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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 BUSINESSES

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
43-1333488

E Telephone number
(314) 523-8755

G Gross receipts $ 212,263,072

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 1984

M State of legal domicile MO

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	0
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	1,456
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,170,414
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	268,314

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	75,334	228,984
9	Program service revenue (Part VIII, line 2g)	188,825,644	206,559,165
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,487,152	5,390,195
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,263	-1,257
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	193,386,867	212,177,087
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,000	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	100,691,531	104,973,979
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	85,879,203	91,510,097
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	186,577,734	196,484,076
19	Revenue less expenses Subtract line 18 from line 12	6,809,133	15,693,011

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	200,708,177	222,031,179
21	Total liabilities (Part X, line 26)	46,420,068	48,325,324
22	Net assets or fund balances Subtract line 21 from line 20	154,288,109	173,705,855

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 — 2014-11-17 Date

▶ JUNE L PICKETT SECRETARY
Type or print name and title

Paid Preparer Use Only

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

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

Firm's address ▶ 1111 BAGBY STREET SUITE 4500
HOUSTON, TX 770022591 — 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 $ 165,980,917 including grants of $) (Revenue $ 205,388,751)

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** ▶ 165,980,917

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, 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		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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**		No
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**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or 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**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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	1,456		
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**	6		
	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**	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**		No
b	Describe in Schedule O the process, if any, used by the organization to review 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**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ 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

▶DONNA WALLACE 10101 WOODFIELD LANE
ST LOUIS, MO 63132 (314) 523-8793

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

Check if Schedule O contains a response 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			
(1) STEVEN BARNEY PT YR DIR & VICE PRES	1 00 40 00	X		X				0	592,443	-223,953
(2) MARGARET FOWLER PT YR DIRECTOR	1 00 40 00	X						0	374,091	87,201
(3) LYNN BRUCHHOF PT YR DIRECTOR	1 00 40 00	X						0	469,878	77,344
(4) GAUROV DAYAL MD DIRECTOR	1 00 40 00	X						0	775,353	124,266
(5) PAULA FRIEDMAN DIRECTOR & VICE PRES	1 00 40 00	X		X				0	596,799	15,489
(6) PHILIP GUSTAFSON PT YR DIRECTOR	1 00 40 00	X						0	640,932	134,043
(7) JOE HODGES PT YR DIRECTOR	1 00 40 00	X						0	690,999	16,679
(8) CHRISTOPHER HOWARD DIRECTOR	1 00 40 00	X						0	893,660	29,906
(9) THOMAS LANGSTON PT YR DIR, SENIOR VP-CIO	40 00 0 00	X		X				0	664,464	147,214
(10) MICHAEL PANICOLA PHD PT YR DIRECTOR	1 00 40 00	X						0	453,857	43,280
(11) DIXIE PLATT PT YR DIRECTOR	1 00 40 00	X						0	590,484	10,096
(12) WILLIAM THOMPSON DIRECTOR & PRES	1 00 40 00	X		X				0	2,421,072	841,970
(13) KRIS ZIMMER DIRECTOR & TREASURER	1 00 40 00	X		X				0	836,253	68,008
(14) SHANE PENG DIRECTOR	1 00 40 00	X						0	674,433	62,843
(15) JUNE PICKETT SECRETARY	1 00 40 00			X				0	256,054	-96,872
(16) ALISON RUEHL PRESIDENT SSM HOME CARE	1 00 40 00			X				0	352,257	54,318
(17) PATRICK GILLIGAN VP FINANCIAL PLANNING	40 00 1 00			X				211,547	0	60,450

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			
(18) DAVID LUNDAL VP - CIO - WI	40 00 0 00					X		325,850	0	33,092
(19) JONATHAN KIMERLE VP - CLINICAL TRANS	40 00 0 00					X		310,570	0	26,194
(20) MICHAEL PAASCH VP - CIO - STL	40 00 0 00					X		253,666	0	65,859
(21) KEVIN CROSS VP IT OPERATIONS	40 00 0 00					X		227,694	0	67,143
(22) WILLIAM ODMAN VP CIO - OK	40 00 0 00					X		219,409	0	20,687
(23) LYNN LENKER FORMER KEY EMPLOYEE	0 00 40 00						X	0	364,804	52,466

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	1,548,736	11,647,833	1,717,723

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 ▶116

			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
EPIC 1979 MILKY WAY VERONA WI 53593	INFORMATION TECHNOLOGY CONSULTING	6,891,724
MICROSOFT LICENSING GP 1950 N STEMMONS FWY DALLAS TX 75207	MAINTENANCE AGREEMENTS	6,252,114
CSI COMPANIES PO BOX 890841 CHARLOTTE NC 28289	INFORMATION TECHNOLOGY CONSULTING	5,985,428
SSM SELECT REHAB OF ST LOUIS LLC 4714 GETTYSBURG ROAD MECHANICSBURG PA 17055	MEDICAL THERAPY	4,972,057
TEK SYSTEMS PO BOX 198568 ATLANTA GA 30384	INFORMATION TECHNOLOGY CONSULTING	3,319,983

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 ▶86

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				
	d	Related organizations . . .	1d	136,645			
	e	Government grants (contributions)	1e	71,171			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	21,168			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		228,984			
Program Service Revenue			Business Code				
	2a	OTHER PROGRAM REVENUE	621610	158,999,166	157,828,752	1,170,414	
	b	NET PATIENT REVENUE	621610	47,559,999	47,559,999		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		206,559,165			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,832,219			1,832,219
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					

