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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SSM Health Care St Louis

Doing business as
See Schedule O

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

City or town, state or province, country, and ZIP or foreign postal code
St Louis, MO 63132

D Employer identification number
43-1343281

E Telephone number
(314) 523-8700

G Gross receipts $ 1,261,468,289

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 2000

M State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
OPERATES SIX HOSPITALS AND HEALTH CARE CENTERS IN THE GREATER ST LOUIS METROPOLITAN AREA

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**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	11,278
6	Total number of volunteers (estimate if necessary)	**6**	1,065
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	7,501,711
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	115,526

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,451,426	1,432,753
9	Program service revenue (Part VIII, line 2g)	1,161,532,452	1,242,767,301
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	482,478	945,664
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,429,327	14,252,912
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,177,895,683	1,259,398,630

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	931,694	720,488
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)	520,983,634	494,352,699
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶101,552		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	623,491,136	670,381,346
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,145,406,464	1,165,454,533
19	Revenue less expenses Subtract line 18 from line 12	32,489,219	93,944,097

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	834,067,599	893,750,359
21	Total liabilities (Part X, line 26)	477,324,282	500,425,369
22	Net assets or fund balances Subtract line 21 from line 20	356,743,317	393,324,990

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 — 2015-11-16 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 McNeil	Brooke Kitchen McNeil			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 $ 1,057,281,165 including grants of $ 41,065) (Revenue $ 1,247,432,151)

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

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 1,057,281,165

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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	11,278		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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			
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring 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**	13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**		No
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**	Yes	

Section C. Disclosure

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

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

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

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶Bonnie Thorn

1195 Corporate Lake Drive
St Louis, MO 63132 (314) 989-3640

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	**Sub-Total**			
c	**Total from continuation sheets to Part VII, Section A**			
d	**Total (add lines 1b and 1c)**	4,110,885	11,919,996	7,566,697

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 ▶270

			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
ALBERICI CONSTRUCTORS INC 8800 PAGE AVE ST LOUIS, MO 63114	CONSTRUCTION SERVICES	16,416,228
ST LOUIS UNIVERSITY 1402 S GRAND BLVD ST LOUIS, MO 63104	MEDICAL SERVICES	14,049,408
SSM SELECT REHAB OF ST LOUIS LLC 4714 GETTYSBERG ROAD MECHANICSBURG, PA 17055	MEDICAL SERVICES	7,871,724
METRO WEST ANESTHESIA 400 S WOODS MILL ROAD CHESTERFIELD, MO 63017	MEDICAL SERVICES	5,588,144
INTERFACE CONSTRUCTION GROUP 8401 WABASH BERKELEY, MO 63134	CONSTRUCTION SERVICES	4,196,897

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 ▶107

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	6,845			
	d	Related organizations	1d	1,345,676			
	e	Government grants (contributions)	1e	153			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	80,079			
	g	Noncash contributions included in lines 1a-1f $		383,160			
	h	**Total.** Add lines 1a-1f			1,432,753		
Program Service Revenue			Business Code				
	2a	NET PATIENT REVENUE	621110		1,193,239,813	1,193,239,813	
	b	OTHER OPERATING REVENUE	621110		49,527,488	46,860,694	2,666,794
	c						
	d						
	e						
	f	All other program service revenue			0	0	0
	g	**Total.** Add lines 2a–2f			1,242,767,301		
	3	Investment income (including dividends, interest, and other similar amounts)			915,113		915,113
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents	3,367,470				
	b	Less rental expenses	1,281,119				
	c	Rental income or (loss)	2,086,351	0			
	d	Net rental income or (loss)			2,086,351		2,086,351
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	819,091				
	b	Less cost or other basis and sales expenses		788,540			
	c	Gain or (loss)	819,091	-788,540			
	d	Net gain or (loss)			30,551		30,551
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	PHARMACY	446110		4,430,116		4,430,116
	b	LABORATORY SERVICES	621500		167,157		167,157
	c						
	d	All other revenue			7,569,288	7,331,644	237,644
	e	**Total.** Add lines 11a–11d			12,166,561		
	12	**Total revenue.** See Instructions			1,259,398,630	1,247,432,151	7,501,711

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 domestic organizations and domestic governments See Part IV, line 21	713,805	713,805		
2 Grants and other assistance to domestic individuals See Part IV, line 22	6,683	6,683		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,863,177	665,655	3,197,522	
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	375,925,681	347,003,966	28,921,715	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34,567,291	26,895,714	7,671,577	
9 Other employee benefits	50,362,402	57,983,976	-7,621,574	
10 Payroll taxes	29,634,148	22,190,552	7,443,596	
11 Fees for services (non-employees)				
a Management	28,091,570	17,546,833	10,544,737	
b Legal	1,563,174		1,563,174	
c Accounting	642,461		642,461	
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)	153,375,050	116,026,341	37,206,096	142,613
12 Advertising and promotion	65,984		28,443	37,541
13 Office expenses	42,160,641	39,571,069	2,690,815	-101,243
14 Information technology	67,524,524	59,824,490	7,686,314	13,720
15 Royalties				
16 Occupancy	29,552,868	25,269,158	4,283,410	300
17 Travel	999,172	-59,704	1,051,797	7,079
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	280,025	183,639	96,276	110
20 Interest	7,472,015	7,470,224	1,791	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,714,288	41,386,889	5,325,967	1,432
23 Insurance	1,837,401	240,182	1,597,219	
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	216,767,402	216,767,402		
b MEDICARE PROVIDER TAX	68,817,178	68,817,178		
c BOND RELATED FEES	1,588,712		1,588,712	
d LICENSES	814,261	552,092	262,169	
e All other expenses	2,114,620	922,607	1,192,013	0
25 **Total functional expenses.** Add lines 1 through 24e	1,165,454,533	1,049,978,751	115,374,230	101,552
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		45,914,676	2	57,301,632
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		182,529,090	4	150,725,084
	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		18,496,807	8	24,605,097
	9	Prepaid expenses and deferred charges		5,323,694	9	7,068,961
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,143,147,055			
	b	Less accumulated depreciation	10b 655,420,586	494,818,877	10c	487,726,469
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		28,407,668	12	101,133,533
	13	Investments—program-related See Part IV, line 11		0	13	
	14	Intangible assets		3,123,883	14	6,365,091
	15	Other assets See Part IV, line 11		55,452,904	15	58,824,492
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		834,067,599	16	893,750,359
Liabilities	17	Accounts payable and accrued expenses		109,167,177	17	104,900,412
	18	Grants payable			18	
	19	Deferred revenue		808,742	19	785,742
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		367,348,363	25	394,739,215
	26	**Total liabilities.** Add lines 17 through 25		477,324,282	26	500,425,369
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		346,863,653	27	393,324,990
	28	Temporarily restricted net assets		7,357,924	28	
	29	Permanently restricted net assets		2,521,740	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		356,743,317	33	393,324,990
	34	Total liabilities and net assets/fund balances		834,067,599	34	893,750,359

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	1,259,398,630
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,165,454,533
3	Revenue less expenses Subtract line 2 from line 1	3	93,944,097
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	356,743,317
5	Net unrealized gains (losses) on investments	5	-963,333
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	-56,399,091
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	393,324,990

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 43-1343281
Name: SSM Health Care St Louis

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) William Thompson Director & Vice Chairperson	1 00 55 00	X		X				0	3,248,929	2,256,052
(1) Sr Mary Jean Ryan FSM Director & Chairperson	1 00 9 00	X		X				0	0	0
(2) Christopher Howard Director & Pt Yr President	1 00 52 00	X		X				0	1,013,182	504,975
(3) Candace Jennings Director & President	30 00 11 00	X		X				0	217,750	24,012
(4) Sheila Bader Director	1 00 1 00	X						0	0	0
(5) Jan Cerny Director	1 00 1 00	X						0	0	0
(6) Dee Joyner Director	1 00 1 00	X						0	0	0
(7) Mary McLennan MD Director	1 00 1 00	X						0	0	0
(8) John Oldani Director	1 00 1 00	X						1,273	0	0
(9) Barbara Turkington Director	1 00 1 00	X						0	0	0
(10) Karl Wilson PhD Director	1 00 1 00	X						0	0	0
(11) Tika Shah DMD Pt Yr Director	1 00 1 00	X						0	0	0
(12) Daniel Baumann MD Director	1 00 2 00	X						0	262,987	22,161
(13) Donald Binz MD Director	1 00 2 00	X						0	429,969	20,566
(14) June Pickett Secretary	0 10 42 70			X				0	253,530	146,963
(15) Kris Zimmer Treasurer	1 00 56 00			X				0	956,951	412,836
(16) Paula Friedman Vice President	1 00 53 00			X				0	729,173	396,619
(17) Karen Rewerts System VP, Finance	30 00 10 00			X				0	584,747	259,916
(18) Judy Gartland Pt Yr Assistant Secretary	30 00 10 00			X				2,619	0	42,250
(19) Shari Jackson Assistant Secretary	40 00 0			X				63,174	0	10,785
(20) Kevin Todd Johnson Regional VP Medical Affairs	30 00 11 00				X			660,372	0	213,487
(21) Lisle Wescott President St Joseph West	40 00 1 00				X			0	353,587	112,587
(22) Margaret Fowler System VP, Chief Nursing Officer	40 00 0				X			405,980	0	285,680
(23) Sean Hogan President DePaul	40 00 1 00				X			0	473,393	204,124
(24) Lee Bernstein Regional Exec VP/COO	40 00 1 00				X			0	564,758	155,892

