OF WISCONSIN	Yes	
(16) HOME HEALTH UNITED INC 2802 WALTON COMMONS LANE MADISON, WI 53718 39-1539827	HEALTH CARE	WI	501(C)(3)	LINE 9	SSM HEALTH CARE OF WISCONSIN	Yes	
(17) HOME CARE UNITED INC 2802 WALTON COMMONS LANE MADISON, WI 53718 39-1776340	HEALTH CARE	WI	501(C)(3)	LINE 9	SSM HEALTH CARE OF WISCONSIN	Yes	
(18) HHU XTRA CARE INC 2802 WALTON COMMONS LANE MADISON, WI 53718 39-1705111	HEALTH CARE	WI	501(C)(3)	LINE 9	SSM HEALTH CARE OF WISCONSIN	Yes	
(19) HOME HEALTH UNITED - VNS FOUNDATION INC 2802 WALTON COMMONS LANE MADISON, WI 53718 39-1839309	FUNDRAISING	WI	501(C)(3)	LINE 11B, II	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(21) SSM REGIONAL HEALTH SERVICES 10101 WOODFIELD LANE ST LOUIS, MO 63132 44-0579850	HEALTH CARE	MO	501(C)(3)	LINE 3	SSM HEALTH CARE CORPORATION		No
(1) ST FRANCIS HOSPITAL FOUNDATION 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1099253	FUNDRAISING	MO	501(C)(3)	LINE 7	SSM REGIONAL HEALTH SERVICES		No
(2) ST MARY'S HEALTH CENTER JEFFERSON CITY MISSOURI FOUNDATION 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1575307	FUNDRAISING	MO	501(C)(3)	LINE 11B, II	N/A		No
(3) GOOD SAMARITAN REGIONAL HEALTH CENTER 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-0653587	HEALTH CARE	IL	501(C)(3)	LINE 3	SSM REGIONAL HEALTH SERVICES		No
(4) ST MARY'S HOSPITAL CENTRALIA ILLINOIS 10101 WOODFIELD LANE ST LOUIS, MO 63132 37-0662580	HEALTH CARE	IL	501(C)(3)	LINE 3	SSM REGIONAL HEALTH SERVICES		No
(5) ST MARY'S - GOOD SAMARITAN INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 36-4170833	HEALTH CARE	IL	501(C)(3)	LINE 11A, I	SSM REGIONAL HEALTH SERVICES		No
(6) GOOD SAMARITAN REGIONAL HEALTH CENTER FOUNDATION 10101 WOODFIELD LANE ST LOUIS, MO 63132 26-2884795	FUNDRAISING	IL	501(C)(3)	LINE 7	ST MARY'S-GOOD SAMARITAN INC		No
(7) ST MARY'S HOSPITAL FOUNDATION 10101 WOODFIELD LANE ST LOUIS, MO 63132 36-4636691	FUNDRAISING	IL	501(C)(3)	LINE 7	ST MARY'S-GOOD SAMARITAN INC		No
(8) ST MARY'S HOSPITAL AUXILIARY 400 N PLEASANT CENTRALIA, IL 62801 23-7126345	FUNDRAISING	IL	501(C)(3)	LINE 9	ST MARY'S HOSPITAL FOUNDATION		No
(9) SSM HEALTH BUSINESSES 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1333488	HEALTH CARE	MO	501(C)(3)	LINE 9	SSM HEALTH CARE CORPORATION		No
(10) SSM HEALTH CARE ST LOUIS 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1343281	HEALTH CARE	MO	501(C)(3)	LINE 3	SSM HEALTH CARE CORPORATION		No
(11) CENTRALIA MEDICAL SERVICES BLDG ASSOC 10101 WOODFIELD LANE ST LOUIS, MO 63132 23-7408025	MOB	IL	501(C)(3)	LINE 11B, II	N/A		No
(12) ST MARY'S JANESVILLE FOUNDATION INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 27-3439133	FUNDRAISING	WI	501(C)(3)	LINE 7	SSM HEALTH CARE OF WISCONSIN	Yes	
(13) FRANCISCAN SISTERS OF MARY 3221 MCKELVEY ROAD SUITE 107 BRIDGETON, MO 63044 43-1012492	RELIGIOUS ORGANIZATION	MO	501(C)(3)	LINE 1	N/A		No
(14) LEE DEWEY CORPORATION 10101 WOODFIELD LANE ST LOUIS, MO 63132 73-1279603	MOB	OK	501(C)(3)	LINE 11A, I	SSM HEALTH CARE OF OKLAHOMA		No
(15) SSM HOSPICE & HOME CARE FOUNDATION 10101 WOODFIELD LANE ST LOUIS, MO 63132 30-0012246	FUNDRAISING	MO	501(C)(3)	LINE 7	SSM HEALTH BUSINESSES		No
(16) ST MARY'S HOSPITAL AUXILIARY 100 ST MARYS MEDICAL PLAZA JEFFERSON CITY, MO 65101 43-6049878	FUNDRAISING	MO	501(C)(3)	LINE 11B, II	N/A		No
(17) GOOD SAMARITAN HOSPITAL AUXILIARY 1 GOOD SAMARITAN WAY MOUNT VERNON, IL 62864 23-7049599	FUNDRAISING	IL	501(C)(3)	LINE 11C, III-FI	N/A		No
(18) ST ANTHONY SHAWNEE HOSPITAL INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 45-5055149	HEALTH CARE	OK	501(C)(3)	LINE 3	SSM HEALTH CARE OF OKLAHOMA		No
(19) SSM AUDRAIN HEALTH CARE INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1550298	HEALTH CARE	MO	501(C)(3)	LINE 3	SSM REGIONAL HEALTH SERVICES		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(41) AUDRAIN MEDICAL CENTER FOUNDATION INC 620 E MONROE ST MEXICO, MO 65265 43-1265060	FUNDRAISING	MO	501(C)(3)	LINE 11A, I	SSM AUDRAIN HEALTH CARE INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SSM ST JOSEPH ENDOSCOPY CENTER LLC 10101 WOODFIELD LANE ST LOUIS, MO 63132 27-0046559	SURGERY SERVICES	MO	N/A									
ST CLARE IMAGING SERVICES 707 14TH STREET SUITE A BARABOO, WI 53913 20-0122365	DIAG SERVICES	WI	SSM HEALTH CARE OF WISCONSIN	RELATED	465,972	1,210,334		No			No	50 000 %
MT VERNON RADIATION THERAPY CENTER LLC 10101 WOODFIELD LANE ST LOUIS, MO 63132 20-1382620	RADIATION THERAPY	IL	N/A									
SLEEP & NEUROLOGY CENTER CENTER OF S ILLINOIS LLC 10101 WOODFIELD LANE ST LOUIS, MO 63132 20-8468195	DIAG SERVICES	IL	N/A									
SMHC SURGICAL CO-MGMT COMPANY LLC 100 ST MARYS MEDICAL PLAZA JEFFERSON CITY, MO 65101 20-8929305	MANAGEMENT	MO	N/A									
SMHC CARDIOVASCULAR CO-MGMT COMPANY LLC 100 ST MARYS MEDICAL PLAZA JEFFERSON CITY, MO 65101 20-8929381	MANAGEMENT	MO	N/A									
SMHC MUSCULOSKELETAL CO-MGMT COMPANY LLC 100 ST MARYS MEDICAL PLAZA JEFFERSON CITY, MO 65101 20-8929237	MANAGEMENT	MO	N/A									
CHOWSMGSI OFFICE BUILDING LLC 10101 WOODFIELD LANE ST LOUIS, MO 63132 37-1383861	MOB	IL	N/A									
CENTER FOR COMPREHENSIVE CANCER CARE LLC 10101 WOODFIELD LANE ST LOUIS, MO 63132 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 LLC 10101 WOODFIELD LANE ST LOUIS, MO 63132 26-4031708	PHARMACY	MO	N/A									
DEAN CLINIC & ST MARY'S HOSPITAL ACCOUNTABLE CARE ORGANIZATION LLC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 45-2995500	MEDICAL SERVICES	WI	SSM HEALTH CARE OF WISCONSIN	RELATED				No			No	50 000 %
WISCONSIN INTEGRATED INFORMATION TECHNOLOGY AND TELEMEDICINE SYSTEMS LLC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-2016715	INFORMATION TECHNOLOGY SERVICES	WI	SSM HEALTH CARE OF WISCONSIN	RELATED	-7,307,918	3,420,569		No			No	50 000 %
DEAN HEALTH HOLDINGS LLC 1277 DEMING WAY MADISON, WI 53717 26-1594709	SUPPORT SERVICES	WI	SSM HEALTH CARE OF WISCONSIN	RELATED	4,264,701	17,135,193		No			No	50 000 %
WINGRA BUILDING GROUP 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-0237060	MOB	WI	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
JANESVILLE RIVERVIEW CLINIC BUILDING PARTNERSHIP 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-6220698	MOB	WI	N/A									
NAVITUS HEALTH SOLUTIONS LLC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 04-3608530	PHARMACY BENEFITS	WI	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 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1708511	HEALTH PROMOTION	MO	N/A	C					No
FPP INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1465174	HEALTH CARE	MO	N/A	C					No
DIVERSIFIED HEALTH SERVICES CORP 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1369305	MEDICAL EQUIPMENT	MO	N/A	C					No
SSM CARDIO AND THORACIC SERVICES INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 26-0286559	PHYSICIAN OFFICES	MO	N/A	C					No
SSM PROPERTIES INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1462486	PROPERTY SERVICES	MO	N/A	C					No
SSM DEPAUL MEDICAL GROUP INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1715106	PHYSICIAN OFFICES	MO	N/A	C					No
SSM ST CHARLES CLINIC MED GROUP INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-0626408	PHYSICIAN OFFICES	MO	N/A	C					No
HEALTH FIRST PHYS MANAGEMENT SERVICES INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 73-1534336	MEDICAL SERVICES	OK	N/A	C					No
SSMHCS LIABILITY TRUST II 10101 WOODFIELD LANE ST LOUIS, MO 63132 81-6128118	INSURANCE	MO	N/A	C					No
SSM NEUROSCIENCES INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 26-3413981	PHYSICIAN OFFICES	MO	N/A	C					No
SSM MEDICAL GROUP INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1664107	PHYSICIAN OFFICES	MO	N/A	C					No
SSMHC INSURANCE COMPANY 10101 WOODFIELD LANE ST LOUIS, MO 63132 03-0310431	INSURANCE	CA	N/A	C					No
SSM ORTHOPEDIC INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 27-1557033	PHYSICIAN OFFICES	MO	N/A	C					No
SSM CANCER CARE INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 27-1557324	PHYSICIAN OFFICES	MO	N/A	C					No
PHYSICIANS SERVICES CORP OF SOUTHERN ILLINOIS INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 36-4161526	PHYSICIAN OFFICES	IL	N/A	C					No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
DEAN HEALTH SYSTEMS INC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-1128616	PHYSICIAN OFFICES	WI	N/A	C					No
DEAN HEALTH INSURANCE INC PO BOX 56099 MADISON, WI 53705 39-1830837	INSURANCE	WI	N/A	C					No
DEAN HEALTH PLAN INC PO BOX 56099 MADISON, WI 53705 39-1535024	INSURANCE	WI	N/A	C					No
ST MARY'S DEAN VENTURES INC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-1628491	PHYSICIAN OFFICES	WI	N/A	C					No
DEAN RETAIL SERVICES INC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-1717636	PROPERTY MANAGEMENT	WI	N/A	C					No
TEN TWENTY FIVE REGENT STREET 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-1089309	MOB	WI	N/A	C					No
DEAN SOLUTIONS INC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-1876092	MANAGEMENT	WI	N/A	C					No
DEANCARE INSURANCE AGENCY INC PO BOX 56099 MADISON, WI 53705 39-1637828	INSURANCE	WI	N/A	C					No
NAVITUS HOLDINGS LLC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 80-0968174	PHARMACY BENEFITS	WI	N/A	C					No

SSM Health Care

Consolidated Financial Statements as of and for the Years Ended December 31, 2013 and 2012, Additional Information as of and for the Years Ended December 31, 2013 and 2012, and Independent Auditors' Report

SSM HEALTH CARE

TABLE OF CONTENTS

Deloitte.