		(i) Real	(ii) Personal				
	6a	Gross rents	84,728					
	b	Less rental expenses	85,985					
	c	Rental income or (loss)	-1,257					
	d	Net rental income or (loss) . . . . . ▶		-1,257			-1,257

		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	3,486,890	71,086			
	b	Less cost or other basis and sales expenses	0	0			
	c	Gain or (loss)	3,486,890	71,086			
	d	Net gain or (loss) . . . . . ▶		3,557,976			3,557,976
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶					
	12	**Total revenue.** See Instructions . . . . . ▶		212,177,087	205,388,751	1,170,414	5,388,938

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				
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	1,367,270		1,367,270	
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	77,628,244	66,616,461	11,011,783	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,107,393	6,143,667	963,726	
9 Other employee benefits	12,455,049	7,044,604	5,410,445	
10 Payroll taxes	6,416,023	5,450,119	965,904	
11 Fees for services (non-employees)				
a Management	379,246		379,246	
b Legal	148,636		148,636	
c Accounting	83,888		83,888	
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)	14,828,664	13,401,242	1,427,422	
12 Advertising and promotion	114,485		114,485	
13 Office expenses	35,728,707	31,274,052	4,454,655	
14 Information technology	3,182,990	1,766,751	1,416,239	
15 Royalties . .				
16 Occupancy	2,688,002	2,337,844	350,158	
17 Travel	2,786,231	2,551,158	235,073	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	427,222	407,217	20,005	
20 Interest	589,208	589,208		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	26,797,214	25,109,944	1,687,270	
23 Insurance	131,594		131,594	
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	3,268,769	3,268,769		
b BOND RELATED FEES	135,230		135,230	
c FEDERAL INCOME TAXES	111,090		111,090	
d LICENSES	108,921	19,881	89,040	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	196,484,076	165,980,917	30,503,159	0
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		13,199,635	2	17,862,241
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		6,560,458	4	6,435,905
	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		160,759	8	174,871
	9	Prepaid expenses and deferred charges		7,330,199	9	8,385,669
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 145,692,506			
	b	Less accumulated depreciation	10b 54,202,688	79,525,583	10c	91,489,818
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		92,618,849	12	96,756,581
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,312,694	15	926,094
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		200,708,177	16	222,031,179
Liabilities	17	Accounts payable and accrued expenses		16,653,955	17	17,230,928
	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		29,766,113	25	31,094,396
	26	**Total liabilities.** Add lines 17 through 25		46,420,068	26	48,325,324
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		154,256,736	27	173,679,674
	28	Temporarily restricted net assets		31,373	28	26,181
	29	Permanently restricted net assets			29	
		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		154,288,109	33	173,705,855
	34	Total liabilities and net assets/fund balances		200,708,177	34	222,031,179

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	212,177,087
2	Total expenses (must equal Part IX, column (A), line 25)	2	196,484,076
3	Revenue less expenses Subtract line 2 from line 1	3	15,693,011
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	154,288,109
5	Net unrealized gains (losses) on investments	5	4,021,061
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	-296,326
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	173,705,855

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		

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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 BUSINESSES

Employer identification number
43-1333488

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

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

1 ☐ A church, convention of churches, or association of churches 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 ")	67,480	55,310	71,927	75,334	228,984	499,035
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	125,140,882	153,128,745	171,804,844	187,695,497	205,388,751	843,158,719
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	125,208,362	153,184,055	171,876,771	187,770,831	205,617,735	843,657,754
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 **Public support** (Subtract line 7c from line 6)						843,657,754

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	125,208,362	153,184,055	171,876,771	187,770,831	205,617,735	843,657,754
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,023,327	1,907,516	2,399,578	2,381,515	1,916,947	10,628,883
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,023,327	1,907,516	2,399,578	2,381,515	1,916,947	10,628,883
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	82,766	604,162	358,798	91,307	285,866	1,422,899
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)	127,314,455	155,695,733	174,635,147	190,243,653	207,820,548	855,709,536

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	98 590 %
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	98 430 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	1 240 %
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	1 420 %

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 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 BUSINESSES

Employer identification number
43-1333488

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

4 Describe in Part 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				
b Buildings		184,353	128,265	56,088
c Leasehold improvements		4,791,957	2,237,368	2,554,589
d Equipment		67,154,777	51,837,055	15,317,722
e Other		73,561,419		73,561,419
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				91,489,818

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	95,987,035	F
(B) BENEFICIAL INTEREST IN FOUNDATION	769,546	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	96,756,581	

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	
DEFERRED REVENUE	121,737
PENSION FUNDING LIABILITY	15,363,045
ALLOCATION OF TAX EXEMPT BONDS (ISSUED BY SSM HEALTH CARE)	15,589,229
RABBI TRUST LIABILITY	20,385
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	31,094,396

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 X, LINE 2	SSM HEALTH BUSINESSES' FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF A RELATED ORGANIZATION, SSM HEALTH CARE (SSMHC) SSMHC EVALUATES ITS UNCERTAIN TAX POSITIONS ON AN ANNUAL BASIS A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON FURTHER 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

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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 BUSINESSES