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) Kathleen Becker President St Mary's	20 00 22 00				X			0	523,494	127,646
(1) Ellis Hawkins President St Clare	40 00 1 00				X			0	297,457	165,876
(2) Mike Bowers President St Joseph HC	40 00 1 00				X			0	272,566	60,259
(3) Renee Roach System Vice President - HR	40 00 0				X			0	142,727	8,670
(4) Timothy Pratt MD VP - Medical Affairs	40 00 0					X		384,523	0	74,995
(5) Mario Morales Physician	40 00 0					X		1,289,119	0	66,860
(6) William Holcomb Physician	40 00 0					X		455,213	0	107,317
(7) Mark Renken Physician	40 00 0					X		473,020	0	140,740
(8) Michael Handler VP - Medical Affairs	40 00 0					X		375,592	0	83,651
(9) Gaspare Calvaruso Former Key Employee	0 00 0 00						X	0	469,476	84,528
(10) Robert Porter Former Key Employee	0 00 0 00						X	0	151,553	176,227
(11) Lynn Lenker Former Key Employee	0 00 40 00						X	0	366,667	216,366
(12) Deborah Walkenhorst Former Key Employee	0 00 40 00						X	0	397,966	153,985
(13) William Schoenhard Former Officer	0 00 0 00						X	0	209,134	1,030,672

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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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SSM Health Care St Louis

Employer identification number
43-1343281

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g 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 listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
SSM Health Care St Louis	43-1343281

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		228,677
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			228,677
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	The organization paid dues to various national and local hospital associations and a portion of these dues was allocated to lobbying activities

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SSM Health Care St Louis

Employer identification number
43-1343281

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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) Revenue 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 Revenue 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, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	2,936,398	2,786,143	2,708,076	2,654,649	2,635,031
b	Contributions			26,501		14,648
c	Net investment earnings, gains, and losses	341,518	150,255	51,566	53,882	135,542
d	Grants or scholarships	45,779				
e	Other expenditures for facilities and programs				455	130,572
f	Administrative expenses					
g	End of year balance	3,232,137	2,936,398	2,786,143	2,708,076	2,654,649

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

- a Board designated or quasi-endowment ▶ 3 %
- b Permanent endowment ▶ 18 87 %
- c Temporarily restricted endowment ▶ 78 02 %

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

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		49,670,562		49,670,562
b Buildings		687,407,848	346,314,703	341,093,145
c Leasehold improvements		15,873,118	11,128,426	4,744,692
d Equipment		378,488,867	297,977,457	80,511,410
e Other		11,706,660		11,706,660
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				487,726,469

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) EQUITY IN OTHER ENTITIES	32,695,092	F
(B) CENTRAL INVESTMENT PROGRAM	68,438,441	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	101,133,533	

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
(1) DUE FROM AFFILIATES	55,018,496
(2) OTHER NONCURRENT ASSETS	3,805,996
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	58,824,492

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	
PAYABLE TO THIRD-PARTY PAYORS	60,240,752
DUE TO AFFILIATES	26,252,977
OTHER LIABILITIES	17,659,826
ASSET RETIREMENT LIABILITY	3,203,949
PENSION FUNDING LIABILITY	87,013,595
ALLOCATED TAX-EXEMPT DEBT (ISSUED BY SSM HEALTH CARE)	200,368,116
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	394,739,215

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 (losses) 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
Schedule D, Part V, Line 4 Intended uses of endowment funds	ALL ENDOWMENT FUNDS WILL BE USED TO support HEALTH CARE SERVICES
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	SSM HEALTH CARE ST LOUIS' FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF SSM HEALTH (SSMH), A RELATED ORGANIZATION SSMH EVALUATES ITS UNCERTAIN TAX POSITIONS ON AN ANNUAL BASIS A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS THERE HAVE BEEN NO UNCERTAIN TAX POSITIONS RECORDED IN 2014 OR 2013

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320161905

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SSM Health Care St Louis

Employer identification number
43-1343281

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			38,690,616		38,690,616	3 32 %
b Medicaid (from Worksheet 3, column a)			217,563,543	195,414,075	22,149,468	1 90 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	256,254,159	195,414,075	60,840,084	5 22 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,786,128	369,950	1,416,178	0 12 %
f Health professions education (from Worksheet 5)			23,133,351	5,606,448	17,526,903	1 51 %
g Subsidized health services (from Worksheet 6)					0	0 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			977,858		977,858	0 08 %
j **Total.** Other Benefits	0	0	25,897,337	5,976,398	19,920,939	1 71 %
k **Total.** Add lines 7d and 7j	0	0	282,151,496	201,390,473	80,761,023	6 94 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 31,794,891		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	351,965,974
6	Enter Medicare allowable costs of care relating to payments on line 5	6	338,881,366
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	13,084,608
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
6

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

A

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2012			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) Please see individual hospital web site via www.ssmhealth.com/system/exceptional-care/what-we-mean/c			
b	☑ Other website (list url) www.ssmhealth.com/system/exceptional-care/what-we-mean/chna/			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2012			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http://www.ssmhealth.com/system/exceptional-care/what-we-mean/chna/			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Financial Assistance Policy (FAP)			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 20% and FPG family income limit for eligibility for discounted care of 40%			
b ☐ Income level other than FPG (describe in Section C)			
c ☑ Asset level			
d ☑ Medical indigency			
e ☑ Insurance status			
f ☑ Underinsurance discount			
g ☑ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Included measures to publicize the policy within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The FAP was widely available on a website (list url) _____			
b ☑ The FAP application form was widely available on a website (list url) _____			
c ☑ A plain language summary of the FAP was widely available on a website (list url) _____			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☐ Other (describe in Section C)			
Billing and Collections			
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			
e ☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

A

Name of hospital facility or letter of facility reporting group _____

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group SSM REHABILITATION HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 6

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) Please see individual hospital web site via www.ssmhealth.com/system/exceptional-care/what-we-mean/c			
b	☑ Other website (list url) www.ssmhealth.com/system/exceptional-care/what-we-mean/chna/			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2013			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http://www.ssmhealth.com/system/exceptional-care/what-we-mean/documents/rehabfinal617141.pdf			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

SSM REHABILITATION HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 20% and FPG family income limit for eligibility for discounted care of 40%			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url)			
b	☐ The FAP application form was widely available on a website (list url)			
c	☐ A plain language summary of the FAP was widely available on a website (list url)			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

SSM REHABILITATION HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☑ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? **39**

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
Schedule H, Part I, Line 3b Eligibility for Discounted Care	Services eligible under the financial assistance policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination The basis for the amounts the hospital will charge patients qualifying for financial assistance is as follows Patients whose family income is above 200% but not more than 400% of the FPL are eligible to receive discounted services at amounts no greater than the amounts generally billed to the hospital's commercially insured or Medicare patients

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c Discounted Care Exceptions	Patients whose family income exceeds 400% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the hospital, however the discounted rates shall not be greater than the amounts generally billed to commercially insured [or Medicare] patients In such cases, other factors may be considered in determining their eligibility for discounted or free services, including * Bank accounts, investments and other assets * Employment status and earning capacity * Amount and frequency of bills for health care services * Other financial obligations and expenses * Generally, financial responsibility will be no more than 25% of gross family income The hospital may utilize predictive analytical software or other criteria to assist in making a determination of financial assistance eligibility in situations where the patient qualifies for financial assistance but has not provided the necessary documentation to make a determination This process is called "presumptive eligibility "

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community Benefit Annual Report	SSM Health Care St Louis is part of the integrated health system known as SSM Health In an effort to strengthen its community benefit program, SSM Health plans for, measures, and communicates community benefits provided to persons who are low income, the unpaid costs of public programs and other activities that respond to community need, improve community health, or reach out to low income and vulnerable persons

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	922607

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	Financial Assistance Methodology The cost of financial assistance is calculated in compliance with catholic health association (CHA) guidelines A cost to charge ratio calculated using the IRS worksheet 2, ratio of patient care cost to charges, was used to compute financial assistance at cost This is the ratio of total adjusted operating expense to total gross patient revenue The gross revenue amount is a gross amount - prior to contractual adjustments and bad debts Both gross revenue and costs are based on charges at date/time of service Unreimbursed Medicaid Costing Methodology The cost of unreimbursed Medicaid is calculated in compliance with Catholic Health Association (CHA) guidelines A cost to charge ratio calculated utilizing IRS Worksheet 2, Ratio of patient care cost to charges, was used to compute unreimbursed Medicaid costs This is the ratio of total adjusted operating expenses to total gross patient revenue The gross revenue amount is gross amount - prior to contractual adjustments and bad debts Both gross revenue and costs are based on charges at date/time of service Community health improvement services and community benefit operations costing methodology The costs for these programs were derived from the actual costs incurred in these areas Subsidized health services costing methodology The expenditures are determined based on actual invoices or dollar amounts spent and charged to these departments, reduced by any grant revenues restricted for these services, if any Research costing methodology Research expenses were taken from the income and expense statements for the research departments, derived from the accounting system Cash and In-Kind contributions to community groups costing methodology Contribution expenditures are based on actual invoices that were captured and reported for this program, derived from the accounting system