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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, 2013 and 2012, 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,

2013 and 2012, 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

Report on Supplementary Consolidating Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole The supplementary consolidating information on pages 52–56 is presented for the purpose of additional analysis of the consolidated financial statements rather than to present the financial position and results of operations of the individual companies, and is not a required part of the consolidated financial statements This supplementary information is the responsibility of the Organization's management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements Such information has been subjected to the auditing procedures applied in our audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America In our opinion, such information is fairly stated in all material respects in relation to the consolidated financial statements as a whole

Deloitte & Touche LLP

April 9, 2014

SSM HEALTH CARE

CONSOLIDATED BALANCE SHEETS
AS OF DECEMBER 31, 2013 AND 2012
(In thousands)

	2013	2012
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	$ 68.175	$ 27.580
Short-term investments	155.644	121.172
Current portion of assets limited as to use	279.369	250.495
Patient accounts receivable, less allowance for uncollectible accounts of $145.955 in 2013 and $120.927 in 2012	527.906	518.809
Premium receivable, less allowance for uncollectible accounts of $1.000 in 2013	6.665	-
Other receivables	121.657	23.568
Inventories, prepaid expenses, and other	96.022	77.447
Estimated third-party payor settlements	11.795	12.035
Total current assets	1.267.233	1.031.106
ASSETS LIMITED AS TO USE OR RESTRICTED — Excluding current portion	2.205.677	1.812.981
PROPERTY AND EQUIPMENT — Net	1.861.258	1.579.052
OTHER ASSETS		
Deferred financing costs — net	6.373	6.753
Goodwill	127.254	31.955
Intangibles — net	311.389	68.556
Investments in unconsolidated entities	78.126	196.077
Other	10.095	5.710
Total other assets	533.237	309.051
TOTAL	$5.867.405	$4.732.190
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Revolving line of credit	$ 85.225	$ 37.225
Current portion of long-term debt	51.201	41.313
Accounts payable and accrued expenses	666.284	365.536
Notes payable	400.000	-
Unearned premiums	39.683	-
Payable under securities lending agreements	207.345	197.188
Estimated third-party payor settlements	133.404	44.524
Total current liabilities	1.583.142	685.786
LONG-TERM DEBT — Excluding current portion	1.336.895	1.279.255
ESTIMATED SELF-INSURANCE OBLIGATIONS	68.070	72.674
UNFUNDED PENSION LIABILITY	667.307	893.057
OTHER LIABILITIES	244.507	234.799
Total liabilities	3.899.921	3.165.571
NET ASSETS		
Unrestricted		
Noncontrolling interest in subsidiaries	20.323	19.232
SSM Health Care unrestricted net assets	1.882.118	1.487.644
Total unrestricted net assets	1.902.441	1.506.876
Temporarily restricted	42.756	40.743
Permanently restricted	22.287	19.000
Total net assets	1.967.484	1.566.619
TOTAL	$5.867.405	$4.732.190

See notes to consolidated financial statements

SSM HEALTH CARE

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012
(In thousands)

	2013	2012
OPERATING REVENUES AND OTHER SUPPORT		
Net patient service revenues before provision for doubtful accounts	$ 3,317,151	$ 3,218,777
Less provision for doubtful accounts	(204,694)	(157,230)
Net patient service revenues	3,112,457	3,061,547
Premiums earned	360,880	10,370
Investment income	70,311	31,167
Other revenue	265,315	220,637
Net assets released from restrictions	5,675	3,431
Total operating revenues and other support	3,814,638	3,327,152
OPERATING EXPENSES		
Salaries and benefits	2,031,947	1,779,786
Medical claims	141,988	-
Supplies	615,335	557,111
Professional fees and other	857,457	737,534
Interest	46,686	37,683
Depreciation and amortization	188,811	156,875
Impairment loss	6,735	-
Total operating expenses	3,888,959	3,268,989
INCOME (LOSS) FROM OPERATIONS	(74,321)	58,163
NONOPERATING GAINS AND (LOSSES)		
Investment income	140,744	147,097
Loss from early extinguishment of debt	-	(1,125)
Other — net	372	1,835
Total nonoperating gains and (losses) — net	141,116	147,807
EXCESS OF REVENUES OVER EXPENSES BEFORE CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS AND INCOME TAXES	66,795	205,970
CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS	61,539	306
EXCESS OF REVENUES OVER EXPENSES BEFORE INCOME TAXES	128,334	206,276
INCOME TAXES	1,672	-
EXCESS OF REVENUES OVER EXPENSES	126,662	206,276

(Continued)

SSM HEALTH CARE

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012
(In thousands)

	2013	2012
UNRESTRICTED NET ASSETS		
Excess of revenues over expenses	$ 126,662	$ 206,276
Gains (losses) on investments — net	(1,610)	595
Pension-related changes other than net periodic pension cost	268,606	22,969
Net assets released from restrictions for property acquisitions	3,909	2,261
Other — net	(2,002)	2,561
Increase in unrestricted net assets	395,565	234,662
TEMPORARILY RESTRICTED NET ASSETS		
Contributions for charity care and other programs	7,930	9,324
Gains on investments — net	3,454	3,028
Net assets released from restrictions for operations	(5,675)	(3,431)
Net assets released from restrictions for property acquisitions	(3,909)	(2,261)
Other — net	213	(7)
Increase in temporarily restricted net assets	2,013	6,653
PERMANENTLY RESTRICTED NET ASSETS		
Contributions for charity care and other programs	343	916
Gains on investments — net	1,120	534
Other — net	1,824	-
Increase in permanently restricted net assets	3,287	1,450
CHANGE IN NET ASSETS	400,865	242,765
NET ASSETS — Beginning of year	1,566,619	1,323,854
NET ASSETS — End of year	$ 1,967,484	$ 1,566,619

See notes to consolidated financial statements (Concluded)

SSM HEALTH CARE

CONSOLIDATED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012
(In thousands)

	2013	2012
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	$ 400,865	$ 242,765
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Pension-related changes other than net periodic pension cost	(268,606)	(22,969)
Depreciation and amortization	188,927	157,283
Loss on early extinguishment of debt	-	1,125
Impairment loss	6,735	-
Provision for doubtful accounts and bad debts	204,872	158,016
Contributions restricted for long-term investment	(1,843)	(4,403)
Distributions (contributions) to from noncontrolling owners — net	3,608	(3,239)
Gains and losses on investments — net	(178,672)	(139,598)
Equity in earnings of unconsolidated entities	(19,979)	(7,919)
Change in valuation of investments in unconsolidated entities	123	(114)
Change in market value of interest rate swaps	(61,539)	(306)
Gain on disposal of assets	253	(336)
Changes in assets and liabilities		
Short-term investments	(30,257)	(9,534)
Patient accounts receivable	(154,911)	(236,751)
Other receivables, inventories, prepaid expenses, and other	(6,668)	(3,275)
Accounts payable, accrued expenses, and other liabilities	10,565	42,128
Estimated self-insurance obligations	(13,270)	(4,427)
Net cash provided by operating activities	80,203	168,446
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment	(169,967)	(243,138)
Proceeds from disposal of property and equipment	291	195
Purchase of assets limited as to use or restricted	(2,231,523)	(2,974,997)
Proceeds from sales of assets limited as to use or restricted	2,202,781	3,057,107
Contributions to unconsolidated entities	(4,962)	(10,505)
Distributions from unconsolidated entities	10,301	11,226
Acquisition of hospitals and health care entities — net of cash received	(153,412)	(66,004)
Purchases of other assets	(44,757)	(36,572)
Proceeds from sales of other assets	11,133	(12,325)
Net cash used in investing activities	(380,115)	(275,013)
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from issuance of long-term debt	-	283,265
Payments on long-term debt	(45,222)	(213,281)
Debt issuance costs	(76)	(573)
Restricted contributions	1,843	4,403
Contributions from noncontrolling owners	10	7,205
Distributions to noncontrolling owners	(3,618)	(3,966)
Proceeds from notes payable	400,000	-
Proceeds from revolving line-of-credit	50,000	37,225
Payments on revolving line-of-credit	(62,430)	-
Net cash provided by financing activities	340,507	114,278
NET INCREASE IN CASH AND CASH EQUIVALENTS	40,595	7,711
CASH AND CASH EQUIVALENTS — Beginning of year	27,580	19,869
CASH AND CASH EQUIVALENTS — End of year	$ 68,175	$ 27,580

See notes to consolidated financial statements

1. ORGANIZATION

SSM Health Care (SSMHC) is a multi-institutional health care system 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, an extensive network of physician practice operations, and other health care businesses located primarily in Missouri, Oklahoma, Wisconsin, and Illinois SSMHC also has exclusive affiliation agreements with certain 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)

On April 16, 2013, SSMHC and Dean Health Systems, Inc (DHS) entered into a merger agreement whereby DHS would become a wholly owned subsidiary of SSMHC The merger was finalized on September 1, 2013 DHS includes a large multi-specialty physician group, Dean Health Plan (DHP), a health maintenance organization, Navitus Health Solutions, LLC (Navitus), a national pharmacy benefit management company, and various subsidiary organizations DHS is a taxable corporation under the IRC See Note 11 for further discussion of the impact of this merger agreement and other merger/ acquisition activity