Employer identification number
43-1333488

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement 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, LINE 1A	THE FOLLOWING INDIVIDUALS LISTED ON PART VII, SECTION A, RECEIVED TAX INDEMNIFICATION/GROSS UP PAYMENTS IN 2013, WHICH WERE INCLUDED IN THEIR TAXABLE COMPENSATION DAVID LUNDAL JONATHAN KIMERLE PART I, LINE 3 COMPENSATION TO TOP MANAGEMENT OFFICIAL THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL (SENIOR VP - CIO) IS COMPENSATED BY A RELATED ORGANIZATION THAT UTILIZED THE FOLLOWING TO DETERMINE COMPENSATION, (1) INDEPENDENT COMPENSATION CONSULTANT, (2) COMPENSATION SURVEY OR STUDY, (3) APPROVAL BY THE SSM HEALTH CARE BOARD OF DIRECTORS 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 INDIVIDUAL LISTED ON PART VII, SECTION A, RECEIVED PAYMENTS UNDER THE PLAN IN THE CURRENT YEAR DIXIE PLATT $103,615 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 DIXIE PLATT $ 95,540 WILLIAM THOMPSON $ 59,209 CHRISTOPHER HOWARD $ 52,082 KRIS ZIMMER $ 45,405 PHILIP GUSTAFSON $ 37,870 THOMAS LANGSTON $ 36,217 PAULA FRIEDMAN $ 33,003 JOE HODGES $ 31,531 LYNN LENKER $ 19,930 JUNE PICKETT $ 19,086 ALISON RUEHL $ 17,868 JONATHAN KIMERLE $ 14,226 DAVID LUNDAL $ 14,190 MICHAEL PANICOLA $ 12,277 MARGARET FOWLER $ 10,603 MICHAEL PAASCH $ 9,197 KEVIN CROSS $ 8,472 WILLIAM ODMAN $ 8,000 PATRICK GILLIGAN $ 7,712

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
STEVEN BARNEY PT YR DIR & VICE PRES	(I)	0	0	0	0	0	0	0
	(II)	354,279	0	238,164	-236,820	12,867	368,490	0
MARGARET FOWLER PT YR DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	324,479	0	49,612	58,991	28,210	461,292	0
LYNN BRUCHHOF PT YR DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	426,648	0	43,230	44,161	33,183	547,222	0
GAUROV DAYAL MD DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	749,382	0	25,971	96,224	28,042	899,619	0
PAULA FRIEDMAN DIRECTOR & VICE PRES	(I)	0	0	0	0	0	0	0
	(II)	523,635	0	73,164	-2,191	17,680	612,288	32,970
PHILIP GUSTAFSON PT YR DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	538,937	0	101,995	107,724	26,319	774,975	0
JOE HODGES PT YR DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	633,887	0	57,112	-16,778	33,457	707,678	31,500
CHRISTOPHER HOWARD DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	806,003	0	87,657	-1,097	31,003	923,566	40,320
THOMAS LANGSTON PT YR DIR, SENIOR VP-CIO	(I)	0	0	0	0	0	0	0
	(II)	502,778	0	161,686	112,421	34,793	811,678	33,880
MICHAEL PANICOLA PHD PT YR DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	415,203	0	38,654	17,361	25,919	497,137	9,680
DIXIE PLATT PT YR DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	345,892	0	244,592	-19,981	30,077	600,580	29,890
WILLIAM THOMPSON DIRECTOR & PRES	(I)	0	0	0	0	0	0	0
	(II)	1,404,608	0	1,016,464	811,381	30,589	3,263,042	59,150
KRIS ZIMMER DIRECTOR & TREASURER	(I)	0	0	0	0	0	0	0
	(II)	763,126	0	73,127	40,169	27,839	904,261	45,360
SHANE PENG DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	520,569	0	153,864	39,900	22,943	737,276	0
JUNE PICKETT SECRETARY	(I)	0	0	0	0	0	0	0
	(II)	226,100	0	29,954	-119,886	23,014	159,182	8,680
ALISON RUEHL PRESIDENT SSM HOME CARE	(I)	0	0	0	0	0	0	0
	(II)	304,701	0	47,556	24,200	30,118	406,575	17,850
PATRICK GILLIGAN VP FINANCIAL PLANNING	(I)	197,347	0	14,200	36,872	23,578	271,997	7,704
	(II)	0	0	0	0	0	0	0
DAVID LUNDAL VP - CIO - WI	(I)	307,088	0	18,762	6,606	26,486	358,942	11,600
	(II)	0	0	0	0	0	0	0
JONATHAN KIMERLE VP - CLINICAL TRANS	(I)	288,539	0	22,031	4,625	21,569	336,764	11,120
	(II)	0	0	0	0	0	0	0
MICHAEL PAASCH VP - CIO - STL	(I)	236,777	0	16,889	43,015	22,844	319,525	9,188
	(II)	0	0	0	0	0	0	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
KEVIN CROSS VP IT OPERATIONS	(I)	212,526	0	15,168	44,529	22,614	294,837	8,280
	(II)	0	0	0	0	0	0	0
WILLIAM ODMAN VP CIO - OK	(I)	209,477	0	9,932	11,325	9,362	240,096	7,992
	(II)	0	0	0	0	0	0	0
LYNN LENKER FORMER KEY EMPLOYEE	(I)	0	0	0	0	0	0	0
	(II)	308,073	0	56,731	27,092	25,374	417,270	12,440