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	SSM Health Care St Louis participates in a wide array of community and civic organizations in the promotion of health care and community building activities Specific activities reported in Part II of Schedule H include the following Community Building - Economic Development Hospital presidents and executives are involved with regional and local chambers of commerce actively serving on boards and committees Specifically, SSM employees hold Board positions on the St Louis Regional Chamber, North County Incorporated, Northwest Chamber of Commerce, Clayton Chamber of Commerce, Fenton Chamber of Commerce, Greater St Charles Chamber of Commerce and the Greater Western St Charles Chamber of Commerce Community Building - Coalition Building SSM hospitals provide literature and other small giveaways for school nurses, donations to parish picnics and donations to a special education prom, Parish nurses supported by SSM and their respective parishes, do 100% of their work in their churches Parish nurses serve as health educator, health counselor, resource and referral person, and coordinator of health related services in their church They offer assistance to individuals in modifying life styles, adjusting to disease, and coping with chronic illness They provide emotional and spiritual support in times of anxiety, crisis, and terminal illness

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	Bad debt expense reported in the accounting system, adjusted for bad debt recoveries, was used, multiplied by the cost to charge ratio using IRS Worksheet 2, Ratio of patient costs to charges

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	SSM Health Care St Louis did not make an estimate of the organization's bad debt attributable to patients eligible under the organization's financial assistance policy

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	SSM Health Care St Louis is part of the SSM Health consolidated audit The footnote that references bad debt expense in the December 31, 2014 consolidated audit is contained on page 16 and 17 of the attached financial statements

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	The cost of providing care to Medicare eligible patients is greater than the reimbursement that Medicare allows on the Medicare cost report SSM Health Care St Louis considers this shortfall as a component of community benefit because the reimbursement is not negotiated and services are provided regardless of the patients' ability to pay The Medicare costs reported on Line 6 were obtained from the 2014 Medicare cost report

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	SSM Health Care St Louis has established a written credit and collection policy and procedures The billing and collection policies and practices reflect the mission and values of SSM Health, including our special concern for people who are poor and vulnerable SSM Health Care St Louis embraces its responsibility to serve the communities in which it participates by establishing sound business practices SSM Health Care St Louis' billing and collection practices will be fairly and consistently applied All staff and vendors are expected to treat all patients consistently and fairly regardless of their ability to pay They respond to patients in a prompt and courteous manner regarding any questions about their bills and provide notification of the availability of financial assistance All uninsured patients will be provided a standard discount for medically necessary inpatient and outpatient services, including services provided at off-campus outpatient sites The hospital determined the amount of the discount based on the local managed care market, applicable statutory requirements and other relevant local circumstances The rate must be no less than the lowest effective discount rate and no greater than the highest effective discount rate for the current managed care contracts of the hospital Uninsured patients may also qualify for an additional discount based upon financial need under the system financial assistance policy All accounts due from the patient will receive a statement after discharge or after final adjudication from patient's insurance Generally the patient will receive 4 months (120 days) of in-house collection efforts (including early out vendors) and 12 months of bad debt collection efforts The hospital will make Reasonable Efforts to determine FAP eligibility including 1 The financial assistance summary will be included with each billing statement 2 Extraordinary Collection Activity (ECAs) may not occur until bad debt placement and only after the expiration of the notification period 3 ECAs must be suspended if a guarantor submits a FAP application during the application period 4 Reasonable measures must be taken to reverse ECAs if the application is approved which may include refunding any payments made in excess of amounts owed as an FAP-eligible individual 5 Bad Debt vendors will gain written approval from SSM prior to engaging in ECAs SSM will review the accounts and verify satisfactory completion of reasonable efforts during the notification and application period A waiver is not considered reasonable efforts Obtaining a signed waiver that an individual does not wish to apply for FAP assistance or receive FAP application information will not meet the requirement to make "reasonable efforts" to determine whether the individual is FAP-eligible before engaging in ECAs All outside collection agencies must comply with state and federal laws, comply with the association of credit and collection professional's code of ethics and professional responsibility and comply with SSM Health Care St Louis' collection and financial assistance policies

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	A - SSM DEPAUL HEALTH CENTER Line 16a URL www ssmhealth com/system/exceptional-care/financial-assistance,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - SSM DEPAUL HEALTH CENTER Line 16b URL www ssmhealth com/system/exceptional-care/financial-assistance,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - SSM DEPAUL HEALTH CENTER Line 16c URL www ssmhealth com/system/exceptional-care/financial-assistance,

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	SSM Health (SSM) participates in Community Benefit according to our vision Through our participation in the healing ministry of Jesus Christ, communities, especially those that are economically, physically, and socially marginalized, will experience improved health in mind, body, spirit and environment In the tradition of our founders, the Franciscan Sisters of Mary, caring for those in greatest need remains our organizational priority Today our System Board monitors Community Benefit efforts, and views achievement of our vision as a primary responsibility The purpose of SSM's Community Benefit program is to assess and address community health needs Making our communities healthier in measurable ways is always our goal To fulfill this commitment, SSM's Community Benefit is divided into two parts 1) Community Health Needs Assessment (CHNA), and 2) Community Benefit Inventory for Social Accountability (CBISA) The CHNA is an assessment and prioritization of community health needs and the adoption and implementation of strategies to address those needs A CHNA is conducted every three years by each hospital according to the following steps * Assess and prioritize community health needs Gather CHNA data from secondary sources, obtain input from stakeholders representing the broad interests of the community through interviews and focus groups, use data to select top health priorities, and complete written CHNA * Develop, adopt, and implement strategies to address top-health priorities Establish strategies to address priorities, complete Strategic Implementation Plan, obtain Regional/Divisional Board approval, and integrate strategies into operational plan * Make CHNA widely available to the public Publish CHNA and summary document on hospital's website * Monitor, track, and report progress on top health priorities Collect data and evaluate progress, report to Regional/Divisional Board every six months and System Board every year, share findings with community stakeholders, and send results to finance for submission to the Internal Revenue Service (IRS) CBISA is the gathering, collecting, and reporting of all data relating to community benefit activities and programs across the System A CBISA is conducted every year by each hospital according to the following steps * Collect and enter data Send out emails reminding staff to submit activities, enter data into Lyon, and run reports to share with leaders * Finalize and report on prior year Enter all prior year data into Lyon by January 31, and communicate final prior year figures to IRS, System Board, and the community System Office staff and leaders oversee and monitor SSM's Community Benefit Program, and ensure reporting is in compliance with IRS regulations In collaboration with community stakeholders and partner organizations, all hospital CHNAs were completed, approved, and integrated into the organization's strategic plan We continue to monitor and assess the progress of our local efforts in the spirit of caring for others and improving community health

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	All SSMH facilities will strive to provide exceptional health care services to all persons in need regardless of their ability to pay All billing and collection policies reflect the mission and values of SSMH, including our special concern for people who are poor and vulnerable SSMH facilities offer discounts for hospital services to all uninsured persons Self-pay discounts apply to everyone who does not have health insurance, no matter their ability to pay SSMH applies its charity care policies fairly and consistently Each person is treated as an individual with specific needs for assistance without regard to payment SSMH embraces its responsibility to serve the communities in which we participate by establishing sound business practices Charity care is provided to patients based on a sliding scale for household incomes up to four times the federal poverty level Patients whose household income is no more than two times the federal poverty level are eligible for free hospital services In addition, an exception to the sliding scale is provided for a patient's balance due if the amount is too large to be reasonably paid through an installment plan over four years given the family income and expenses Each entity providing medical service shall provide information to the public regarding its charity care policies and the qualification requirements for each of its facilities When standard system notices and communication regarding charity care are available, these must be used Modifications to the standard may be made to comply with state and local laws, as well as reflect culturally sensitive terminology for the policy All notices are easy to understand by the general public, culturally appropriate and available in those languages that are prevalent in the community They provide information about * The patient's responsibility for payment, * The availability of financial assistance from public programs and entity charity care and payment arrangements, * The entity's charity policy and application process, and * Who to contact to get additional information or financial counseling The following types of notices to the public are provided * Signs in the emergency department, outpatient and inpatient registration and public waiting areas * Brochures or fliers provided at time of registration and available in the financial counseling areas * Notices sent with or on patient bills or communications sent to patients and guarantors related to medical services * Applications provided to uninsured patients at the time of registration The application for charity care, together with any instructions, must clearly state the policies regarding charity care, including excluded services, eligibility criteria and documentation requirements Information about the entity's charity policies is also provided to public agencies