Prior to November 15, 2013, SSMHC was sponsored by the Franciscan Sisters of Mary (FSM) As of November 15, 2013, with Vatican approval, FSM transitioned sponsorship of SSMHC to SSM Health Ministries SSM Health Ministries is an independent 6-member body comprised of three Franciscan Sisters of Mary and three lay people who collectively hold certain reserved powers over SSMHC

2. SSMHCC 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 14 Operating consolidated results of DHS are included for the period September 1, 2013 through December 31, 2013 as further described in Note 11 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 maintained for near-term cash flow purposes

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 the 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 fair value is disclosed in Note 12 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

Premiums Receivable and Unearned Premiums — Premiums are recognized in the period for which services are covered Premiums receivable include amounts due from subscriber groups for premiums Premiums billed and due in advance of a coverage period are included in unearned premiums

Inventories — Inventories are stated at the lower of cost or market Cost is determined principally using the first-in, first-out method Supplies and pharmaceuticals are expensed when they are distributed for use SSMHC held inventories in the amount of $62,189 and $52,280 at December 31, 2013 and 2012, respectively These amounts are included in inventories, prepaid expenses, and other

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, medical insurance claims 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 have been initiated prior to the consolidated balance sheet date that are not formally 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 This amount is reported in other noncurrent liabilities

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

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 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

Goodwill — 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

Intangibles — Intangible assets include capitalized computer software costs, tradenames, 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 2013 or 2012

Software Costs — Capitalized computer software costs include internally developed software Costs incurred in developing and installing internal use software are expensed or capitalized depending on whether they are incurred in the preliminary project stage, application development stage, or post-implementation stage Capitalized software costs and related accumulated amortization expense are included in net intangible assets

Investments in Unconsolidated Entities — Investments in unconsolidated entities, other than limited partnerships 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

Unfunded Pension Liability — Unfunded pension liability represents the value of the projected benefit obligation of SSMHC's pension plans over the fair value of the plans' assets The pension plan obligations and plan assets are measured as of December 31 In 2013, SSMHC recorded $268,606 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 higher discount rates as well as strong investment returns 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 13 offset by the impact of the declining discount rate

Other Liabilities — Other liabilities include various deferred compensation plans, the fair value of interest rate swaps and various other noncurrent liabilities

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

Premiums Earned — SSMHC receives capitation insurance premiums based on the demographic characteristics of covered members in exchange for providing comprehensive medical services for those members SSMHC recorded capitated revenues of $360,880 and $10,370 for the years ended December 31, 2013 and 2012, respectively Capitation revenues are included in premium revenues

Effective January 1, 2011, SSMHC and Dean Health Systems, Inc entered into a risk sharing arrangement for certain health care services provided to members of Dean Health Insurance, Inc (DHI) and Dean Health Plan, Inc (DHP) Under the risk sharing arrangement, a percentage of the DHI and DHP 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 SSMHC 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 eight month period ended August 31, 2013 and the year ended December 31, 2012 for services, net of accumulated deficits, were $105,693 and $133,612, respectively, which are included within net patient service revenues Payments received subsequent to August 31, 2013 were eliminated on consolidation

Medical Claims — Medical claims consist of payments to health care providers and are accrued as of the date of service and reported net of recoveries of $5,294 for the period from September 1, 2013 to December 31, 2013 Recoveries consist mainly of drug company volume discounts, Centers for Medicare and Medicaid Services (CMS) risk-sharing, and subsidies and reinsurance

Changes in estimates of claims costs resulting from an ongoing review process and differences between estimates and payments for claims are recognized in the period in which the estimates are changed or payments are made The liability for unpaid medical claims for medical services purchased, which is included in accounts payable, is based on known amounts of reported claims and an estimate of incurred but not reported claims using past experience adjusted for current trends

Investment Income — Most investment income is reported as nonoperating gains or losses Investment income on funds held in trust for self-insurance purposes, funds held for insurance and pharmacy benefit 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

SSMHC reports investment income net of investment fees paid Investment fees totaled $10,603 and $10,464 for the years ended December 31, 2013 and 2012, respectively

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, 2013 and 2012, certain of SSMHC's entities satisfied the CMS AIU and/or meaningful use criteria As a result, SSMHC recognized approximately $3,799 and $3,528 of Medicaid EHR incentive payments as other revenue for the years ended December 31, 2013 and 2012, respectively SSMHC's entities recognized $13,408 and $20,846 of Medicare EHR incentive payments as other revenue for the years ended December 31, 2013 and 2012, respectively

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 related to 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

Advertising Costs — SSMHC expenses advertising costs as they are incurred Advertising expenses were $13,110 and $10,749 for the years ended December 31, 2013 and 2012, respectively, and are included in professional fees and other

Income Taxes — SSMHC has established its status as an organization exempt from income taxes under IRC Section 501(c)(3) and the laws of the states in which it operates, and as such, is generally not subject to federal or state income taxes However, SSMHC is subject to income taxes on net income derived from a trade or business, regularly carried on, which does not further the organization's exempt purpose SSMHC is also subject to income tax on debt-financed investment income derived from various investments No significant income tax provisions have been recorded in the financial statements for net income, if any, derived from any unrelated business or investment income as management has determined that such amounts are not material to the consolidated financial statements taken as a whole

SSMHC's for-profit subsidiaries account for income taxes related to their operations The for-profit subsidiaries recognize deferred tax assets and liabilities for temporary differences between the financial reporting basis and the tax basis of their assets and liabilities along with net operating losses that meet the more likely than not recognition criteria Changes in recognition or measurement are reflected in the period in which the change in judgment occurs Penalties and interest incurred on income tax liabilities are included in income tax expense

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 2013 or 2012

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, 2013 and 2012, SSMHC had the following non-cash transactions

	2013	2012
Collateral received under securities lending program	$10,157	$22,300
Property and equipment purchases included in accounts payable	12,367	19,618
Acquisition of health care entities included in accounts payable	4,762	-
Investment in unconsolidated entities included in long-term debt	-	8,648
Acquisition of hospital and health care entities	42,690	-

New Accounting Pronouncements — In February 2013, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No 2013-04, *Liabilities (Topic 405), Obligations Resulting from Joint and Several Liability Arrangements for Which the Total Amount of the Obligation is Fixed at the Reporting Date* (ASU 2013-04) ASU 2013-04 requires SSMHC to measure obligations resulting from joint and several liability arrangements for which the total amount of the obligation is fixed at the reporting date as the sum of the amount SSMHC agreed to pay on the basis of its

arrangement amount the co-obligors and any additional amount that SSMHC expects to pay on behalf of its co-obligors ASU 2013-04 is effective for SSMHC as of January 1, 2014, and is not expected to have a material impact on SSMHC's consolidated financial statements

In January 2013, the FASB issued ASU No 2013-01, *Balance Sheet (Topic 210), Clarifying the Scope of Disclosures about Offsetting Assets and Liabilities*, (ASU 2013-01) to address implementation issues about the scope of ASU 2011-11 (*Balance Sheet (Topic 210), Disclosures about Offsetting Assets and Liabilities*) The amendments clarify the scope applies to certain derivatives, repurchase agreements and reverse repurchase agreements, and securities borrowing and securities lending transactions that are either offset or subject to an enforceable master netting arrangement or similar agreement The adoption of ASU 2013-01 was effective for fiscal years beginning on or after January 1, 2013 and resulted in additional disclosures at Note 17

In October 2012, FASB issued 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 was effective prospectively for SSMHC as of January 1, 2013 and did not 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 The adoption of ASU 2012-02 was effective for SSMHC as of January 1, 2013, and did not have a material impact on SSMHC's consolidated financial statements

In July 2011, FASB issued ASU No 2011-06, *Other Expenses (Topic 720), Fees Paid to the Federal Government by Health Insurers* (ASU 2011-06) which provides guidance regarding how health insurers should recognize and classify fees mandated by the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (collectively, Health Insurance Reform Legislation) The Health Insurance Reform Legislation imposes a nondeductible annual fee on health insurers for each calendar year beginning on January 1, 2014 ASU 2011-06 requires that the liability for the fee should be estimated and recorded in full once SSMHC provides qualifying insurance coverage in the applicable calendar year in which the fee is payable, with a corresponding deferred cost that is amortized to expense over the calendar year ASU 2011-06 is effective for SSMHC as of January 1, 2014

Change in Presentation — Effective January 1, 2013, SSMHC reclassified net software acquisition costs to intangibles on the consolidated balance sheets This change did not have a material impact on SSMHC's consolidated financial statements other than the reclassification of net software costs totaling $51,515 from plant and equipment – net to intangibles – net for the year ended December 31, 2012

Effective September 1, 2013, SSMHC reported premiums earned in the consolidated statement of operations and changes in net assets This change did not have a material impact on SSMHC's consolidated financial statements other than the reclassification of premiums earned totaling $10,370 from net patient service revenue to premiums earned for the year ended December 31, 2012

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

	2013	2012
Cost of charity care	$92,871	$95,484
Cost of doubtful accounts	86,340	69,954

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 $214,638 and $205,362 for the years ended December 31, 2013 and 2012, 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, 2013, SSMHC recognized $187,907 in revenue and $137,466 in expenses relating to these programs For the year ended December 31, 2012, SSMHC recognized $191,375 in revenue and $136,319 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

	2013	2012
Medicare	$ 895,907	$ 907,218
Medicaid	446,431	479,091
Managed Care	1,561,920	1,501,064
Other	412,893	331,404
Net patient service revenue before provision for bad debt	$3,317,151	$3,218,777

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

	2013	2012
Medicare	34 %	33 %
Medicaid	12	12
Managed Care	42	45
Other	12	10
	100 %	100 %

In 2013 and 2012, net patient service revenues (decreased) increased by ($66,806) and $32,466, respectively, relating to changes in estimates for prior years' settlements from Medicare, Medicaid and other programs Of the 2013 decrease, $61,244 was based upon an adverse ruling rendered by CMS 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 specific issue identified was 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 As of December 31, 2013, CMS rendered a ruling for full repayment of the DSH payments received and recognized as revenue attributable to the adolescent psychiatric program for the year ended December 31, 2006 Management anticipates that this ruling will be applied to the remainder of the period 2004 – 2013 As a result, SSMHC has recorded a liability for full repayment for this period, of which $61,244 related to prior years In 2012, net patient service revenues increased by

$24,236 in 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, 2013 and 2012 The allowance for uncollectible accounts increased $25,028 from $120,927 at December 31, 2012 to $145,955 at December 31, 2013 Of this increase, $4,524 was attributable to the acquisition of DHS entities The remainder of the increase was primarily due to increased volumes of self-pay patients as well as co-payments and deductibles for patients with insurance