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

Employer identification number
43-1333488

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KRISTOPHER ZIMMER	FAMILY MEMBER OF KRIS ZIMMER, OFFICER	68,251	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493321085804

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 BUSINESSES

Employer identification number
43-1333488

Return Reference	Explanation
FORM 990, PART I, DOING BUSINESS AS	SSM HEALTH BUSINESSES CURRENTLY CONDUCTS BUSINESS UNDER THE FOLLOWING REGISTERED NAMES 1) SSM HOME CARE A)SSM AT HOME B)SSM HOME CARE AT ST ANTHONY HOSPITAL C)SSM HOME CARE AT ST FRANCIS HOSPITAL D)SSM HOME CARE AT ST MARY'S HEALTH CENTER (PAGET) E)SSM HOME CARE AT ST MARY'S HEALTH CENTER (JEFF CITY) F)SSM HOME CARE OF ILLINOIS G)SSM HOME CARE OF ST LOUIS H)SSM HOME CARE-PRIVATE DUTY (ST LOUIS) I)SSM HOME CARE-PRIVATE DUTY (MARYVILLE) J)SSM HOSPICE AT ST FRANCIS HOSPITAL K)SSM HOSPICE OF ILLINOIS 2) SSM HOME MEDICAL EQUIPMENT COMPANY 3) SSM INTEGRATED HEALTH TECHNOLOGIES EIN 23-7001243 4) SSM CLINICAL ENGINEERING SERVICES