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	SSM Health Care St Louis defines its primary service area as the St Louis metropolitan statistical area (MSA), which includes the Missouri Counties of St Louis, St Charles, Jefferson, Franklin, Lincoln, and Warren and St Louis City Because we support a wide range of local markets and constituencies, demographics are also evaluated for our individual hospital service areas, service lines and clinical departments to ensure we focus on specific community health needs The total population for the MSA was 2,113,512 for the St Louis MSA The overall population is projected to remain flat and/or decline with projected increases in the over 65 category offset by declines in other cohorts The MSA has a lightly higher proportion of female population (51 6%) with the number of females of childbearing age expected to decline over the next 5 years Distribution of race/ethnicity in the MSA is white/Caucasian 74%, black/African-American 19%, Hispanic 3%, other 4% The St Louis MSA has a median household income of $69,077 with St Louis city having the lowest median household income ($44,675) Of the St Louis MSA population, 31 3% have a Bachelor's degree or higher, with the St Louis County area having a higher percentage (38 3%) than St Louis City (26 1%) The deficit of literacy skills among St Louis City's population is almost double that of St Louis County or the state (13%) For St Louis County, the percentage of the population living below the poverty level is 9 0% compared to the St Louis City rate of 24 0% Additional detailed information on the demographics of each community served by SSM Health St Louis hospitals can be found in the hospital's CHNA in the Demographic and Socioeconomic Profile of the Community and Secondary Data Collection section, beginning on page 15 SSM Health Care St Louis provides the following services at its member hospitals SSM St Mary's Health Center is conveniently located in Richmond Heights, Missouri SSM St Mary's Health Center is a contemporary, 525-bed hospital with distinct capabilities in high-risk obstetrical services, fetal surgery, state-of-the-art heart surgery, a chest pain center, advanced stroke care and the latest imaging and outpatient services Also a teaching hospital, SSM St Mary's Health Center is home to an accredited internal medicine residency program and to Saint Louis University School of Medicine's Obstetrics/Gynecology and Family Practice residency programs SSM St Joseph Hospital West in Lake Saint Louis, Missouri, was established in 1986 to meet the expanding health care needs of western St Charles County The 126-bed acute care hospital maintains a state-designated Level III Trauma Center, a nationally accredited Chest Pain Center and Primary Stroke Center The facility offers a broad range of services and programs including SSM Cancer care, SSM Neurosciences Institute, SSM Heart Institute and a dedicated pediatric emergency department SSM St Joseph Health Center was founded in 1885 and is located in historic downtown St Charles, Missouri SSM St Joseph Health Center is a 362-bed acute care hospital that maintains a state- designated Level II Trauma Center, a nationally accredited Chest Pain Center and Primary Stroke Center The facility offers a broad range of services and programs including SSM Cancer Care, the SSM heart Institute, the Vascular Institute and SSM Center for Sleep Disorders SSM St Clare Health Center, which opened March 30, 2001, is the first full-service hospital built in St Louis County in 35 years The 180-bed facility is located in southwest St Louis County The campus offers the most advanced treatments for conditions affecting the brain and spine, a wide array of heart disease treatment options, including minimally invasive procedures, a comprehensive cancer center, emergency care, convenient outpatient imaging, testing and surgical services, general medical and surgical care, and the Family Birthplace and women's services SSM St Clare Health Center has been recognized nationally for its design and advanced safety, comfort and convenience SSM DePaul Health Center is a 476-bed full-service hospital located in North St Louis County Founded in 1828, SSM DePaul was the first hospital west of the Mississippi River and remains the oldest continuously existing business in St Louis Today SSM DePaul is a Joint commission-certified Primary Stroke Center, operated the only Level II Trauma Center in its service region and offers the most advanced technology and procedures available including minimally invasive heart, spine, knee, hip and weight loss surgery SSM DePaul also operates the most comprehensive robotic surgical program in the region

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	SSM Health Care St Louis participates in a wide array of community programs throughout the area to further its exempt purpose of promoting the health of the community The community initiatives build on the strengths of our communities and systems to improve the quality of life and to create a sense of hope Community Benefit initiatives build community capacity and individual empowerment through community organizing, leadership development, partnerships, and coalition building Our Community Health programs provide compassionate and competent care while they promote health improvement by reaching directly into the community to ensure that low-income and under-served persons can access health care services Focusing on a broad definition of health, SSM Health Care St Louis' hospitals, clinics and programs provide medical and mental health services, health education, health management, prevention, referrals, insurance enrollment and in-home primary care services and support, while fostering collaboration and incorporating Community Benefit strategies SSM Health Care St Louis promotes grassroots advocacy and engages persons of influence to affect social and public policy change in order to promote both community health and healthy communities SSM Health Care St Louis also furthers its exempt purpose with the following activities * Operates an emergency room that is open to all persons regardless of ability to pay, * Has an open medical staff with privileges available to all qualified physicians in the area, * Has a governing body in which independent persons representative of the community comprise a majority * Engages in the training and education of health care professionals, * Participates in Medicaid, Medicare, Champus, Tricare, and/or other government-sponsored health care programs * All surplus funds generated by SSMH entities are reinvested in improving our patient care delivery system

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	IL, MO, OK, WI

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 43-1343281
Name: SSM Health Care St Louis

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	Facility A, 1 - Facility Group A Primary data collection for the CHNA included use of community stakeholder focus group feedback, an online health needs survey and consumer awareness/preference study results For a full list of organizations represented by the community stakeholders, reference Appendix A of the hospital CHNA The individuals in the community stakeholders' group, who represent the broad interest of the community served, provided their feedback through online surveys and a focus group presentation during which they assisted the hospitals in ranking the health needs that were determined to be a priority in the community

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 1	Facility A, 1 - SSM DePaul Hospital Because DePaul Health Center and BJC Health System's Christian Hospital both focus on addressing the health needs of residents of North St Louis County, the two hospitals combined efforts to seek input from community stakeholders

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	Facility A, 1 - SSM Depaul Health Center SSM Health's mission statement is "Through our e xceptional health care services, we reveal the healing presence of God " The strategic pri orities of the community benefit plan as identified in the most recent community health ne eds assessment (CHNA) are obesity, cardiovascular disease/diabetes and access to care Ou r needs assessment was completed November 1, 2012 and adopted as part of our strategic pla n on December 15, 2012 Goals and objectives were established to change behavior, provide metrics to measure change, and to impact the overall health of those we serve All of the community benefit activities are designed to meet the needs identified in the CHNA The SS M DePaul Health Center 2012 - 2015 CHNA revealed that North St Louis County residents sel f-reported higher rates of obesity (26 1%) and obesity-related factors than other areas in St Louis County SSM DePaul Health Center will collaborate with community partners and s takeholders to develop community partnerships and clinics that focus on healthy lifestyle choices and better options for care including * "Lose To Win" a 12-week collaborative pr ogram where support is given to participants in order to encourage weight loss and long-te rm healthy lifestyle choices * "CatholicFit" a 12-week faith and fitness program designed for third and sixth grade students in the eight Catholic Schools within North St Louis C ounty * Partnership between SSM Weight Loss Clinic and the community The following goals w ere achieved in 2014 to address obesity * Goal Increase participation in the Lose to Win Program from 650 in 2013 to 750 in 2014, Participation in the Lose to Win program was 795 * Goal Implement the CatholicFit collaboration with 440 children participating in the 20 14-2015 school year, participation in the CatholicFit program reached 450 * Goal increase percentage of 6th grade students in CatholicFit program who self- report family discussio ns about fitness, achieved 83% of program participants reporting family discussions about fitness * Goal Implement a weight loss support group for pre and post-operative patients holding 12 meetings annually with 360 participants, held 12 meeting with 420 participants * Goal Provide 48 weight loss seminars with 480 participants, held 44 seminars with 720 p articipants * Goal Increase the number of North St Louis County residents treated by SSM Weight Loss Clinic, 277 residents participated in the Weight Loss Clinic The 2012 SSM DePa ul Health Center community needs assessment revealed that heart disease is the leading cau se of emergency visits/hospitalizations and deaths in North St Louis County, and is highe r than other areas in St Louis County Hypertension is the most prevalent disease in Nort h St Louis County Diabetes is among the top reasons for hospitalizations (#5) and death (#4) among African-Americans in North St Louis County SSM DePaul Health Center will coll aborate with community and faith-based organizations to actively participate in initiative s to address long-term healthy lifestyle choices In addition, DePaul will pilot a Diabeti c Screening Clinic to improve access to an endocrinologist - appointments are currently bo oked 4 months out The following goal were achieved in 2014 to address cardiovascular dise ase/diabetes * Goal implement new community collaborative with CDM Mind & Body to hold F itness Challenge and Health Fair, held community events with 350 participants * Goal Hold a Healthy Heart Valve Community Forum with 100 participants, held the forum with 150 part icipants * Goal Insure patients with chronic heart failure secure an appointment with an appropriate physician within 5 days of discharge, secured appointments for 30% of eligible patients The 2012 SSM DePaul Health Center community needs assessment revealed access to care for the uninsured as a concern to community stakeholders and hospital administration The percent of uninsured adults in North St Louis County is higher than all of St Louis County (but better than the state as a whole), and in St Louis County, the highest propo rtion of uninsured and Medicaid populations - as well as those who lack access to care - a re in North St Louis County Having a large population without a regular source of care r esults in over use on the hospital (ED and Inpatient), especially among those ages 44 and younger SSM DePaul Health Center will continue to collaborate with Integrated Health Netw ork (IHN) to develop referral and continuum of care relationships with the area federally- qualified health center, establish an Urgent Care Clinic to allow less acute care outside of the Emergency Room, and continue to recruit physicians, nurse practitioners, and physic ian assistants to serve the community need The following goals were achieved in 2014 to a ddress access to care * Goal Coordinate with IHN to improve continuum of care by increas ing encounters to 1,522 with 944 appointments made

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	(62% of encounters) with an appointment show rate of 31%, IHN coordinators achieved 1,543 encounters with 781 appointments scheduled (51% of encounters) with an appointment show r ate of 32% * Goal Refer 100% of patients who visit the Urgent Care without a primary care provider to an appropriate primary care physician, 20 3% of Urgent care patients were ref erred to a primary care physician * Goal Increase recruitment of primary care providers f or North County area, 2 primary care physicians who departed were replaced and 2 primary c are physicians were recruited to state in 2015