The mix of net receivables from patients and third-party payors as of December 31, 2013 and 2012, was as follows

	2013	2012
Medicare	22 %	26 %
Medicaid	11	15
Managed Care	40	43
Other	27	16
	100 %	100 %

Cash Concentrations — SSMHC has cash and cash equivalents deposited in financial institutions in which the balances exceed the Federal Deposit Insurance Corporation (FDIC) insured limit of $250 No losses have been incurred to date, and management believes SSMHC is not exposed to any significant credit risk

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, medical insurance claims, 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, 2013 and 2012, is as follows

	2013	2012
Assets limited as to use		
Board designated for property and equipment, long-term employee benefit programs, and other	$1,981,683	$1,610,955
Reserves in regulated insurance company	19,802	-
Held by trustee		
Bond funds	5,995	4,254
Self-insurance (Note 14)	175,176	191,336
Funds held in escrow (Note 11)	30,002	-
Collateral held under securities lending agreements	207,345	197,188
	418,518	392,778
Assets restricted by donor as to use		
Temporarily restricted	42,756	40,743
Permanently restricted	22,287	19,000
	65,043	59,743
Total assets limited as to use or restricted	2,485,046	2,063,476
Less current portion	279,369	250,495
Noncurrent portion	$2,205,677	$1,812,981

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

	2013	2012
Cash and cash equivalents	$ 232,790	$ 55,790
Corporate obligations	273,146	279,549
Government securities	243,330	199,026
Mutual funds		
Domestic	424,125	366,088
International	230,510	184,166
Fixed income	15,833	
Emerging markets	57,249	61,538
Equities		
Small cap	26,833	29,700
Mid cap	91,603	69,358
Large cap	253,885	223,440
Partnership interests	77,250	79,813
Hedge funds	188,995	177,050
Real estate investments	130,049	118,584
Unsettled investment transactions (at cost)	3,806	(3,330)
Guaranteed fixed funds	5,537	4,502
Pooled separate accounts	3,959	2,998
Securities lending		
Equities	92,997	39,979
Government securities	100,059	136,111
Corporate obligations	14,289	21,098
Other (at cost)	18,801	18,016
Total	$2,485,046	$2,063,476

A summary of investment income for the years ended December 31, 2013 and 2012, is as follows

	2013	2012
Interest and dividends	$ 35,347	$ 42,823
Realized and unrealized gains on investments — net	144,342	139,598
Unrealized gains on pre-existing interest in acquired entities	23,571	-
Realized gains on cost basis investments	10,759	-
Total	$214,019	$182,421

Investment income (loss) is reported as follows

	2013	2012
Operating investment income	$ 70,311	$ 31,167
Nonoperating investment income	140,744	147,097
Gains (losses) on investments — net — unrestricted net assets	(1,610)	595
Gains on investments — net — temporarily restricted net assets	3,454	3,028
Gains on investments — net — permanently restricted net assets	1,120	534
Total	$214,019	$182,421

The collateral held for the securities loaned and related payable of equal value at December 31, 2013 and 2012, were $207,345 and $197,188, respectively

The securities on loan are included in the following classifications

	2013	2012
Equity securities	$ 91,238	$ 39,700
Government securities	97,955	133,306
Corporate obligations	13,970	20,704
Total	$203,163	$193,710

SSMHC recorded net investment income of $571 and $1,225 on these transactions for the years ended December 31, 2013 and 2012, 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, 2013 and 2012, 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

2013	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents — restricted	$ 232,790	$ -	$ -	$ 232,790
Corporate obligations	-	273,146	-	273,146
Government securities	-	243,330	-	243,330
Mutual funds				
Domestic	579,769	-	-	579,769
International	152,181	78,329	-	230,510
Fixed income	15,833	-	-	15,833
Emerging markets	57,249	-	-	57,249
Equities				
Small cap	26,833	-	-	26,833
Mid cap	91,603	-	-	91,603
Large cap	253,885	-	-	253,885
Partnership interests	57,998	-	19,252	77,250
Hedge funds	-	-	188,995	188,995
Real estate investments	-	-	130,049	130,049
Guaranteed fixed funds	-	5,537	-	5,537
Pooled separate accounts	-	3,959	-	3,959
Securities lending				
Equity securities	92,997	-	-	92,997
Government securities	-	100,059	-	100,059
Corporate obligations	-	14,289	-	14,289
Total assets	$ 1,561,138	$ 718,649	$ 338,296	$ 2,618,083
Liabilities — interest rate swaps	$ -	$ 88,019	$ -	$ 88,019

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
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
Hedge funds	-	-	177,050	177,050
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

It is SSMHC's policy that transfers between levels will occur when revised information regarding the lowest level of significant inputs becomes available There were no transfers between levels during 2013 or 2012

Changes related to the fair values based on Level 3 inputs for the years ended December 31, 2013 and 2012, are summarized as follows

	2013	2012
Assets		
Beginning balance	$ 313,883	$332,810
Total gains	25,326	16,011
Purchases	441,389	15,696
Sales	(442,302)	(50,634)
Ending balance	$ 338,296	$313,883

Unrealized gains on Level 3 investments were $2,439 and $15,249 for 2013 and 2012, 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 $5,823 and $8,830 at December 31, 2013 and 2012, respectively Assets recorded at NAV at December 31, 2013, are as follows

December 31, 2013	**Fair Value**	**Unfunded Commitments**	**Redemption Frequency (if Currently Eligible)**	**Redemption Notice Period**
Hedge funds (a)	$ 188,995	$ -	Quarterly	30–100 days
Partnership interests (b)	19,252	-	Quarterly	30–100 days
Real estate investments (c)	130,049	5,823		
Total	$ 338,296	$ 5,823		

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		

(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, 2013 and 2012, is as follows

	2013	2012
Land and improvements	$ 155,567	$ 116,761
Buildings	2,135,722	1,754,415
Equipment	1,075,423	949,157
	3,366,712	2,820,333
Less accumulated depreciation	1,663,488	1,562,734
	1,703,224	1,257,599
Real estate held for future development	9,081	9,140
Construction in process	148,953	312,313
Total	$1,861,258	$1,579,052

Operating depreciation expense for the years ended December 31, 2013 and 2012, totaled $159,493 and $123,283, respectively Nonoperating depreciation or amortization expense for the years ended December 31, 2013 and 2012, totaled $59 and $60, respectively

The book value of equipment under capital lease obligations at December 31, 2013 and 2012, totaled $67,592 and $66,869, respectively The related accumulated depreciation totaled $37,444 and $32,822, respectively, at December 31, 2013 and 2012 These amounts are included in the above summary of property and equipment

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, 2013 and 2012

	2013	2012
Balance — beginning of the period		
Goodwill	$ 31,955	$ 8,987
Accumulated impairment losses	-	-
	31,955	8,987
Goodwill acquired during the year	102,034	22,968
Impairment losses	(6,735)	-
	95,299	22,968
Balance — end of the period		
Goodwill	133,989	31,955
Accumulated impairment losses	(6,735)	-
	$127,254	$31,955

During the valuation of Audrain Health Care Inc , SSMHC determined that impairment indicators existed at the acquisition date A goodwill impairment loss of $6,735 was recognized The fair value of the entity was estimated using the net present value of future cash flows

The following table provides information regarding other intangible assets for the years ended December 31, 2013 and 2012

	2013		2012	
	Gross Carrying Amount	Accumulated Amortization	Gross Carrying Amount	Accumulated Amortization
Amortized intangible assets				
Software	$ 263,659	$ 131,884	$ 165,688	$ 114,173
Noncompete agreements	1,353	1,152	13,678	756
Tradename	119,742	3,647	2,642	727
Customer contracts	60,100	278		
Favorable leasehold interests	3,630	332	1,321	52
Certificates of need	1,277	1,169	1,277	788
Medical records	876	845	876	523
Other	113	54	113	20
Total	$ 450,750	$ 139,361	$ 185,595	$ 117,039

The weighted-average amortization period for the intangible assets subject to amortization is approximately 8 5 years There are no expected residual values related to these intangible assets Amortization expense on these intangible assets was $28,461 and $32,826 during the years ended December 31, 2013 and 2012, respectively

For the year ended December 31, 2013, the total amount assigned to intangible assets due to acquisitions was $238,653, consisting of $117,100 for tradenames, $60,100 for customer contracts, $59,144 for software, and $2,309 for favorable leasehold assets For the year ended December 31, 2012, the total amount assigned due to acquisitions was $2,172 consisting of $1,321 for favorable leasehold assets, $236 for noncompete agreements and $615 for medical records

Estimated future amortization of intangibles with finite useful lives as of December 31, 2013 is as follows

Years Ending December 31	
2014	$ 48,520
2015	41,530
2016	35,202
2017	30,716
2018	21,017

10. INVESTMENTS IN UNCONSOLIDATED ENTITIES

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, 2013 and 2012, as other revenue

	2013	2012
Income from operations	$25,851	$17,495
Losses from operations	(5,872)	(9,576)
Net income from operations	$19,979	$ 7,919

The total carrying amount of cost-method investments was $6,967 and $15,341 at December 31, 2013 and 2012, respectively

At December 31, 2012, SSMHC was a member owner of Premier, Inc , a national healthcare alliance During 2013, Premier, Inc issued an initial public offering (IPO) As a result of the IPO, Premier, Inc acquired under a Unit Put/Call Agreement a portion of SSMHC's pre-IPO partnership units for $11,133 and SSMHC's remaining investment in Premier, Inc was converted to common units This transaction reduced SSMHC's investment in Premier to $1,967 at December 31, 2013, and resulted in a realized gain of $10,759 which is included in operating investment income SSMHC has recorded its common units and membership interest as a cost method investment in unconsolidated entities with a carrying amount of $1,967 and $2,341 at December 31, 2013 and 2012, respectively

11. BUSINESS ACQUISITIONS

SSMHC entered into the following significant acquisition activities during the years ended December 31, 2013 and 2012

Dean Health Systems, Inc. — Effective April 16, 2013, SSMHC and DHS (a Wisconsin based company) entered into an Agreement and Plan of Merger with DHS and its subsidiaries becoming wholly owned subsidiaries of SSMHC on September 1, 2013 Prior to the acquisition, SSMHC owned 5% of the outstanding stock of DHS, accounted for under the cost method of accounting, 47% of the outstanding stock of DHI and 47% of Dean Health Holdings, LLC (DHH), both accounted for under the equity method of accounting, with DHS owning the remaining 53% interest

In addition, SSMHC and DHS were previously joint venture partners, each owning 50% in St Mary's Dean Ventures (SMDV), Wisconsin Integrated Information Technology and Telemedicine Systems, LLC (WIITTS), and Dean Clinic and St Mary's Hospital Accountable Care Organization, LLC (ACO) Prior to the acquisition of DHS, SSMHC accounted for its interest in each joint venture under the equity method of accounting