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE	SINCE IT WAS FOUNDED IN 1872 BY CATHOLIC SISTERS, SSM HEALTH CARE (SSMHC) HAS EXISTED TO M EET THE HEALTH NEEDS OF THE COMMUNITIES IT SERVES AS OF NOVEMBER 15, 2013, WITH VATICAN A PPROVAL, THE FRANCISCAN SISTERS OF MARY TRANSITIONED SPONSORSHIP OF SSMHC TO SSM HEALTH MI NISTRIES SSM HEALTH MINISTRIES IS AN INDEPENDENT 6-MEMBER BODY COMPRISED OF THREE FRANCIS CAN SISTERS OF MARY AND THREE LAY PEOPLE WHO COLLECTIVELY HOLD CERTAIN RESERVED POWERS OVE R SSMHC HEADQUARTERED IN ST LOUIS, MISSOURI, SSMHC OWNS AND OPERATES 18 ACUTE CARE HOSPIT ALS, ONE CHILDREN'S HOSPITAL, TWO LONG-TERM CARE FACILITIES, AN EXTENSIVE NETWORK OF PHYSI CIAN PRACTICE OPERATIONS, AND OTHER HEALTH CARE BUSINESSES LOCATED PRIMARILY IN MISSOURI, OKLAHOMA, WISCONSIN, AND ILLINOIS THE HEALTH SYSTEM EMPLOYS APPROXIMATELY 30,000 PEOPLE A ND IS AFFILIATED WITH MORE THAN 8,000 PHYSICIANS IN THE TRADITION OF ITS FOUNDING SISTERS , SSMHC STRIVES TO FULFILL ITS MISSION BY PROVIDING EXCEPTIONAL HEALTH CARE TO EVERYONE WH O COMES TO ITS HOSPITALS, REGARDLESS OF THEIR ABILITY TO PAY DESCRIBE THE TAX-EXEMPT PURP OSE ACHIEVEMENTS SSM INTEGRATED HEALTH TECHNOLOGIES DIVISION (SSMIHT) WORKS CLOSELY WITH OUR COLLEAGUES AT THE SSM HOSPITALS TO PROVIDE ASSISTANCE IN THEIR HEALTH CARE MINISTRY, I NCLUDING PROVIDING TECHNOLOGY ASSISTANCE TO THEIR HEALTH COMMUNITY ACTIVITIES AS APPROPRIA TE SSMIHT HAS TWO PRIMARY, CLOSELY RELATED SERVICE SEGMENTS CLINICAL ENGINEERING SERVICE S (CES) AND INFORMATION TECHNOLOGY (IT) SSMIHTCES PROVIDES THE HIGHEST STANDARD OF MAINTE NANCE, EQUIPMENT MANAGEMENT, AND TECHNOLOGY ASSESSMENT THIS SERVICE ENABLES SSM CAREGIVER S TO PROVIDE SAFE AND RELIABLE SERVICE TO OUR PATIENTS SSMIHT SERVICES ALSO REDUCE COST F OR HIGH QUALITY PERFORMANCE IT SUPPORTS ALL THE INFORMATION SYSTEMS, TELECOMMUNICATION AN D NETWORK INFRASTRUCTURE FOR ALL OF SSM HEALTH CARE SYSTEM THIS INCLUDES SUPPORT OF A WID E RANGE OF APPLICATIONS CLINICAL APPLICATIONS PROVIDE THE INFORMATION SYSTEMS USED BY THE ACUTE CARE FACILITIES TO SERVE SSM'S CUSTOMERS AND INCLUDE A FULLY INTEGRATED ELECTRONIC HEALTH RECORD, PATIENT REGISTRATION, PATIENT ACCOUNTING, PHYSICIAN CONNECTIVITY, AND MULTI PLE OTHER APPLICATIONS ALSO INCLUDED IN THE CLINICAL SYSTEMS GROUP ARE APPLICATIONS UTILI ZED BY OUR NON-ACUTE CARE CUSTOMERS, AND INCLUDE A HOME HEALTH AND A PHYSICIAN PRACTICE MA NAGEMENT SYSTEM THE ADMINISTRATIVE APPLICATIONS PROVIDE THE BUSINESS INFORMATION SYSTEMS REQUIRED BY SSM TO EFFECTIVELY MANAGE OPERATIONS INCLUDED IN THIS GROUP OF PRODUCTS IS AN ENTERPRISE RESOURCE PLANNING (ERP) SYSTEM, WHICH INCLUDES FINANCIAL, MATERIALS MANAGEMENT AND HR/PAYROLL COMPONENTS SOME APPLICATIONS, SUCH AS DECISION SUPPORT MODELS AND BENCHMA RKING SOFTWARE, ARE UTILIZED BY BOTH THE CLINICAL AND THE ADMINISTRATIVE APPLICATIONS SUP PORT OF THESE SYSTEMS TAKES MANY FORMS SSMIHT COORDINATES AND MANAGES ALL UPGRADES TO STA NDARD APPLICATIONS, AS WELL AS NEW PRODUCT IMPLEMENTATIONS OUR PRODUCT SPECIALISTS ARE KN OWLEDGEABLE IN ALL ASPECTS OF THE APPLICATIONS THEY SUPPORT AND PROVIDE CONSULTING SERVICE S AS WELL AS PROBLEM RESOLUTION SERVICES TO THE SSM USER COMMUNITY THE TECHNICAL SERVICE CENTER (TSC), SSMIHT'S CERTIFIED HELP DESK, HAS BEEN NATIONALLY RECOGNIZED FOR MULTIPLE BE ST PRACTICES AND PROVIDES THE FIRST LINE OF SUPPORT APPLICATION DEVELOPMENT STAFF MODIFIE S AND ENHANCES APPLICATIONS TO MEET SPECIFIED USER NEEDS SSMIHT ALSO ACTS AS A RESOURCE F OR PROJECT IMPLEMENTATION FOR PROJECTS THAT HAVE WIDESPREAD IMPACT TO THE ORGANIZATION, SU CH AS HIPAA SSMIHT PROVIDES THE APPLICATION TECHNOLOGY AND HARDWARE INFRASTRUCTURE REQUIR ED TO SUPPORT THESE APPLICATIONS IN ADDITION TO MAINTAINING AND MONITORING COMPUTER OPERA TIONS, THIS GROUP IS RESPONSIBLE FOR NETWORK MANAGEMENT AND CONSULTATION, AND ASSURING THE SECURITY AND INTEGRITY OF THE INFORMATION SYSTEMS THESE SERVICES PROVIDE THE IT INFRASTR UCTURE AND OPERATIONS THAT ALLOW THE INFORMATION APPLICATIONS TO PROCESS AND FUNCTION OPTI MALLY TECHNOLOGY CONSULTING IS ALSO A FUNCTION PROVIDED BY THE INFORMATION SYSTEMS STAFF IN 2013, SSMIHT COMPLETED A DECADE-LONG $330 MILLION TRANSFORMATION FROM PAPER MEDICAL RE CORDS TO AN ELECTRONIC HEALTH RECORD (EHR) THE NEW EHR ALLOWS CAREGIVERS INSTANT AND SECU RE ACCESS TO PATIENT INFORMATION AT ANY TIME, FROM ANYWHERE SO THEY CAN MAKE THE BEST DECI SIONS FOR THEIR PATIENTS PATIENTS CAN ALSO EXPECT SAFER, FASTER CARE AND MORE CONVENIENCE WITH THEIR CARE PROVIDERS SSM HEALTH CARE IS AMONG THE TOP U S HOSPITAL SYSTEMS FOR EHR ADOPTION SSM HOME CARE STRIVES TO PROVIDE HOLISTIC AND FAMILY-CENTERED CARE SSM HOME CA RE BRINGS HEALING HEALTH CARE SERVICES INTO THE HOMES OF OUR PATIENTS, WHERE FAMILY SUPPOR T AND FAMILIAR SURROUNDINGS CAN TRULY ENHANCE RECOVERY AND HEALING SSM HOME CARE PROVIDES A VARIETY OF HOME CARE SERVICES TO MEET A VARIETY OF NEEDS - WHEN EXTENDED CARE IS REQUIR ED AFTER A HOSPITAL STAY, AS AN ALTERNATIVE TO A HOSPITAL ADMISSION, OR INSTEAD OF A NURSI NG HOME OR ALTERNATIVE CARE SETTING OUR SERVICES