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	Facility A, 2 - SSM St Mary's Health Center SSM Health's mission statement is "Through ou r exceptional health care services, we reveal the healing presence of God " The strategic priorities of the community benefit plan as identified in the most recent community health needs assessment (CHNA) are access to care, sexually transmitted diseases, and diabetes O ur needs assessment was completed November 1, 2012 and adopted as part of our strategic plan on December 15, 2012 Goals and objectives were established to change behavior, provi de metrics to measure change, and to impact the overall health of those we serve All of t he community benefit activities are designed to meet the needs identified in the CHNA A s econdary data source for the 2012 SSM St Mary's Health Center community needs assessment was the 2011 St Louis County Community Health Needs Assessment which identified access to care as a priority health issue for North and Mid St Louis Counties The assessment conc ludes that residents in Mid and North St Louis Counties have lower access to care compare d to the rest of St Louis County, experience greater barriers associated with cost of car e, are more likely to use the emergency department as a source of primary care, and are le ss likely to get needed prescription drugs because of cost SSM St Mary's Health Center w ill continue to collaborate with Integrated Health Network to develop referral and continu um of care relationships with area federally-qualified health centers, establish an Urgent Care Clinic to allow less acute care outside of the Emergency Room, and continue to recru it physicians, nurse practitioners, and physician assistants to serve the community need The following goals were achieved in 2014 to address access to care * Goal Refer 100% of patients who visit the Urgent Care without a primary care provider to an appropriate prim ary care physician, 89% of Urgent care patients were referred to a primary care physician * Goal Increase the number of IHN community referral coordinator encounters from 2,792 en counters in 2013 to 2,800 encounters in 2014, 2,825 encounters * Goal Increase the percen tage of IHN community referral coordinator encounters leading to appointments to 50%, perc entage of encounters leading to appointments was 57% * Goal Achieve a 40% show rate for a ll appointments resulting from a community referral coordinator, achieved a 45% show rate for appointments * Goal Recruitment of primary care providers to serve the hospital servi ce area, recruited 3 primary care providers to the area A secondary data source for the 20 12 SSM St Mary's Health Center community needs assessment was the 2011 St Louis County C ommunity Health Needs Assessment which noted sexually transmitted infections as priority h ealth need for North and Mid-St Louis Counties St Louis City STI rates are significantly higher than St Louis County U S Centers for Disease Control and Prevention ranks St L ouis second highest among US cities per capita rates of chlamydia and gonorrhea SSM St M ary's Health Center will collaborate with local departments of health and state agencies t o develop STD screening availability and patient education on STDs within emergency depart ment visits The following goals were achieved in 2014 to address sexually transmitted dis eases * Goal Develop collaborative initiative to offer voluntary sexually transmitted in fections screening for any patient ages 13 - 24 presenting in the Emergency Department, de veloped initiative to be implemented in 2015 * Goal Reduce the number of patients with ST Ds in the zip codes 63143, 63105, and 63117 through screening, treatment and education, es tablished a baseline of 87 patients per year The 2012 SSM St Mary's Health Center communi ty needs assessment revealed that diabetes is among the top reasons for chronic disease ho spitalizations and chronic disease deaths among the African American populations in North and Mid St Louis Counties and St Louis City Diabetes is among the list of preventable h ospitalizations in St Louis County and St Louis City that fall worse than the St Louis Bi-State Region benchmark SSM St Mary's Health Center has a comprehensive Internal Medic ine clinic that provides primary care to residents of St Louis City and County The SMHC Diabetes Program collaborates with the interdisciplinary Internal Medicine clinic to provi de education and support needed for patient centered education and resources enabling pati ents to manage their Diabetes, make healthy lifestyle choices, and work with their health care team to overcome barriers The following goals were achieved in 2014 to address diabe tes * Goal Provide Diabetes Education in partnership with the Internal Medicine Clinic b eginning January 2014, 45 patients received diabetes education * Goal Increase overall pa tient volume for Diabetes education from 4,861 visits in 2013 to 5,104 visits in 2014, ach ieve 7,332 diabetes education visits * Goal Decre

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	ase Hemoglobin A1C levels among Diabetic patients seen in the hospital Internal Medicine c linic with Diabetes education, established a baseline percentage of 10 1%

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 3	Facility A, 3 - SSM St Joseph Hospital SSM Health's mission statement is "Through our exceptional health care services, we reveal the healing presence of God " The strategic priorities of the community benefit plan as identified in the most recent community health needs assessment (CHNA) are access to care, respiratory, Cardiovascular, cancer and cerebrovascular disease and substance abuse Our needs assessment was completed June 2012 and adopted as part of our strategic plan on December 3, 2012 Goals and objectives were established to change behavior, provide metrics to measure change, and to impact the overall health of those we serve All of the community benefit activities are designed to meet the needs identified in the CHNA The 2012 St Joseph Health Center CHNA revealed barriers to accessing health care for people in Eastern / Central St Charles County Eastern / Central St Charles County has higher rates of uninsured adults, adults on Medicaid, uninsured children, children on Medicaid, and Medicare rates when compared to other areas in St Charles County, however, rates of uninsured are lower than St Louis and the state of Missouri overall St Joseph Health Center will collaborate with community partners to increase care for uninsured people in Eastern/ Central St Charles County Efforts will include recruiting physicians, nurse practitioners, and physician assistants and referrals to VIM (Volunteers In Medicine) The following goals were achieved in 2014 to address access to care * Goal Open a new Urgent Care Center in Eastern/Central St Charles County, opened new urgent care in Eastern St Charles County * Goal Expand physician coverage at the Volunteer in Medicine (VIM) Clinic, all new employed physicians volunteer a minimum of 4 hours per month * Goal Recruit two new physicians to the service area, recruited two physicians in the service area * Goal Increase the percentage of patients converted from self-pay to Medicaid, established a baseline percentage of 41% * Goal Increase the percentage of uninsured/self-pay patients referred to the VIM Clinic, established a baseline of 34% The 2012 St Joseph Health Center CHNA cited barriers to accessing health care related to respiratory, cardiovascular, cerebrovascular diseases and overall health awareness for the Eastern / Central St Charles County community Eastern/ Central St Charles County has higher rates of uninsured adults, adults on Medicaid, uninsured children, children on Medicaid, and Medicare rates compared to other areas in St Charles County, but has a lower rate that the St Louis MSA, and the state of Missouri SSM St Joseph Hospital Health Center will collaborate with community partners to increase the availability of free community screenings and vaccines, and increase the public's awareness of cardiac health through online assessments The following goals were achieved in 2014 to address respiratory, cardiovascular, cancer and cerebrovascular disease * Goal Hold 8 community screening events, held 10 events * Goal Hold 10 community speaking events, held 12 events * Goal Create online screening assessment options for patients, created free online sleep, heart, stroke and breast cancer assessments * Goal Increase the number of free influenza vaccines provided by the hospital, established a baseline of 640 * Goal Increase the number of heart online assessments completed by Eastern/Central St Charles County residents through community outreach events, established a baseline of 98 The 2012 St Joseph Health Center CHNA revealed substance abuse-related disorders are ranked seventh in chronic disease emergency department visits in Eastern / Central St Charles County While the ranking is lower when compared to Western St Charles County, St Louis and the state of Missouri, excessive and binge drinking rates in Eastern/Central St Charles County are higher than state of Missouri benchmarks St Joseph Health Center will collaborate with community partners to raise awareness about substance abuse and provide education on prevention and treatment In addition, hospital staff will be trained to recognize substance use, misuse and abuse as well as alcohol and drug withdrawal to make appropriate treatment referrals * Goal Collaborate with 10 agencies to increase awareness of substance abuse, the hospital collaborated with 15 organizations * Goal Increase staff awareness of prescription drug abuse by providing training for Behavioral Health Services departments, all behavior health departments received training

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 4	Facility A, 4 - St Clare Hospital SSM Health's mission statement is "Through our exceptional health care services, we reveal the healing presence of God " The strategic priorities of the community benefit plan as identified in the most recent community health needs assessment (CHNA) are access to care, Cardiovascular and cerebrovascular disease and substance abuse Our needs assessment was completed June 2012 and adopted as part of our strategic plan on December 3, 2012 Goals and objectives were established to change behavior, provide metrics to measure change, and to impact the overall health of those we serve All of the community benefit activities are designed to meet the needs identified in the CHNA The 2012 SSM St Clare Health Center community needs assessment revealed that although access is relatively good in this region (insurance coverage is high and use of the emergency department is low), the community stakeholders identified gaps in access regarding transportation for the elderly and access to primary care and clinics SSM St Clare Health Center will establish collaborative partnerships to address transportation challenges, develop referral and continuum of care relationships with area federally qualified health center and continue to recruit physicians, nurse practitioners, and physician assistants to serve the community need The following goals were achieved in 2014 to address access to care * Goal Increase percentage of encounters with the community referral coordinator leading to appointments to 50% with a 40% goal rate, program started in second quarter of 2014 resulting in 7 5% of encounters leading to appointments with a 35 7% show rate * Goal Recruit 4 primary care providers in the hospital service area, increased the number of providers servicing the hospital area by 3 5 The 2012 SSM St Clare Health Center community needs assessment revealed the leading cause of chronic inpatient hospitalizations and death in South St Louis County is heart disease, and rates of heart disease-related hospitalizations and deaths in South St Louis County are higher than all of St Louis County and the St Louis MSA benchmarks Stroke/ cerebrovascular disease is among the top five reasons for chronic inpatient hospitalizations and death in South St Louis County and the rates of stroke / cerebrovascular disease related hospitalizations and deaths in South St Louis County are higher (worse) than all of St Louis County and the St Louis MSA benchmarks SSM St Clare Health Center will raise awareness about obesity as a contributor to cardiovascular and cerebrovascular disease states through communications, collaborate with community partners to improve community based education and screenings and work with physicians to identify opportunities to utilize outpatient diabetic and nutrition consults to manage disease The following goals were achieved in 2014 to address cardiovascular disease * Goal Enroll 200 participants in the Her Heart Community Program, a women's guide to heart health, 188 participants in the program * Goal participate in 4 community heart screening events, participated in 3 community heart screening events * Goal Increase participation in the Lose to Win Program from 650 in 2013 to 750 in 2014, Lose to Win had 795 participants * Goal Increase the percentage of chronic heart failure patients who have an appointment secured within seven days of discharge from 0% in 2013 to 90% in 2014, percentage of chronic heart failure patients securing appointments was 50% The 2012 SSM St Clare Health Center community needs assessment revealed that the alcohol / substance related disorders are among the top five reasons for emergency visits in South St Louis County Although the rates of mental illness/substance abuse related hospitalizations and emergency visits are less than the St Louis County and St Louis MSA benchmarks, the rates compared to other health factors placed mental illness and substance abuse as top health issue Emergency department staff and community stakeholders also voiced concern of the known rapid increase in substance abuse SSM St Clare Health Center will collaborate with community partners to provide substance abuse awareness and education, work with hospital staff to recognize substance abuse withdrawal to make appropriate referral and develop a pilot referral program to treat inpatients for alcohol and substance abuse when admitted to the hospital for other health issues The following goals were achieved in 2014 to address substance abuse * Goal Increase the behavioral health stabilization service adult program patient volume per day to 2 5, achieved volume rate at 1 5 * Goal Increase involvement in the Rockwood Drug Free Coalition Community Collaboration, two hospital employees (including a physician) are actively participating in the coalition