Prior to the acquisition, SSMHC reported its investment in all of the aforementioned entities within investments in unconsolidated entities in the consolidated balance sheets

DHS's assets include more than 60 clinics in Wisconsin, DHP, Navitus, and various subsidiary organizations The clinics and their 500 physicians provide primary, specialty and tertiary care DHP is a provider-based health maintenance organization in South Central Wisconsin serving more than 300,000 members Navitus provides pharmacy benefit administration services to a variety of clients on a national scale, including health plans and self-funded employer groups, covering over 2 6 million lives at

December 31, 2013 The primary purpose of the merger between SSMHC and DHS is to enhance the alignment of strategic initiatives, improve the delivery and efficiency of patient care, utilize the combined resources of both organizations more effectively and provide for greater financial strength

SSMHC completed the acquisition of the outstanding stock of DHS for consideration of $363,373 Consideration consisted of cash of $315,921, escrow deposit of $30,000, settlement of a non-compete agreement of $11,914, accounts payable of $4,762 and settlement of liabilities of $776 Through the acquisition of DHS, SSMHC also acquired the remaining 53% of the outstanding stock of DHI and DHH and the remaining interest in all DHS subsidiary organizations SSMHC recorded related goodwill of $95,299

The non-compete agreement of $11,914 existed between SSMHC and SMDV prior to the acquisition The settlement of liabilities of $776 related to distributions from DHS to shareholders Both of these pre-existing relationships are considered additional consideration when settled at the acquisition date

SSMHC recorded a gain of $23,571 related to the acquisition which is recorded in operating investment income The acquisition-date fair value of previously held equity interests in DHS and its subsidiaries was $160,133 The fair value of these interests was determined by applying a lack of control discount to the equity values for each pre-existing interest on a controlling marketable basis as determined by a discounted cash flow model The gain consisted of a gain of $28,038 due to the remeasurement of SSMHC's previous investments in DHS and its subsidiaries at their acquisition-date fair value The gain also included unrealized gains on available for sale securities totaling $1,571 and the loss from interest rate swaps totaling $6,038 which were reclassified from unrestricted net assets These are included in the calculation of the gain as of the acquisition date

The acquisition related costs incurred by SSMHC in relation to the transaction are $9,646 and are recorded in professional fees and other

Summarized balance sheet information for DHS and its subsidiaries at September 1, 2013 is shown below

Cash	$ 161,109
Current assets	408,204
Property and equipment	250,432
Goodwill	95,299
Intangible assets	238,653
Noncurrent assets	4,470
Current liabilities	(494,093)
Long-term debt	(106,921)
Other noncurrent liabilities	(33,647)

Subsequent adjustments to the September 1, 2013 purchase price allocation may include adjustments to goodwill and deferred taxes for information not currently available which are not expected to be material

At the acquisition date, the fair value of receivables approximated gross contractual amounts less provisions for doubtful accounts The best estimate of the amounts that will not be collected is $72,130

Operating results for DHS and its subsidiaries for the period September 1, 2013 through December 31, 2013 include total unrestricted revenue of $466,906, operating income of $156 and excess of revenue over expenses of $6,542

Condensed financial information of DHI and subsidiaries and DHH as of August 31, 2013 and December 31, 2012, and for eight months and year then ended, respectively, is summarized below

	2013	2012
Current assets		$ 167,982
Noncurrent assets		162,630
Total assets		$ 330,612
Current liabilities		$ 151,888
Noncurrent liabilities		24,782
Total liabilities		176,670
Equity		153,942
Total liabilities and equity		$ 330,612
Total revenues	$ 749,465	$ 1,080,770
Total expenses	743,803	1,071,148
Net income	$ 5,662	$ 9,622

Prior to the acquisition, DHI classified its marketable securities as available for sale and included the change in unrealized gain (loss) on available-for-sale marketable securities outside of its performance indicator SSMHC recorded its share of this activity as an increase (decrease) in unrestricted net assets outside of its performance indicator

Audrain Health Care, Inc. — Effective April 1, 2013, SSMHC became the sole member of Audrain Health Care, Inc (Audrain) Audrain consists of an 88-bed acute care hospital with 40 active physicians and nurse practitioners located in Mexico, Missouri and ten rural health clinics in Mexico, Missouri and the surrounding communities SSMHC acquired Audrain and recorded related goodwill of $6,735 and renamed the facility SSM Audrain Health Care, Inc (SSM Audrain)

Summarized balance sheet information for SSM Audrain at April 1, 2013 is shown below

Cash	$ 1,400
Current assets	10,151
Property and equipment	9,837
Goodwill	6,735
Investment in unconsolidated entity	455
Liabilities	(28,578)

At the acquisition date, the fair value of receivables approximated gross contractual amounts less provisions for doubtful accounts The best estimate of the amounts that will not be collected is $10,009

Operating results of SSM Audrain for the period April 1, 2013 through December 31, 2013 included total unrestricted revenue of $35,715, operating loss of $11,475 and expenses over revenue of $11,398 Operating results include a goodwill impairment of $6,735

Community Health Partners, Inc. d/b/a Unity Health Center — Effective June 30, 2012, SSMHC acquired the assets and liabilities of Community Health Partners, Inc Unity Health Center, a 102-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 pro-forma amount of SSMHC's revenue, earnings and changes in net assets had the above acquisitions occurred on January 1, 2012 are as follows

	Unaudited	
	2013	**2012**
Total operating revenues and other support	$4,628,579	$4,627,258
(Loss) income from operations	(80,793)	61,717
Excess of revenues over expenses	125,516	199,805

12. DEBT

Debt at December 31, 2013 and 2012, consists of the following

	2013	2012
Under the Master Indenture		
Fixed rate		
Series 2010A Bonds, 4.9%, due serially through 2034 (plus unamortized premium of $2,468 and $2,657 at December 31, 2013 and 2012, respectively)	$ 119,884	$ 121,422
Series 2010B Bonds, 4.8%, due serially through 2034 (plus unamortized premium of $1,285 and $1,383 at December 31, 2013 and 2012, respectively)	154,255	154,353
Series 2008A Bonds, 5.0%, due serially through 2036 (less unamortized discount of $2,467 and $2,589 at December 31, 2013 and 2012, respectively)	101,533	101,411
Series 2001 Hospital Revenue Bonds, 4.65% to 5.40%, due serially through 2016	3,860	-
Series 1992A, 6.2%, due serially through 2015 (plus unamortized premium of $185 and $370 at December 31, 2013 and 2012, respectively)	5,235	7,725
Total fixed rate debt	384,767	384,911
Variable rate		
Series 2012A Variable Rate Direct Loans, 0.57% at December 31, 2013, due serially through 2045	108,900	110,000
Series 2012B Variable Rate Direct Loans, 0.76% at December 31, 2013, due serially through 2045	72,430	73,265
Series 2010D Variable Rate Demand Bonds, 0.05% at December 31, 2013, due serially through 2045	110,570	111,060
Series 2010E Variable Rate Demand Bonds, 0.03% at December 31, 2013, due serially through 2045	86,430	87,135
Series 2005C Variable Rate Demand Bonds, 0.06% at December 31, 2013, due serially through 2033	157,380	157,500
Series 2005D Variable Rate Demand Bonds, 0.08% at December 31, 2013, due serially through 2033	76,125	76,125
Series 2002B, Auction Rate Bonds, 0.30% at December 31, 2013, term bonds due between 2013 and 2020	47,350	60,000
Series 1998B, Auction Rate Bonds, 0.18% to 0.30% at December 31, 2013, due serially through 2019	73,950	77,150
Total variable rate debt	733,135	752,235
Taxable debt — Fixed rate direct loan, 2.2% due in annual installments through 2019	96,953	100,000
Other debt		
Note payable to Felician Services, Inc	41,444	40,832
Term loan, interest adjusted monthly, due serially through 2015	46,875	-
Equipment loan,1.37% at December 31, 2013, due in 2015	1,699	-
Building construction loan,1.37% at December 31, 2013, due in 2015	42,500	-
Surplus notes, 0.15% at December 31, 2013, due in 2019	6,663	-
Notes payable, due at various dates through 2029, interest at 4.00% to 9.12%, unsecured	4,846	7,121
Capital lease obligations, at varying rates from 3.00% to 6.13% collateralized by leased equipment	29,214	35,469
Total other	173,241	83,422
Total long-term debt	1,388,096	1,320,568
Less current portion	51,201	41,313
Total	$ 1,336,895	$ 1,279,255

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 SSMHC As of December 31, 2013, DHS entities are not included in the Credit Group 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, and 1992A, which aggregate $126,535 and $144,875 at December 31, 2013 and 2012, 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, 2013

On July 26, 2012, SSMHC issued $183,265 of direct tax-exempt loans through the Health and Educational Facilities Authority 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 during the year ended December 31, 2012

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

Revenue Bonds — On April 1, 2013, SSMHC became the sole member of Audrain and assumed all of Audrain's debt This included the 2001 Hospital Refunding and Improvement Revenue Bonds which had a fair value of $5,020 at acquisition These bonds are secured by the net revenues of Audrain and the assets restricted under the bond indenture agreement As of December 31, 2013, Audrain was in compliance with its financial covenants, with the exception of the Minimum Debt Service Coverage Ratio SSMHC was granted a waiver by the lender as of December 31, 2013 In return for the waiver, SSMHC deposited $2,611 into the Debt Service Fund at the Trustee in order to satisfy all remaining principal and interest payments This deposit was made subsequent to year end

Auction Rate Bonds — The debt includes $121,300 and $137,150 at December 31, 2013 and 2012, 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 $611,835 and $615,085 at December 31, 2013 and 2012, 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

Acquisition of DHS — As of August 31, 2013, SSMHC assumed $106,921 in long-term debt upon the acquisition of DHS As collateral for DHS's obligations under the term loan and senior secured notes, which are included in other long-term notes payable at $1,539 at December 31, 2013, DHS and certain of its subsidiaries have granted a first priority lien on certain bank accounts, accounts receivable, marketable securities, and selected real and personal property currently owned or subsequently acquired The term loan and senior secured notes provide for certain financial covenants and limit the additional

amounts that can be borrowed Effective December 31, 2013, DHS was in compliance with its financial covenants

The debt includes a building construction loan and an equipment loan in the aggregate amount of $44,199 at December 31, 2013, which SMDV has entered into to finance the construction of an outpatient surgery facility and to purchase related equipment for the facility The loans contain covenants with respect to certain financial ratios and operating matters As of December 31, 2013, SMDV was in compliance with its financial covenants, with the exception of the Minimum Fixed Charge Coverage Ratio, as defined SMDV has requested and received a waiver for this covenant violation from the lender