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE	CAN BE ARRANGED QUICKLY AND EFFICIENTLY BY A SINGLE PHONE CALL AND REFERRALS CAN BE MADE B Y PHYSICIANS, CASE MANAGERS, SOCIAL WORKERS, FAMILY AND FRIENDS, OR BY REQUEST FROM THE PA TIENT THE HEALING SERVICES WE OFFER AT SSM HOME CARE INCLUDE SKILLED NURSING CARE, MEDICA L SOCIAL WORK SERVICES, PALLIATIVE CARE, HOME HEALTH AIDES/NURSES ASSISTANTS, OCCUPATIONAL THERAPY, PHYSICAL THERAPY, SPEECH-LANGUAGE THERAPY, MATERNAL/CHILD/PEDIATRIC, NUTRITIONAL COUNSELING AND MEDICAL SOCIAL WORK SSM INFUSION, LLC PROVIDES COMPREHENSIVE INFUSION THE RAPY SERVICES FOR ADULT AND PEDIATRIC PATIENTS IN HOME AND ALTERNATE SITE SETTINGS OUR EX PERIENCED STAFF SUPPORTS THE PHYSICIAN'S TREATMENT PLAN WITH CLINICAL EXCELLENCE, OUTCOMES REPORTING AND COST-EFFECTIVE PROVISION OF SERVICES SSM INFUSION PROVIDES ASSISTANCE INTE RPRETING INSURANCE RULES AND REGULATIONS RELATED TO HOME INFUSION THERAPY, CAREFUL MONITOR ING OF SUPPLY NEEDS BY HOME PATIENT REPRESENTATIVES AND ACCESS TO OUR NATIONWIDE NETWORK O F BRANCHES, PROVIDING PATIENTS OR THEIR LOVED ONES WITH CONSISTENT, QUALITY CARE WHERE THE Y LIVE AND WHEN THEY TRAVEL SSM HOSPICE PROVIDES HOSPICE CARE AT A TIME WHEN CARING, COMF ORT, ASSISTANCE AND SPECIAL KIND OF HEALING ARE NEEDED IT IS A VERY SPECIAL WAY OF CARING FOR PEOPLE WITH A LIMITED LIFE EXPECTANCY HOSPICE ALSO PROVIDES COMFORT AND GUIDANCE TO CARE GIVERS, FAMILIES AND FRIENDS OF THE PATIENT HOSPICE CARE GIVES INDIVIDUALS AND THEIR CARE GIVERS A COMFORTING ALTERNATIVE TO THE TRADITIONAL HOSPITAL SETTING, MAKING IT POSSI BLE FOR THE TERMINALLY ILL PERSON TO REMAIN AT HOME OR IN OTHER FAMILIAR SURROUNDINGS THE EMPHASIS OF SSM HOSPICE IS ON PRESERVING THE DIGNITY AND IMPROVING THE QUALITY OF LIFE TH ROUGH SY MPTOM MANAGEMENT WHICH INCLUDES RELIEF FROM EMOTIONAL, SPIRITUAL, AS WELL AS PHYSI CAL PAIN THE SSM HOSPICE TEAM IS RECOGNIZED FOR OUR COMPASSIONATE APPROACH AND QUALITY NU RSING CARE THE TEAM CONSISTS OF REGISTERED NURSES, COUNSELORS, PASTORS, SOCIAL WORKERS, H OME HEALTH AIDES, AND VOLUNTEERS TO PROVIDE EXCEPTIONAL CARE. DESCRIBE THE CORPORATION'S F INANCIAL ASSISTANCE POLICIES OR PROGRAMS (E.G , CHARITY CARE, DISCOUNTING) FOR LOW-INCOME PERSONS AND HOW THEY ARE COMMUNICATED TO THE PUBLIC SSM HOME CARE WILL STRIVE TO PROVIDE EXCEPTIONAL HEALTH CARE SERVICES TO ALL PERSONS IN NEED REGARDLESS OF THEIR ABILITY TO PAY ALL BILLING AND COLLECTION POLICIES AND PRACTICES WILL REFLECT THE MISSION AND VALUES OF SSMHC, INCLUDING OUR SPECIAL CONCERN FOR PEOPLE WHO ARE POOR AND VULNERABLE. SSM HOME CAR E WILL APPLY ITS CHARITY CARE POLICIES FAIRLY AND CONSISTENTLY EACH PERSON WILL BE TREATE D AS AN INDIVIDUAL WITH SPECIFIC NEEDS FOR ASSISTANCE WITHOUT REGARD TO PAY MENT SSM HOME CARE EMBRACES ITS RESPONSIBILITY TO SERVE THE COMMUNITIES IN WHICH WE PARTICIPATE BY ESTAB LISHING 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 HOU SEHOLD INCOMES ARE NOT MORE THAN TWO TIMES THE FEDERAL POVERTY LEVELS ARE ELIGIBLE FOR FRE E HOSPITAL SERVICES IN ADDITION, AN EXCEPTION TO THE SLIDING SCALE IS PROVIDED FOR A PATI ENT'S BALANCE DUE IF THE AMOUNT EXCEEDS 20% OF THEIR GROSS FAMILY INCOME.