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 5	Facility A, 5 - SSM St Joseph Hospital West SSM Health's mission statement is "Through our exceptional health care services, we reveal the healing presence of God " The strategic priorities of the community benefit plan as identified in the most recent community health needs assessment (CHNA) are diabetes, respiratory disease and access to care Our needs assessment was completed June 2012 and adopted as part of our strategic plan on December 3, 2012 Goals and objectives were established to change behavior, provide metrics to measure change, and to impact the overall health of those we serve All of the community benefit activities are designed to meet the needs identified in the CHNA The 2012 SSM St Joseph Hospital West community needs health assessment revealed that diabetes in Western St Charles, while rated lower for preventable hospitalizations than the St Louis Bi-State Region and Missouri, is a preventable and manageable chronic illness and there is a gap to access for diabetes management in Western St Charles County SSM St Joseph Hospital West will work with medical staff physicians to identify opportunities to utilize diabetic and nutrition consults to manage the disease, collaborate with community partners to improve community based health education in relation to prevention and management of diabetes, and recruit an endocrinologist to serve Western St Charles, Lincoln and Warren counties The following goals were achieved in 2014 to address diabetes * Goal Increase DSMT course classes for patients by offering Saturday hours to the program, added two Saturday classes (6 hours) monthly with 8 -12 attendees per class * Goal Develop a standardized inpatient care protocol for newly diagnosed diabetic patients, newly diagnosed inpatients receive a diabetes registered nurse assessment and follow-up physician recommendations The 2012 SSM St Joseph Hospital West community needs health assessment revealed that while some rates of respiratory disease related hospitalizations and death are less than the St Charles County and St Louis MSA benchmarks, the rates compared to other health factors placed respiratory disease as a top health issue Respiratory related diseases are among the leading cause of emergency visits, inpatient hospitalizations and deaths in Western St Charles County SSM St Joseph Hospital West will host an annual community influenza shot clinic The hospital will also increase access to respiratory (pulmonary) physicians by recruiting a new physician to the market and offer pulmonary rehab support group to encourage disease management We will offer smoking cessation classes to the community and collaborate with area schools to prevent teenage smoking The following goals were achieved in 2014 to address respiratory disease * Goal Hold community influenza shot clinic for area patients resulting in 5% increase in patients from 628 in 2013, help community flu clinic with more than 600 vaccinations given * Goal Increase access to respiratory (pulmonary disease) physicians by recruiting one new pulmonary physician, recruited physician to provide care in the hospital service area * Goal Provide monthly pulmonary rehabilitation support group meetings, staff physician held a monthly meeting (1 to 1 5 hours) providing education and support to patients The 2012 SSM St Joseph Hospital West community needs health assessment revealed a lack of access to health care for the western St Charles County community Western St Charles County has lower rates of uninsured adults, adults on Medicaid, uninsured children, children on Medicaid, and Medicare rates compared to other areas in St Charles County, St Louis MSA, and the state of Missouri Notwithstanding, access to health care remains a top priority SSM St Joseph Hospital West will collaborate with community resources to increase access opportunities for the uninsured population and continue to recruit physicians, nurse practitioners and physician assistants to address the community need The following goals were achieved in 2014 to address access to care * Goal Recruit one physician or mid-level provider to expand physician coverage at Volunteers in Medicine (VIM) Clinic, all new employed physicians volunteer a minimum of 4 hours per month * Goal Recruit 2 additional clinicians, one additional clinician was added in the hospital service area * Goal Improve/increase VIM clinic hours of operation from 9 hrs per week (4 5 hrs each Tues & Thurs) in 2013 to 18 hrs per week (9 hrs each Tues & Thurs) in 2014, maintained free clinic hours at 9 per week throughout the year

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - SSM Select Rehabilitation Hospital Primary data collection for the CHNA included use of community stakeholder focus group feedback, an online health needs survey and consumer awareness/preference study results For a full list of organizations represented by the community stakeholders, reference Appendix A of the hospital CHNA The individuals in the community stakeholders' group, who represent the broad interest of the community served, provided their feedback through online surveys and a focus group presentation during which they assisted the hospitals in ranking the health needs that were determined to be a priority in the community

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - SSM Select Rehabilitation Hospital SSM Rehabilitation Hospital shared the process for obtaining and analyzing data and community input with SSM St Mary's Hospital, as the two organizations share the same definition of community served

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - SSM Rehabilitation Hospital The strategic priorities of the community benefit plan as identified in the most recent community health needs assessment (CHNA) are diabetes, respiratory disease and access to care Our needs assessment was completed April 23, 2014 and adopted as part of our strategic plan on May 5, 2014 Goals and objectives were established to change behavior, provide metrics to measure change, and to impact the overall health of those we serve All of the community benefit activities are designed to meet the needs identified in the CHNA The 2014 Community Health Needs Assessment for SSM Rehabilitation Network identified the need to enhance stroke awareness, education, and treatment in our community SSM Rehab will enhance established, collaborative partnerships to address continuum of care for stroke patients, including condition management and education regarding wellness and prevention of recurrent stroke The following goals were established in 2014 to address stroke education and prevention * Goal Reduce the number of stroke-related readmissions to SSM Acute Care Hospitals, established a baseline percentage of 14 2% * Goal Reduce the number of stroke-related discharges to skilled nursing facilities, established a baseline percentage of 22% * Goal Increase the number of patients receiving funded care, current percentage of patients receiving funded care is 1% The 2014 Community Health Needs Assessment for SSM Rehabilitation Network identified the need to enhance amputation awareness, education, and treatment in the community SSM Rehabilitation Network will develop collaborative partnerships to address continuum of care for amputee patients, to include condition management and education * Goal Establish network of support services for amputee patients utilizing area support groups, peer visitors through Amputee Empowerment Partners, and Amputee Coalition of America Peer Visitors, established support network and conducted 35 peer visits * Goal Educate patients on SSM Network continuum of care upon admission, utilization of pre-prosthetic and prosthetic booklets for education, recovery, and prevention, all eligible patients received appropriate education and informational materials * Goal Funded care through joint venture for outpatient therapy services for patients without resources, funded 1% of applicable procedures * Goal Provide community events hosted by the Day Institute/Amputee Program for education and community awareness through collaboration with community organizations, met with partners and held one event * Goal Increase access to support services/peer support for amputee patients, established baseline visits at 2 peer visits * Goal Increase the number of patients that receive Amputee Education/ Ambassador Visits upon admission to SSM Rehabilitation Hospital, established baseline of 35 patients in 2014 * Goal Increase the number of patients receiving funded care, established baseline of 1%

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

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

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

Name and address	Type of Facility (describe)
SSM Medical Group 1011 Bowles Avenue Fenton, MO 63026	Outpatient Clinic
SSM Medical Group 1015 Bowles Ave Fenton, MO 63026	Outpatient Clinic
SSM Medical Group 1027 Bellevue St Louis, MO 63117	Outpatient Clinic
SSM Breast Care - St Mary's Health Center 1031 Bellevue St Louis, MO 63109	Outpatient Clinic
SSM Medical Group 1055 Bowles Ave Fenton, MO 63026	Outpatient Clinic
SSM Medical Group 1101 Hwy K O Fallon, MO 63366	Outpatient Clinic
SSM Medical Group 1120 Shackelford Rd Florissant, MO 63031	Outpatient Clinic
SSM Heart Institute 12255 DePaul Dr Bridgeton, MO 63044	Outpatient Clinic
SSM Heart Institute 12266 DePaul Drive Bridgeton, MO 63044	Outpatient Clinic
SSM Medical Group 12277 DePaul Drive Bridgeton, MO 63304	Outpatient Clinic
SSM Medical Group 14021 New Halls Ferry Rd Florissant, MO 63033	Outpatient Clinic
SSM Medical Group 1423 S Big Bend Blvd St Louis, MO 63117	Outpatient Clinic
SSM Medical Group 1475 Kisker Rd St Charles, MO 63304	Outpatient Clinic
SSM Medical Group 1476 Kisker Rd St Peters, MO 63303	Outpatient Clinic
SSM Medical Group 153 Hamilton Industrial Court Wentzville, MO 63385	Outpatient Clinic