During 2012, as part of a new third-party service agreement, DHI entered into a surplus note agreement in the amount of $6,663 Principal and interest repayments must be approved by the Office of the Commissioner of Insurance (OCI) of the State of Wisconsin Repayment of the note will not occur until the earlier of OCI approval or 18 months after the service agreement termination date of December 31, 2019 Interest is accrued on the outstanding principal balance at the one-year U S Treasury securities rate as set on the first business day of the calendar year The annual interest rate for the period from September 1, 2013 to December 31, 2013 was 0 15%

On February 28, 2014, SSMHC entered into a $150,000 revolving line of credit agreement This line replaced currently existing lines of credit totaling $180,000 The total amount of the line of credit is available for the issuance of Letters of Credit SSMHC pays interest based on LIBOR plus a spread The line is secured under SSMHC's existing Master Trust Indenture On March 28, 2014, SSMHC drew on the revolving line of credit in the amount of $92,971 in order to fund the early payoff of certain term loans and outstanding swaps

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 $612 and $698 for the years ended December 31, 2013 and 2012, respectively, from the fair value at July 1, 2007, which is reflected in interest expense

Liquidity Agreements — The Series 2005C, 2005D, 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 Lease Obligations
	Contractual Payments	Contingent Payments	
2014	$ 39,645	$ 45,645	$ 7,539
2015	116,660	116,660	2,714
2016	33,218	33,218	2,596
2017	32,964	32,964	2,579
2018	30,782	30,782	2,620
Thereafter	1,104,142	1,098,142	34,225
	$1,357,411	$1,357,411	52,273
Less amount representing interest under capital lease obligations			23,059
			$29,214

Revolving Line of Credit — At December 31, 2013, SSMHC had 4 line of credit agreements with banks One line is at varying rates of interest through July 15, 2014 and permits SSMHC to borrow up to $50,000 There was no outstanding balance under this agreement at December 31, 2013 The remaining lines are at varying rates of interest through February 26, 2014 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, 2013 At December 31, 2012, SSMHC had outstanding borrowings of $37,000 under line of credit agreements which expired in 2013

DHS has a direct-pay letter of credit (LOC) facility to support a commercial paper program whereby DHS is the issuer and obligor At December 31, 2013, the combined commercial paper annual interest rate and LOC spread in effect was 2 4% and the commitment fee charged on any unused portion of the LOC was 0 50% The LOC is convertible to a loan and has a total amount available of $100,000 at December 31, 2013 Both the LOC and combined term loan expire/mature in 2015 with annual renewals thereafter, at the discretion of the commitment issuer The outstanding balance under this program at December 31, 2013, was $85,000 which is included in revolving line of credit

Note Payable — On August 29, 2013, SSMHC entered into a short-term taxable note payable agreement with a financial institution to provide interim financing in the principal amount of $275,000 On November 15, 2013, SSMHC borrowed an additional $125,000 under this same note agreement The note carries a variable interest rate and is due on July 31, 2014

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 accepted by management 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 $1,397,577 and $1,341,457 at December 31, 2013 and 2012, respectively, compared to carrying amounts of $1,388,096 and $1,320,568, respectively

Interest Rate Swaps — SSMHC utilizes interest rate swap agreements which effectively change SSMHC's interest exposure on its variable debt to fixed rates None of these swaps has been designated as hedges of the interest payments on outstanding debt obligations for accounting purposes

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, 2013 and 2012

December 31, 2013	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	2015–2035	2 90%–5 98%	$701,774	$ (88,019)
Total				$701,774	$ (88,019)
December 31, 2012					
Derivatives not designated as hedges — interest rate swaps	Other liabilities	2033–2035	3 36%–3 51%	$613,600	$(135,152)
Total				$613,600	$(135,152)

Fair value is based on significant other observable inputs (Level 2) at December 31, 2013 and 2012 The gain (loss) related to derivative instruments has been recorded for the years ended December 31, 2013 and 2012, as follows

		Gain (Loss) December 31,	
	Recorded as	2013	2012
Settled amounts	Operating interest expense	$(21,129)	$(19,431)
Unrealized gains	Change in fair value of interest rate swap	61,539	306
Total		$ 40,410	$(19,125)

Cash Paid for Interest — Cash paid for interest totaled $47,264 and $37,848 for the years ended December 31, 2013 and 2012, respectively SSMHC capitalized interest cost in the amounts of $3,409 and $6,342 in the years ended December 31, 2013 and 2012, respectively

13. 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

On April 1, 2013, the Pension Plan of Audrain Medical Center was acquired along with the other assets and liabilities of Audrain This acquisition resulted in an increase in benefit obligation of $23,689 and an increase in the fair value of plan assets of $11,467

The following table summarizes the benefit obligations, the fair value of plan assets and the funded status at December 31, 2013 and 2012

	2013	2012
Change in projected benefit obligation		
Projected benefit obligation — beginning of period	$1,847,139	$1,746,127
Service cost, benefits earned during the period	62,921	61,774
Interest costs on projected benefit obligation	75,872	82,076
Plan amendment	-	(263,987)
Actuarial (gain) loss	(164,451)	296,609
Acquisitions/divestitures	23,689	-
Benefits paid	(71,545)	(75,460)
Projected benefit obligation — end of period	1,773,625	1,847,139
Change in plan assets		
Fair value of plan assets — beginning of period	951,601	852,280
Actual return on plan assets	134,248	103,130
Employer contributions	78,233	71,651
Acquisitions/divestitures	11,467	-
Benefits paid	(71,545)	(75,460)
Fair value of plan assets — end of period	1,104,004	951,601
Net amount recognized at end of period and funded status	$ (669,621)	$ (895,538)
Accumulated benefit obligation — end of period	$1,685,143	$1,743,348

The following is a summary of the amounts recognized in the consolidated balance sheets for the years ended December 31, 2013 and 2012

	2013	2012
Amounts recognized in the consolidated balance sheets consist of		
Accounts payable and accrued expenses	$ (2,314)	$ (2,481)
Other liabilities	(667,307)	(893,057)
Net amount recognized	$ (669,621)	$ (895,538)
Amounts recognized in unrestricted net assets consist of		
Beginning of year balance	$ 613,012	$ 635,980
Arising during current year		
Net actuarial (gains)/loss	(221,479)	270,756
Prior service cost	-	(263,988)
Reclassified into net periodic benefit cost		
Net actuarial loss	(75,671)	(50,946)
Prior service cost	28,543	21,210
End of year balance	$ 344,405	$ 613,012

The net loss and prior service (credit) 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 $44,950 and ($28,542), respectively

The following is a summary of the components of net periodic pension cost for the years ended December 31, 2013 and 2012

	2013	2012
Service cost, benefits earned during the period	$ 62,921	$ 61,774
Interest costs on projected benefit obligation	75,872	82,076
Expected return on plan assets	(77,220)	(77,277)
Amortization of unrecognized		
Prior service costs	(28,543)	(21,210)
Net loss	75,671	50,946
Net periodic pension cost	$ 108,701	$ 96,309

The following are the actuarial assumptions used by the pension plans to develop the components of pension expense for the years ended December 31, 2013 and 2012

	2013	April 1– December 31, 2012	January 1 – March 31, 2012
Discount rates	3 95 %	4 70 %	5 20 %
Rates of salary increase	4 00	4 00	4 00
Return on plan assets	8 00	8 00	8 00

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, 2013 and 2012

	2013	2012
Discount rates	4 85 %	3 95 %
Rates of salary increase	3 75	4 00

SSMHC expects to contribute $77.614 to its pension plans in 2014

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

	Pension Benefits
2014	$ 78.276
2015	90.952
2016	126.655
2017	118.509
2018	121.269
Years 2019–2023	688.857

The actual plan asset allocations and the allocation goals comprise the following investment classifications at December 31, 2013 and 2012

	2013	2012	Allocation Goals
Cash, cash equivalents, and short-term investments	2 %	1 %	2 %
Equities	48	48	47
Fixed income	20	21	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

	2013	2012
Assets valued at fair value		
Cash and cash equivalents	$ 35,902	$ 34,973
Corporate obligations	80,355	87,741
Government securities	65,925	56,442
Mutual funds		
Domestic	90,375	76,575
International	187,996	139,920
Emerging markets	47,179	46,753
Equities		
Small cap	21,976	22,564
Mid cap	72,581	52,695
Large cap	194,671	168,555
Partnership interests	22,129	21,103
Hedge funds	165,267	143,066
Real estate investments	119,098	100,992
Securities lending		
Equities	76,820	30,358
Government securities	33,483	18,645
Corporate obligations	3,281	7,146
	1,217,038	1,007,528
Assets valued at other than fair value — unsettled investment transactions	550	222
Total assets	1,217,588	1,007,750
Payable under security lending agreement	(113,584)	(56,149)
Fair value of plan assets	$1,104,004	$ 951,601

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

2013	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents — restricted	$ 35.902	$ -	$ -	$ 35.902
Corporate obligations	-	80.355	-	80.355
Government securities	-	65.925	-	65.925
Mutual funds				
Domestic	90.375	-	-	90.375
International	123.167	64.829	-	187.996
Emerging markets	47.179	-	-	47.179
Equities				
Small cap	21.976	-	-	21.976
Mid cap	72.581	-	-	72.581
Large cap	194.671	-	-	194.671
Partnership interests	22.129	-	-	22.129
Hedge funds	-	-	165.267	165.267
Real estate investments	-	-	119.098	119.098
Securities lending				
Equity securities	76.820	-	-	76.820
Government securities	-	33.483	-	33.483
Corporate obligations	-	3.281	-	3.281
Total assets	$684.800	$247.873	$284.365	$1.217.038

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
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
Hedge funds	-	-	143.066	143.066
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

It is SSMHC's policy that transfers between levels will occur when revised information regarding the lowest level of significant inputs becomes available There were no transfers between levels in 2013 or 2012

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

	2013	2012
Beginning balance	$244,058	$215,838
Actual return on plan assets — realized	18,314	544
Actual return on plan assets — unrealized	1,942	10,901
Purchases, sales, and settlements — net	20,051	16,775
Ending balance	$284,365	$244,058

Unrealized gains on Level 3 investments were $1,942 and $10,901 for 2013 and 2012, 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 $5,163 and $7,345 at December 31, 2013 and 2012, respectively Assets recorded at NAV at December 31, 2013, are as follows

December 31, 2013	**Fair Value**	**Unfunded Commitments**	**Redemption Frequency (if Currently Eligible)**	**Redemption Notice Period**
Hedge funds (a)	$165,267	$ -	Quarterly	30–100 days
Real estate investments (b)	119,098	5,163		
Total	$284,365	$5,163		