- THE AVAILABILITY OF FINANCIAL ASSISTANCE FROM PUBLIC PROGRAMS AND ENTITY CHARITY CARE AN D PAYMENT ARRANGEMENTS, - THE ENTITY'S CHARITY POLICY AND APPLICATION PROCESS AND - WHO T O CONTACT TO GET ADDITIONAL INFORMATION OR FINANCIAL COUNSELING SSM HOME CARE SHALL PROVI DE THE FOLLOWING TYPES OF NOTICES TO THE PUBLIC - AT THE BEGINNING OF CARE, WHEN THE CARE GIVER FIRST GOES INTO THE HOME, THE PATIENT'S GUIDE TO FINANCIAL ASSISTANCE IS PROVIDED TO EACH PATIENT - NOTICES RELATED TO FINANCIAL ASSISTANCE ARE SENT TO PATIENTS WHEN BILLED FOR THEIR PORTION OF THE BALANCE DUE, - IMMEDIATELY UPON REQUEST FROM THE PATIENT, PATIEN T'S FAMILY, PATIENT'S PHYSICIAN OR SSM HOME CARE STAFF - ALL NOTICES WILL BE EASY TO UNDE RSTAND BY THE GENERAL PUBLIC AND CULTURALLY APPROPRIATE TRANSLATORS WILL BE AVAILABLE TO PROVIDE ASSISTANCE IN THOSE LANGUAGES THAT ARE PREVALENT IN THE COMMUNITY THE APPLICATION FOR CHARITY CARE, TOGETHER WITH ANY INSTRUCTIONS, MUST CLEARLY STATE THE POLICIES REGARDI NG CHARITY CARE, INCLUDING EXCLUDED SERVICES, ELIGIBILITY CRITERIA AND DOCUMENTATION REQUI REMENTS INFORMATION ABOUT THE ENTITY'S CHARITY POLICIES WILL ALSO BE PROVIDED TO PUBLIC A GENCIES ORGANIZATIONAL DESCRIPTION FOR TAX EXEMPTION THE DIVISIONS OF SSM HEALTH BUSINES S - PROVIDE HOME HEALTH, HOSPICE AND TECHNICAL SUPPORT TO SSMHC HOSPITALS IN ADDITION, S SM HOME CARE - PARTICIPATES IN MEDICAID, MEDICARE, CHAMPUS, TRICARE, AND/OR OTHER GOVERNM ENT-SPONSORED HEALTH CARE PROGRAMS - WORKS IN COOPERATION WITH SSMHC HOSPITALS AND PHYSIC IANS TO PROVIDE A CONTINUUM OF CARE TO THE PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY - HAS REGIONAL ADVISORY BOARDS IN WHICH INDEPENDENT PERSONS REPRESENTATIVE OF THE COMMUNITY COMPRISE A MAJORITY - ALL SURPLUS FUNDS GENERATED BY SSM HEALTH BUSINESSES ARE REINVESTE D IN IMPROVING THE INFRASTRUCTURE NEEDS OF SSMHC SSMHC CONTINUES TO MAKE SIGNIFICANT INVE STMENT IN INFORMATION TECHNOLOGY UPGRADES FOR THE SYSTEM DESCRIPTION OF COMMUNITY BENEFIT S PROGRAMS SSM HOSPICE BEREAVEMENT PROGRAM - BEREAVEMENT COUNSELORS CONTINUE TO PROVIDE S UPPORTIVE SERVICES TO SURVIVORS FOR THIRTEEN MONTHS AFTER THE PATIENT HAS DIED BEREAVEMEN T SERVICES INCLUDE TELEPHONE CALLS, VISITS, LETTERS, SUPPORT GROUP MEETINGS AND INDIVIDUAL AND GROUP COUNSELING BY RESPECTING INDIVIDUAL DIFFERENCES AND CULTURAL INFLUENCES THAT S URROUND GRIEVING, OUR TEAM PROMOTES A POSITIVE, HEALING EXPRESSION OF GRIEF CONSISTENT WIT H SOCIAL AND RELIGIOUS EXPECTATIONS REDUCING HOSPITAL READMISSIONS INITIATIVE - THE INITI ATIVE INCLUDES THE DEVELOPMENT OF SPECIFIC PROGRAMS AND STRATEGIES TO REDUCE HOSPITAL READ MISSIONS WITHIN 30 DAYS OF DISCHARGE HOME HEALTH DISEASE MANAGEMENT AND HOME CONNECTION P ROGRAMS HAVE BEEN DEVELOPED FOR PATIENTS WITH SPECIFIC DIAGNOSES WITHIN SSM HOSPITALS WHOS E POST-HOSPITAL CARE IS PROVIDED BY SSM HOME CARE BOTH PROGRAMS SUPPORT THE TRANSITION OF CARE FROM HOSPITAL TO HOME SSM HOME CARE AND HOME CONNECTION PROGRAMS TEACH PATIENTS HOW TO TAKE CARE OF THEMSELVES THE PROGRAMS USE THE TECHNIQUES OF THE EVIDENCE-BASED CHRONIC CARE MODEL, WHICH HAS THE POTENTIAL TO IMPROVE PATIENT CARE AND CONTROL COSTS SSM HOME C ARE STAFF CLARIFY HOSPITAL DISCHARGE MEDICATIONS IN THE HOME, MAKE SURE PATIENTS ARE TAKIN G MEDICATIONS AS PRESCRIBED AND ARE RESPONDING TO MEDICATIONS CORRECTLY, ASSESS HOME SAFET Y, LOOK FOR OBSTACLES THAT MIGHT INTERFERE WITH HEALING AND TEACH SIGNS AND SYMPTOMS OF EX ACERBATIONS TO PREVENT HOSPITAL READMISSION OTHER COMMUNITY BENEFIT ACTIVITIES - HOME CAR E - STAFF MEMBERS PARTICIPATED IN THE UNITED WAY CAMPAIGN, THE BACK TO SCHOOL COLLECTION D RIVE, DOORWAYS "RED" GALA, HOSPICE EDUCATION TO STEPHEN MINISTRIES, HEALTH FAIR AND COMMUN ITY RESOURCE EDUCATION PROGRAM OTHER COMMUNITY BENEFIT ACTIVITIES - IHT - APPROXIMATELY 2 50 HOURS OF STAFF TIME WAS DEDICATED TO MEETINGS, TRAINING NEW TEAM MEMBERS, RUNNING REPOR TS, DEVELOPING ONLINE COURSE, DEVELOPING PRESENTATION MATERIAL, AND FACILITATING BREAKOUT TRAINING SESSIONS ON COMMUNITY BENEFIT REPORTING STAFF MEMBERS HELD THE REUSE, RECYCLE, R EDECORATE SILENT AUCTION/SALE AND VOLUNTEERED AT THE ARBOR DAY TREE GIVEAWAY STAFF MEMBER S PROVIDED OVER 450 HOURS OF IT SUPPORT TO THE CHILDREN'S MIRACLE NETWORK - ST LOUIS OFFIC E STAFF MEMBERS PARTICIPATED IN VARIOUS COMMUNITY EVENTS INCLUDING VOLUNTEERING WITH THE USO OF MISSOURI FOOD DRIVE, BLOOD DRIVES, SWEET BABIES CLOTHING DRIVE AND ST LOUIS FOOD B ANK VOLUNTEER DAY THROUGH ITS CES DIVISION, SSM SSMIHT SAVES SSMHC APPROXIMATELY $11 MILL ION ANNUALLY IN CLINICAL EQUIPMENT MAINTENANCE EXPENSES COMPARED TO OUTSOURCING QUANTIFIA BLE COMMUNITY BENEFIT THE FOLLOWING IS A LIST OF THE TYPES OF PROGRAMS AND SERVICES THAT C OULD BE INCLUDED AS COMMUNITY BENEFIT ACTIVITIES TRADITIONAL CHARITY CARE $ 182,245 UNPAI D COST OF MEDICAID $1,103,128 COST OF BAD DEBTS $ 360,323 COMMUNITY BENEFIT PROGRAMS $ 5,5 58 TOTAL QUANTIFIABLE COMMUNITY BENEFIT $1,651,254