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

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

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

Name and address	Type of Facility (describe)
SSM Heart Institute 1551 Wall Street St Charles, MO 63303	Outpatient Clinic
SSM Medical Group 172 Professional Parkway Troy, MO 63379	Outpatient Clinic
SSM Medical Group 1821 Sherman Dr St Charles, MO 63303	Outpatient Clinic
SSM Medical Group 2024 Dorsett Village Road Maryland Heights, MO 63043	Outpatient Clinic
SSM Medical Group 209 S Kingshighway St Charles, MO 63301	Outpatient Clinic
SSM Medical Group 25 Prospect Circle Troy, MO 63379	Outpatient Clinic
SSM Medical Group 3 Park Place Swansea, IL 62266	Outpatient Clinic
SSM Heart Institute 300 Medical Plaza Lake St Louis, MO 63367	Outpatient Clinic
SSM Health Vascular Services 330 First Capitol Dr St Charles, MO 63301	Outpatient Clinic
SSM Medical Group 3785 New Town Blvd St Charles, MO 63301	Outpatient Clinic
SSM Medical Group 400 First Capitol Dr St Charles, MO 63301	Outpatient Clinic
SSM Medical Group 400 Medical Plaza Lake St Louis, MO 63367	Outpatient Clinic
SSM Medical Group 508 Jefferson St Charles, MO 63301	Outpatient Clinic
SSM Heart Institute 5401 Veterans Memorial Pkwy St Peters, MO 63376	Outpatient Clinic
SSM Cancer Care - St Mary's Health Center 6400 Clayton Rd Richmond Heights, MO 63117	Outpatient Clinic

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

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

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

Name and address	Type of Facility (describe)
SSM Medical Group 6994 Mexico Rd St Peters, MO 63376	Outpatient Clinic
SSM Medical Group 722 N Hwy 47 Warrenton, MO 63383	Outpatient Clinic
SSM Medical Group 8670 Big Bend Blvd St Louis, MO 63119	Outpatient Clinic
SSM Medical Group 1603 Wentzville Pkwy Wentzville, MO 63385	Outpatient Clinic
St Joseph Health Center-Wentzville 500 Medical Drive Wentzville, MO 63385	Outpatient Clinic
St Joseph Surgery Center 1475 Kisker Rd St Charles, MO 63004	Outpatient Clinic
St Joseph Medical Park 1475 Kisker Rd St Charles, MO 63004	Outpatient Clinic
SSM Rehabilitation Hospital at St Mary's Health Center 1027 Bellevue St Louis, MO 63117	Outpatient Clinic
SSM Rehabilitation Hospital at St Joseph Health Center 300 First Capitol Dr St Charles, MO 63001	Outpatient Clinic

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SSM Health Care St Louis

Employer identification number
43-1343281

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MHA Center for Education PO Box 60 Jefferson City, MO 65102	43-0898947	501(c)(3)	98,536	0			To support general operations
(2) ST LOUIS REGIONAL PSYCHIATRIC STABILIZATION CENTER 5355 DELMAR BLVD ST LOUIS, MO 63112	32-0346004	501(C)(3)	500,000	0			TO SUPPORT MENTAL HEALTH CARE FOR THE UNINSURED
(3) REINVEST STL PO Box 775252 St Louis, MO 63117	47-3779926	501(c)(3)	5,000	0			To support general operations
(4) BEHAVIORAL HEALTH NETWORK OF GREATER ST LOUIS 2 Campbell Plaza Entry 1B ST LOUIS, MO 63139	90-0656137	501(C)(3)	25,887	0			TO SUPPORT GENERAL OPERATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2 Description Of Procedure For Monitoring Use Of Grant Funds	THE PROCEDURES USED TO MONITOR THE USE OF GRANT FUNDING VARIES BASED ON THE GRANT RECIPIENT GRANTS TO RELATED ENTITIES ARE MONITORED DIRECTLY BY THE ORGANIZATION WHEREBY THE RECIPIENT REPORTS ON THE SPECIFIC USE OF THE FUNDING FOR GRANTS TO UNRELATED ENTITIES, THE ORGANIZATION UTILIZES THE COMMUNITY BENEFIT INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA) TO TRACK, STORE AND REPORT A WIDE RANGE OF INFORMATION RELATED TO GRANTS AND OVERALL COMMUNITY IMPACT IN CERTAIN CIRCUMSTANCES, QUALIFYING EXPENSES MAY BE PAID ON BEHALF OF SYSTEM EMPLOYEES BASED UPON DEMONSTRATED FINANCIAL HARDSHIP CAUSED BY NATURAL DISASTERS, ILLNESS, OR OTHER UNFORESEEN TRAGEDY
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	THE PROCEDURES USED TO MONITOR THE USE OF GRANT FUNDING VARIES BASED ON THE GRANT RECIPIENT GRANTS TO RELATED ENTITIES ARE MONITORED DIRECTLY BY THE ORGANIZATION WHEREBY THE RECIPIENT REPORTS ON THE SPECIFIC USE OF THE FUNDING FOR GRANTS TO UNRELATED ENTITIES, THE ORGANIZATION UTILIZES THE COMMUNITY BENEFIT INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA) TO TRACK, STORE AND REPORT A WIDE RANGE OF INFORMATION RELATED TO GRANTS AND OVERALL COMMUNITY IMPACT IN CERTAIN CIRCUMSTANCES, QUALIFYING EXPENSES MAY BE PAID ON BEHALF OF SYSTEM EMPLOYEES BASED UPON DEMONSTRATED FINANCIAL HARDSHIP CAUSED BY NATURAL DISASTERS, ILLNESS, OR OTHER UNFORESEEN TRAGEDY

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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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SSM Health Care St Louis

Employer identification number
43-1343281

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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), 501(c)(4), and 501(c)(29) organizations 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 in column(B) 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
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	The following individuals listed on Part VII, Section A received a tax indemnification/gross up payment in 2014 These payments were included in their taxable compensation Margaret Fowler Michael Handler William Holcomb Kevin Johnson Mario Morales Timothy Pratt
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	The following individuals listed on Part VII, Section A received a reimbursement of health or social club dues in 2014 There payments were included in their taxable compensation Mark Renken
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	The organization's top management official, President, 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 President
Schedule J, Part I, Line 4a Severance or change-of-control payment	SSMH 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 SSMH The following individuals listed on Part VII of Form 990 received severance payments during the year ended December 31, 2014 Gaspare Calvaruso $400,908 Robert Porter $149,385 Mark Renken $273,308 William Schoenhard $218,667
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Pension Restoration Plan SSM Health (SSMH) provides this supplemental defined benefit nonqualified retirement plan to any employee who is a participant in the SSMH 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 SSMH'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 SSMH or (2) age 55 or older if the individual is no longer employed by SSMH No reportable individuals listed on Part VII of Form 990 received distributions from this plan during 2014 Capital Accumulation Plan SSMH 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 SSMH 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 2014 All distributions received from the plan in the current year were included in the individuals' taxable compensation Kathleen Becker $29,438 Lee Bernstein $41,359 Gaspare Calvaruso $58,124 Margaret Fowler $12,497 Paula Friedman $39,621 Michael Handler $12,933 Sean Hogan $39,326 Christopher Howard $75,167 Kevin Johnson $22,298 Lynn Lenker $25,281 June Pickett $11,398 Timothy Pratt $19,039 Mark Renken $29,866 Karen Rewerts $27,191 William Thompson $90,701 Deborah Walkenhorst $13,819 Lisle Wescott $ 1,728 Kris Zimmer $50,811

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 43-1343281
Name: SSM Health Care St Louis

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

(A) Name 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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 William Thompson Director & Vice Chairperson	(I) (II)	0 1,807,984	0 0	0 1,440,945	0 2,228,684	0 27,368	0 5,504,981	0 90,580
1 Christopher Howard Director & Pt Yr President	(I) (II)	0 891,236	0 0	0 121,946	0 474,548	0 30,427	0 1,518,157	0 51,660
2 Candace Jennings Director & President	(I) (II)	0 194,195	0 0	0 23,555	0 21,749	0 2,263	0 241,762	0 0
3 Daniel Baumann MD Director	(I) (II)	0 255,991	0 0	0 6,996	0 0	0 22,161	0 285,148	0 0
4 Donald Binz MD Director	(I) (II)	0 427,720	0 0	0 2,249	0 0	0 20,566	0 450,535	0 0
5 William Schoenhard Former Officer	(I) (II)	0 0	0 0	0 209,134	0 1,020,632	0 10,040	0 1,239,806	0 0
6 June Pickett Secretary	(I) (II)	0 230,695	0 0	0 22,835	0 130,612	0 16,351	0 400,493	0 8,960
7 Kris Zimmer Treasurer	(I) (II)	0 853,676	0 0	0 103,275	0 382,451	0 30,385	0 1,369,787	0 50,610
8 Paula Friedman Vice President	(I) (II)	0 640,295	0 0	0 88,878	0 377,167	0 19,452	0 1,125,792	0 33,950
9 Karen Rewerts System VP, Finance	(I) (II)	0 532,381	0 0	0 52,366	0 233,761	0 26,155	0 844,663	0 19,560
10 Gaspare Calvaruso Former Key Employee	(I) (II)	0 8,032	0 0	0 461,444	0 73,483	0 11,045	0 554,004	0 28,280
11 Robert Porter Former Key Employee	(I) (II)	0 0	0 0	0 151,553	0 174,123	0 2,104	0 327,780	0 0
12 Lynn Lenker Former Key Employee	(I) (II)	0 308,935	0 0	0 57,732	0 192,079	0 24,287	0 583,033	0 12,800
13 Deborah Walkenhorst Former Key Employee	(I) (II)	0 369,226	0 0	0 28,740	0 136,406	0 17,579	0 551,951	0 13,800
14 Kevin Todd Johnson Regional VP Medical Affairs	(I) (II)	585,588 0	0 0	74,784 0	179,734 0	33,753 0	873,859 0	20,400 0
15 Lisle Wescott President St Joseph West	(I) (II)	0 319,376	0 0	0 34,211	0 88,423	0 24,164	0 466,174	0 21,700
16 Margaret Fowler System VP, Chief Nursing Officer	(I) (II)	339,647 0	0 0	66,333 0	259,694 0	25,986 0	691,660 0	12,480 0
17 Sean Hogan President DePaul	(I) (II)	0 411,695	0 0	0 61,698	0 176,106	0 28,018	0 677,517	0 28,000
18 Lee Bernstein Regional Exec VP/COO	(I) (II)	0 501,914	0 0	0 62,844	0 133,005	0 22,887	0 720,650	0 29,400
19 Kathleen Becker President St Mary's	(I) (II)	0 461,337	0 0	0 62,157	0 100,197	0 27,449	0 651,140	0 29,400