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		

(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 (excluding DHS 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 $11,551 and $10,684 for 2013 and 2012, respectively, and is included in salaries and benefits

DHS and its subsidiaries sponsor several defined contribution plans covering substantially all employees of DHS Total contributions to these plans for the period from September 1, 2013 to December 31, 2013 was $3,067 which is included in salaries and benefits

14. SELF-INSURANCE

Professional and General Liability Insurance — A majority of the members of SSMHC (excluding DHS) 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, 2012 to December 31, 2013
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 per claim and $3,000 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, 2012 to December 31, 2013
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, 2013, 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 a discount rate of 3 0% at December 31, 2013 and 2012 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 $67,106 and $77,520 at December 31, 2013 and 2012, respectively, of which $18,095 and $17,754 is recorded in accounts payable and accrued liabilities at December 31, 2013 and 2012, 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

DHS retains deductible levels with respect to its professional liability program For professional liability claims reported on or after July 1, 2004, the per-occurrence deductible level is $1,000 per defendant, and the annual aggregate deductible level is $3,000 DHS is contractually obligated to reimburse its insurance carriers for all claims paid under the professional liability policies The PCF also provides unlimited insurance limits for amounts in excess of the deductibles At December 31, 2013, DHS recognized a liability of $9,500, of which $1,662 is recorded in accounts payable and accrued expenses at December 31, 2013

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 0% at December 31, 2013 and 2012 DHS maintains a fully insured workers' compensation program through commercial insurance

Employee Health Insurance — A majority of the members of SSMHC participate in the SSM Employee Health Care Plan (the "HC Plan") Each participating member funds an actuarially determined amount for payment of covered benefits and related expenses, which are subject to certain

limitations Claims paid by the HC Plan are included in salaries and benefits expense and include claims paid by the HC Plan to SSMHC entities were $67,617 and $62,119 for the years ended December 31, 2013 and 2012, respectively DHS members are fully insured under DHP

15. 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, 2013 and 2012

	2013	2012
Balance — beginning of the period	$ 9,947	$ 10,152
Retirements	(1,223)	(703)
Additions	524	169
Accretion expense	306	329
Balance — end of the period	$ 9,554	$ 9,947

16. 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, 2013	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	$ -	$ 8,225	$ 22,287	$ 30,512
Board-designated endowment funds	14,309	-	-	14,309
Total funds	$ 14,309	$ 8,225	$ 22,287	$ 44,821

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

Changes in Endowment Net Assets for the Fiscal Year Ended December 31, 2013	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets — beginning of year	$ 15,606	$ 7,460	$ 19,000	$ 42,066
Investment return				
Investment income	192	1,188	1,065	2,445
Net depreciation (realized and unrealized)	561	2	55	618
Total investment return	753	1,190	1,120	3,063
Contributions	-	-	343	343
Appropriation of endowment assets for expenditure	(466)	(425)	-	(891)
Other changes - transfers in (out)	(1,584)	-	1,824	240
Endowment net assets — end of year	$ 14,309	$ 8,225	$ 22,287	$ 44,821

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

Transfers in (out) include a reclassification of permanently restricted endowment earnings and new endowments acquired through acquisitions

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, 2013 and 2012

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

17. BALANCE SHEET OFFSETTING

SSMHC's interest rate swap agreements allow for net settlements of payment in the normal course as well as offsetting of all contracts with a given counterparty in the event of default or bankruptcy of one of the two parties of the transaction As of December 31, 2013 and 2012, there was no collateral posted for the interest rate swaps In addition, SSMHC's security lending agreement allows for the sale of the collateral to settle securities lending activities should a deficit arise

The net presentation of SSMHC's financial instruments subject to rights of offset are summarized as follows

Description	Gross Amounts of Recognized Liabilities	Gross Amounts Offset in the Consolidated Balance Sheets	Net Amounts Presented in the Consolidated Balance Sheets	Gross Amounts Not Offset in the Consolidated Balance Sheets	Net Amount
As of December 31, 2013					
Derivatives	$ 88,019	$ -	$ 88,019	$ -	$ 88,019
Securities lending agreements	207,345	-	207,345	207,345	-
As of December 31, 2012					
Derivatives	135,152	-	135,152	-	135,152
Securities lending agreements	197,188	-	197,188	197,188	-

18. INCOME TAXES

The components of income tax expense for the years ended December 31, 2013 and 2012 are as follows

	2013	2012
Current tax expense		
Federal	$ 1,692	$ -
State	(20)	-
	1,672	-
Deferred tax expense — Federal	-	-
	$ 1,672	$ -

Deferred income taxes reflect the tax impact of carryforwards and temporary differences between the financial statement carrying amounts and the tax basis of assets and liabilities Deferred tax assets and liabilities are classified as either current or non-current based on the classification of the related liability or asset for financial reporting A deferred tax asset or liability that is not related to an asset or liability for financial reporting, including deferred taxes related to carryforwards, is classified according to the expected reversal date of the temporary differences as of the end of the year The components of deferred taxes are as follows

	2013	2012
Current		
Accrued employee compensation	$ 10,167	$ 970
Doubtful accounts	3,940	3,782
Other non-deductible liabilities	4,688	487
Other	(1,466)	(90)
Valuation allowance	(17,329)	(5,149)
Net current	-	-
Long-term		
Net operating loss and credit carryforwards	332,916	179,329
Depreciable and amortizable assets	(97,943)	1,252
Other noncurrent non-deductible liabilities	7,508	145
Unrealized (gains) losses	(3,490)	54
Investment in subsidiaries	(19,100)	(13)
Other	2,004	906
Valuation allowance	(221,895)	(181,673)
Net long-term	-	-
Net deferred income tax assets	$ -	$ -
Deferred tax assets	$ 365,912	$ 187,084
Deferred tax liabilities	(126,688)	(262)
Less valuation allowance	(239,224)	(186,822)
Net deferred taxes	$ -	$ -

As of December 31, 2013 and 2012, the deferred income tax benefits were recorded net of a valuation allowance of $239,224 and $186,822 primarily due to net operating loss (NOL) carryforwards available related to its for-profit subsidiaries which expire between 2014 and 2034 A valuation allowance was provided because it is more likely than not that the net operating losses will expire unutilized During the year ended December 31, 2013, SSMHC increased the valuation allowance by an additional $26,323 based on 2013 net losses and $26,079 for tax losses generated due to acquisitions During the year ended December 31, 2012, SSMHC increased the valuation allowance by an additional $16,953 based on 2012 net losses

A reconciliation of expected income tax expense, computed by applying the statutory federal income tax rate (34%) to income before income taxes is as follows

	2013	2012
Income tax expense at statutory rate	$ 43,634	$ 70,134
Reduction in income tax resulting from		
Tax exempt income	(13,232)	(51,059)
State taxes	(2,407)	(2,122)
Change in valuation allowance on net operating loss	(26,323)	(16,953)
	$ 1,672	$ -

SSMHC files income tax returns in the U S federal jurisdiction and in various state jurisdictions SSMHC is no longer subject to U S or state income tax examinations by tax authorities for years before 2009 Tax returns for DHS for the years ended 2010 and 2011 are currently under examination by the IRS The settlement of the tax examination is not expected to have a material impact on the consolidated financial statements

Cash Paid for Income Taxes — Cash paid for income taxes totaled $1,603 and $0 for the periods ended December 31, 2013 and 2012, respectively

19. 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, 2012	$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
Excess of revenues over expenses	131,361	126,662	4,699
Distributions to noncontrolling owners	(3,618)	-	(3,618)
Contributions	20	10	10
Other — net	267,802	267,802	-
Change in unrestricted net assets	395,565	394,474	1,091
Unrestricted net assets — December 31, 2013	$1,902,441	$1,882,118	$20,323

20. FUNCTIONAL EXPENSES

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

	2013	2012
Health care services	$3,586,442	$3,054,404
General and administrative	292,708	205,336
Fundraising	9,809	9,249
Total expenses	$3,888,959	$3,268,989

21. 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, 2013, that have initial or remaining lease terms in excess of one year

2014	$ 46,249
2015	40,874
2016	33,122
2017	26,071
2018	20,822
Thereafter	38,716
Total minimum lease payments	$205,854

Total rental expense was approximately $51,208 and $46,083 in 2013 and 2012, respectively

SSMHC has outstanding letters of credit of $15,419 and $12,605 at December 31, 2013 and 2012, respectively There were no outstanding draws on these letters of credit

At December 31, 2013, SSMHC has entered into construction projects for new facilities and capital improvements to existing facilities The commitments for these projects totaled approximately $232,398 As of December 31, 2013, SSMHC has unmet commitments of approximately $143,322, which will be financed with board-designated assets, project funds or cash generated from operations Of this amount, $15,000 will be reimbursed by a third party upon payment

As part of acquisition agreements in Wisconsin and Missouri, SSMHC has committed an additional $80,000 for facility improvements to be paid out from 2014 to 2018

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 $78 and $109 at December 31, 2013 and 2012, respectively In addition, SSMHC has entered into certain other income guarantees with outside entities to be paid out from 2014 through 2018 which totaled $95,250 at December 31, 2013

Certain of SSMHC's hospitals are part of a nationwide investigation to determine if implantable cardioverter defibrillator (ICD) procedures from 2002 to 2010 complied with Medicare coverage requirements In August 2012, the Department of Justice (DOJ) released the patient conditions and criteria for the medical necessity of the implantation of ICDs in Medicare beneficiaries and how the DOJ will enforce the repayment obligations of hospitals As of December 31, 2013, management has established a reserve of $5,700 to reflect the current estimate of probable liability

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

22. SUBSEQUENT EVENTS

For the year ended December 31, 2013, SSMHC has evaluated subsequent events for potential recognition and disclosure through April 9, 2014, the date the financial statements were available for issuance

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SSM HEALTH CARE ADDITIONAL INFORMATION

SSM HEALTH CARE

CONSOLIDATING SCHEDULE — BALANCE SHEET INFORMATION
AS OF DECEMBER 31, 2013
(In thousands)