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

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

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 DIRECTORS OF THE CORPORATION D TO APPROVE THE AMENDMENTS TO THE ARTICLES OF INCORPORATION OF THE CORPORATION AS PROVIDED THEREIN E TO APPROVE AMENDMENTS TO THE BYLAWS OF THE CORPORATION F TO APPROVE THE MERGER, CONSOLIDATION OR DISSOLUTION OF THE CORPORATION G TO APPROVE THE FORMATION OF A CONTROLLED SUBSIDIARY OR A REMOTELY CONTROLLED SUBSIDIARY H TO APPROVE THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION I TO APPROVE THE ACQUISITION OR DISPOSITION BY THE CORPORATION OF ANOTHER LEGAL ENTITY OR AN INTEREST IN ANOTHER LEGAL ENTITY J TO AUTHORIZE OR APPROVE THE ACQUISITION OR DISPOSITION BY THE CORPORATION OF REAL PROPERTY OR ANY INTEREST IN REAL PROPERTY K 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 L TO APPROVE THE STRATEGIC, FINANCIAL AND HUMAN RESOURCES PLAN OF THE CORPORATION M TO APPOINT THE AUDITOR AND CORPORATE COUNSEL FOR THE CORPORATION N 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 O 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 P 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 Q 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 AT THE NEXT REGULARLY SCHEDULED BOARD MEETING

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	TRANSFERS TO AFFILIATES -305,634 BENEFICIAL INTEREST IN FOUNDATION 9,308

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" 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 BUSINESSES

Employer identification number
43-1333488

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SSM INFUSION SERVICES LLC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1872025	INFUSION THERAPY SERVICES	MO	3,970,562	2,354,272	SSM HEALTH BUSINESSES

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SSM HOSPICE AND HOME CARE FOUNDATION	C	136,645	COST OF SERVICES
(2) SSM HOSPICE AND HOME CARE FOUNDATION	R	334,038	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: 43-1333488
Name: SSM HEALTH BUSINESSES

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if 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) SSM HEALTH CARE OF WISCONSIN INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-0688874	HEALTH CARE	WI	501(C)(3)	LINE 3	SSM HEALTH CARE CORPORATION		No
(14) DELLS MEDICAL BUILDING INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 39-1613292	MOB	WI	501(C)(2)		SSM HEALTH CARE OF WISCONSIN		No
(15) 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		No
(16) 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		No
(17) 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		No
(18) 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		No
(19) 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		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) 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
(1) 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
(2) 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
(3) 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
(4) 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
(5) 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
(6) 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
(7) 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
(8) 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
(9) 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
(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		No
(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	Yes	
(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	N/A									
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	ACCOUNTABLE CARE ORGANIZATION	WI	N/A									
WISCONSIN INTEGRATED INFORMATION TECHNOLOGY AND TELEMEDICINE SYSTEMS LLC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-2016715	INFORMATION TECHNOLOGY SERVICES	WI	N/A									
DEAN HEALTH HOLDINGS LLC 1277 DEMING WAY MADISON, WI 53717 26-1594709	SUPPORT SERVICES	WI	N/A									
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