	Credit Group	Other Entities	Eliminations	Total
ASSETS				
CURRENT ASSETS				
Cash and cash equivalents	$ 13,550	$ 54,625	$ -	$ 68,175
Short-term investments	111,445	44,199	-	155,644
Current portion of assets limited as to use	231,319	48,050	-	279,369
Patient accounts receivable — less allowance for uncollectible accounts	485,539	64,454	(22,087)	527,906
Premium receivable — less allowance for uncollectible accounts	-	6,665	-	6,665
Other receivables	24,858	102,571	(5,772)	121,657
Inventories, prepaid expenses, and other	75,345	22,751	(2,074)	96,022
Estimated third-party payor settlements	11,795	-	-	11,795
Total current assets	953,851	343,315	(29,933)	1,267,233
				-
ASSETS LIMITED AS TO USE OR RESTRICTED — Excluding current portion	1,757,216	448,461	-	2,205,677
				-
PROPERTY AND EQUIPMENT — Net	1,568,973	292,285	-	1,861,258
				-
OTHER ASSETS				-
Deferred financing costs — net	6,261	112	-	6,373
Goodwill	28,312	98,942	-	127,254
Intangibles — net	78,264	233,125	-	311,389
Investments in unconsolidated entities	228,535	16,175	(166,584)	78,126
Other	29,413	4,093	(23,411)	10,095
Total other assets	370,785	352,447	(189,995)	533,237
TOTAL	$4,650,825	$1,436,508	$(219,928)	$5,867,405
LIABILITIES AND NET ASSETS				
CURRENT LIABILITIES				
Revolving line of credit	$ -	$ 85,225	$ -	$ 85,225
Current portion of long-term debt	40,184	11,552	(535)	51,201
Accounts payable and accrued expenses	299,817	396,076	(29,609)	666,284
Notes payable	400,000	-	-	400,000
Unearned premiums	-	39,683	-	39,683
Payable under securities lending agreements	206,438	907	-	207,345
Estimated third-party payor settlements	133,396	8	-	133,404
Total current liabilities	1,079,835	533,451	(30,144)	1,583,142
				-
LONG-TERM DEBT — Excluding current portion	1,241,679	118,628	(23,412)	1,336,895
				-
ESTIMATED SELF-INSURANCE OBLIGATIONS	51,409	16,661	-	68,070
		-		-
UNFUNDED PENSION LIABILITY	667,307	-	-	667,307
				-
OTHER LIABILITIES	183,664	60,843	-	244,507
Total liabilities	3,223,894	729,583	(53,556)	3,899,921
				-
NET ASSETS				
Unrestricted				
Noncontrolling interest in subsidiaries	17,445	2,878	-	20,323
SSM Health Care unrestricted net assets	1,350,810	647,688	(116,380)	1,882,118
Total unrestricted net assets	1,368,255	650,566	(116,380)	1,902,441
Temporarily restricted	36,389	42,440	(36,073)	42,756
Permanently restricted	22,287	13,919	(13,919)	22,287
				-
Total net assets	1,426,931	706,925	(166,372)	1,967,484
TOTAL	$4,650,825	$1,436,508	$(219,928)	$5,867,405

SSM HEALTH CARE

CONSOLIDATING SCHEDULE — BALANCE SHEET INFORMATION
AS OF DECEMBER 31, 2012
(In thousands)

	Credit Group	Other Entities	Eliminations	Total
ASSETS				
CURRENT ASSETS				
Cash and cash equivalents	$ 17,846	$ 9,734	$ -	$ 27,580
Short-term investments	77,572	43,600	-	121,172
Current portion of assets limited as to use	221,095	29,400	-	250,495
Patient accounts receivable — net	499,891	18,918	-	518,809
Other receivables	23,140	4,501	(4,073)	23,568
Inventories, prepaid expenses, and other	72,880	6,932	(2,365)	77,447
Estimated third-party payor settlements	12,035	-	-	12,035
Total current assets	924,459	113,085	(6,438)	1,031,106
ASSETS LIMITED AS TO USE OR RESTRICTED — Excluding current portion	1,661,872	151,109	-	1,812,981
PROPERTY AND EQUIPMENT — Net	1,539,554	39,498	-	1,579,052
OTHER ASSETS				
Deferred financing costs — net	6,753	-	-	6,753
Goodwill	28,442	3,513	-	31,955
Intangibles — net	68,462	94	-	68,556
Investments in unconsolidated entities	315,415	12,505	(131,843)	196,077
Other	28,577	293	(23,160)	5,710
Total other assets	447,649	16,405	(155,003)	309,051
TOTAL	$4,573,534	$320,097	$(161,441)	$4,732,190
LIABILITIES AND NET ASSETS				
CURRENT LIABILITIES				
Revolving line of credit	$ 37,000	$ 225	$ -	$ 37,225
Current portion of long-term debt	41,144	764	(595)	41,313
Accounts payable and accrued expenses	272,578	99,020	(6,062)	365,536
Payable under securities lending agreements	195,165	2,023	-	197,188
Estimated third-party payor settlements	44,522	2	-	44,524
Total current liabilities	590,409	102,034	(6,657)	685,786
LONG-TERM DEBT — Excluding current portion	1,272,314	30,096	(23,155)	1,279,255
ESTIMATED SELF-INSURANCE OBLIGATIONS	63,635	9,039	-	72,674
UNFUNDED PENSION LIABILITY	890,629	2,428	-	893,057
OTHER LIABILITIES	225,917	8,882	-	234,799
Total liabilities	3,042,904	152,479	(29,812)	3,165,571
NET ASSETS				
Unrestricted				
Noncontrolling interest in subsidiaries	16,579	2,653	-	19,232
SSM Health Care unrestricted net assets	1,460,117	112,866	(85,339)	1,487,644
Total unrestricted net assets	1,476,696	115,519	(85,339)	1,506,876
Temporarily restricted	34,934	40,413	(34,604)	40,743
Permanently restricted	19,000	11,686	(11,686)	19,000
Total net assets	1,530,630	167,618	(131,629)	1,566,619
TOTAL	$4,573,534	$320,097	$(161,441)	$4,732,190

SSM HEALTH CARE

CONSOLIDATING SCHEDULE — STATEMENT OF OPERATIONS INFORMATION
FOR THE YEAR ENDED DECEMBER 31, 2013
(In thousands)

	Credit Group	Other Entities	Eliminations	Total
OPERATING REVENUES AND OTHER SUPPORT				
Net patient service revenues before provision for doubtful accounts	$3,108,070	$275,147	$ (66,066)	$3,317,151
Less provision for doubtful accounts	(190,118)	(14,576)	-	(204,694)
Net patient service revenues	2,917,952	260,571	(66,066)	3,112,457
Premiums earned	9,882	359,933	(8,935)	360,880
Investment income	52,672	17,639	-	70,311
Other revenue	204,280	277,111	(216,076)	265,315
Net assets released from restrictions	174	5,501	-	5,675
Total operating revenues and other support	3,184,960	920,755	(291,077)	3,814,638
OPERATING EXPENSES				
Salaries and benefits	1,654,643	547,260	(169,956)	2,031,947
Medical claims	-	208,054	(66,066)	141,988
Supplies	557,580	57,759	(4)	615,335
Professional fees and other	742,135	156,700	(41,378)	857,457
Interest	43,230	4,332	(876)	46,686
Depreciation and amortization	171,319	17,492	-	188,811
Impairment loss	6,735	-	-	6,735
Total operating expenses	3,175,642	991,597	(278,280)	3,888,959
INCOME (LOSS) FROM OPERATIONS	9,318	(70,842)	(12,797)	(74,321)
NONOPERATING GAINS AND (LOSSES)				
Investment income	134,072	6,672	-	140,744
Loss from early extinguishment of debt	-	-	-	-
Other — net	496	(124)	-	372
Total nonoperating gains and (losses) — net	134,568	6,548	-	141,116
EXCESS OF REVENUES OVER EXPENSES BEFORE CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS AND INCOME TAXES	143,886	(64,294)	(12,797)	66,795
CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS	60,512	1,027	-	61,539
EXCESS OF REVENUES OVER EXPENSES BEFORE INCOME TAXES	204,398	(63,267)	(12,797)	128,334
INCOME TAXES (BENEFITS)	1,714	(42)	-	1,672
EXCESS (DEFICIT) OF REVENUES OVER EXPENSES	$ 202,684	$ (63,225)	$ (12,797)	$ 126,662

SSM HEALTH CARE

CONSOLIDATING SCHEDULE — STATEMENT OF OPERATIONS INFORMATION
FOR THE YEAR ENDED DECEMBER 31, 2012
(In thousands)

	Credit Group	Other Entities	Eliminations	Total
OPERATING REVENUES AND OTHER SUPPORT				
Net patient service revenues before provision for doubtful accounts	$3,044,915	$173,862	$ -	$3,218,777
Less provision for doubtful accounts	(148,805)	(8,425)	-	(157,230)
Net patient service revenues	2,896,110	165,437	-	3,061,547
Premiums earned	8,971	1,399	-	10,370
Investment income	17,952	13,215	-	31,167
Other revenue	173,067	229,570	(182,000)	220,637
Net assets released from restrictions	123	3,308	-	3,431
Total operating revenues and other support	3,096,223	412,929	(182,000)	3,327,152
OPERATING EXPENSES				
Salaries and benefits	1,556,987	364,667	(141,868)	1,779,786
Supplies	539,330	17,781	-	557,111
Professional fees and other	678,131	93,527	(34,124)	737,534
Interest	37,015	1,639	(971)	37,683
Depreciation and amortization	154,137	2,738	-	156,875
Total operating expenses	2,965,600	480,352	(176,963)	3,268,989
INCOME (LOSS) FROM OPERATIONS	130,623	(67,423)	(5,037)	58,163
NONOPERATING GAINS AND (LOSSES)				
Investment income	146,489	608	-	147,097
Loss from early extinguishment of debt	(1,125)	-	-	(1,125)
Other — net	1,850	(15)	-	1,835
Total nonoperating gains and (losses) — net	147,214	593	-	147,807
EXCESS (DEFICIT) OF REVENUES OVER EXPENSES BEFORE CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS	277,837	(66,830)	(5,037)	205,970
CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS	306	-	-	306
EXCESS (DEFICIT) OF REVENUES OVER EXPENSES	$ 278,143	$ (66,830)	$ (5,037)	$ 206,276

SSM HEALTH CARE

NOTES TO CONSOLIDATING ADDITIONAL INFORMATION
AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012

1. PRINCIPLES OF INCLUSION

The Credit Group is made up of SSM Health Care Corporation and its wholly owned Designated Affiliates as defined in the Master Trust Indenture, including the activities, assets, and liabilities of wholly owned and partially owned subsidiaries that are consolidated under generally accepted accounting principles The Credit Group does not include DHS, SSMHC's physician group practices, charitable foundations, and the interests of SSMHC in various other minor subsidiaries and ancillary joint ventures that are referred to herein as Other Entities In 2013 and 2012, the assets of the Credit Group represented 76% and 93% of the consolidated total, and the total operating revenues represented 78% and 88% of the consolidated total, respectively

2. PRESENTATION

Entities included in the Credit Group do not reflect their equity interest in Other Entities on their balance sheets, except for beneficial interest in foundations

3. OBLIGATIONS

Included in Other Entities are certain entities with negative net assets totaling $58,148 and $39,472 at December 31, 2013 and 2012, respectively The Credit Group may be required to provide operating capital to these entities to ensure their solvency

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