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

(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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Ellis Hawkins President St Clare	(I) (II)	0 269,195	0 0	0 28,262	0 147,163	0 18,713	0 463,333	0 0
1 Mike Bowers President St Joseph HC	(I) (II)	0 208,085	0 0	0 64,481	0 47,775	0 12,484	0 332,825	0 0
2 Renee Roach System Vice President - HR	(I) (II)	0 142,275	0 0	0 452	0 0	0 8,670	0 151,397	0 0
3 Timothy Pratt MD VP - Medical Affairs	(I) (II)	353,394 0	0 0	31,129 0	48,837 0	26,158 0	459,518 0	0 0
4 Mario Morales Physician	(I) (II)	1,215,789 0	0 0	73,330 0	42,903 0	23,957 0	1,355,979 0	0 0
5 William Holcomb Physician	(I) (II)	426,311 0	0 0	28,902 0	82,757 0	24,560 0	562,530 0	0 0
6 Mark Renken Physician	(I) (II)	111,248 0	0 0	361,772 0	119,384 0	21,356 0	613,760 0	14,920 0
7 Michael Handler VP - Medical Affairs	(I) (II)	356,588 0	0 0	19,004 0	61,703 0	21,948 0	459,243 0	0 0

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SSM Health Care St Louis

Employer identification number
43-1343281

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Medical Equipment)	X	1	383,160	Cost
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 | 0

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

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

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Other THE AMOUNT IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS
Schedule M, Part I Number of contributions or items contributed	THE AMOUNT IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ 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

2014

Open to Public Inspection

Name of the organization	Employer identification number
SSM Health Care St Louis	43-1343281

Return Reference	Explanation
Doing Business As	SSM Health Care St Louis currently conducts business under the following registered names 1 Maryville Pediatrics 2 SSM Care Management Company 3 SSM Integrated Distribution & Services Center 4 SSM Breast Care 5 SSM Cancer Care 6 SSM Heart Institute 7 SSM DePaul Health Center a DePaul Health Center b SSM Breast Care - DePaul Health Center c SSM Cancer Care - DePaul Health Center d SSM DePaul Health Center - Anna House e SSM Heart Institute f SSM Center for Sleep Disorders/Bridgeton g SSM Urgent Care/Maryland Heights 8 SSM St Clare Health Center a St Clare Health Center b SSM Breast Care - St Clare Health Center c SSM Cancer Care - St Clare Health Center d SSM Heart Institute/Fenton e SSM Center for Sleep Disorders/Fenton 9 SSM St Joseph Health Center a St Joseph Health Center b St Joseph Health Center - Wentzville c SSM St Joseph Health Center d SSM St Joseph Health Center - Wentzville e SSM Breast Care - St Joseph Health Center f SSM Cancer Care - St Joseph Health Center g SSM Heart Institute h SSM St Joseph Health Center - Wentzville i SSM Center for Sleep Disorders/St Charles j SSM St Joseph Health Center - Wentzville Outpatient Pharmacy 10 SSM St Joseph Hospital West a SSM St Joseph Hospital West b SSM Breast Care - St Joseph Hospital West c SSM Cancer Care - St Joseph Hospital West d SSM Heart Institute e SSM Center for Sleep Disorders/Lake St Louis 11 SSM St Joseph Medical Park a SSM St Joseph Medical Park b SSM Breast Care - St Joseph Medical Park c SSM Cancer Care - St Joseph Medical Park 12 SSM St Mary's Health Center a St Mary's Health Center b SSM Breast Care - St Mary's Health Center c SSM Cancer Care - St Mary's Health Center d SSM Heart Institute e SSM Center for Sleep Disorders/Richmond Heights List of included divisions SSM DePaul Health Center 43-1704972 St Joseph Hospital West 43-1417442 St Joseph Health Center 43-0652671 St Joseph Surgery Center 43-1822767 St Mary's Health Center - St Louis 43-0652681 SSM St Joseph Health Center Women's & Children's Services Clinic 43-1835246

Return Reference	Explanation	
	Form 990, Part III, Line 4a Program Service Accomplishments	Briefly describe the corporation's mission Since it was founded in 1872 by catholic sisters, SSM Health (SSM) has existed to meet the health needs of the communities it serves SSM is a Catholic, not-for-profit health system serving the comprehensive health needs of communities across the Midwest through one of the largest integrated delivery systems in the nation With care delivery sites in Illinois, Missouri, Oklahoma, and Wisconsin, SSM includes 18 acute care hospitals, one children's hospital, more than 60 outpatient care sites, a pharmacy benefit company, an insurance company, two long-term care facilities, comprehensive home care and hospice services, a technology company, and two Accountable Care Organizations The health system employs approximately 30,000 people and is affiliated with more than 8,000 physicians making it one of the largest employers in every community it serves SSM is sponsored by SSM Health Ministries, an independent 6-member body comprised of three Franciscan Sisters of Mary and three lay people who collectively hold certain reserved powers over SSM In the tradition of its founding sisters, SSM strives to fulfill its mission by providing exceptional health care to everyone who comes to its hospitals, regardless of their ability to pay About SSM Health Care St Louis SSM Health Care St Louis provides health care services at six wholly-owned acute care hospitals, SSM DePaul Health Center, SSM St Mary's Health Center, SSM St Joseph Health Center, SSM St Clare Health Center, SSM St Joseph Hospital West, and SSM St Joseph Hospital - Wentzville SSM Health Care SSM Health Care St Louis is also the sole corporate member of Cardinal Glennon Children's Hospital With over 11,200 employees in the St Louis region, SSM Health Care St Louis works with 2,500 affiliated medical providers providing care to over 1 million patients via hospital admissions, surgeries, outpatient and emergency visits The Joint Commission, the leading accreditor of health care organizations in the United States, has named SSM Health Care St Louis hospitals as being among the nation's top performers in clinical quality measures The SSM hospitals were recognized for using evidence-based clinical care processes that are closely linked to positive patient outcomes SSM DePaul Health Center is a 476-bed, full-service Catholic hospital Opened in 1828, SSM DePaul Health Center was the first hospital west of the Mississippi River and remains the oldest continuously existing business in St Louis Today SSM DePaul Health Center offers the only Level II Trauma Center in North St Louis County and serves patients from across the St Louis metropolitan area, with concentration in the surrounding communities of Bridgeton, Florissant, Hazelwood, St Ann, Olivette, St John, Maryland Heights and Overland in Missouri SSM DePaul Health Center offers a wide range of comprehensive medical care including inpatient and outpatient surgeries using state-of-the-art technology and facilities We offer the most advanced technology and procedures available including minimally invasive heart, spine, knee, hip and weight loss surgery SSM St Mary's Health Center is a 525-bed hospital The Hospital has distinctive capabilities in heart attack care, high-risk pregnancies, fetal surgery, a chest pain center, advanced stroke care and the latest imaging and outpatient services Also a teaching hospital, SSM Health St Mary's offers an independent, accredited internal medicine residency program and is the headquarters for St Louis University School of Medicine's Department of Obstetrics and Gynecology and its Family Practice residency programs SSM Health St Mary's Hospital is a two-time winner of the prestigious Premier Award for Quality SSM St Joseph Health Center is located in a historic downtown district and has been serving the needs of your community since 1885 The SSM St Joseph Health Center has grown structurally and technologically throughout the past 125 years to meet the needs of an ever-growing and changing population Today, the 433-bed acute care hospital offers highly-specialized care for critically ill patients The hospital excels in many areas, including open-heart surgery, cardiac catheterizations, trauma and emergency services, sleep medicine, obstetrics, surgical services, oncology, vascular surgery, orthopedics and gastroenterology In 2013, the hospital was recognized as a Top Performer on Key Quality Measures by The Joint Commission and received the Guardian of Excellence Award by Press Ganey SSM Health St Clare Hospital, which opened March 30, 2009, as a replacement hospital for SSM Health St Joseph Hospital of Kirkwood, is the first full-service hospital built in St Louis County in 35 years The 180-bed hospital is equipped with the latest in clinical technology and information systems More than 900 area doctors are on the SSM Health St Clare medical staff and a variety of practices are located in the o

Return Reference	Explanation	
	Form 990, Part III, Line 4a Program Service Accomplishments	n- campus St Francis Medical Office Building SSM Health St Joseph Hospital - Lake Saint Louis is the leading provider of health-care services for western St Charles, Warren and Lincoln Counties The 122-bed community hospital is a state- designated Level III trauma center, and specializes in obstetric and pediatric services It offers emergency services, inpatient and outpatient health care services In 2014 it was named one of the nation's Top 100 Hospitals by Truven Health Analytics and made Becker's Hospital Review's list of 100 Great Community Hospitals SSM Health St Joseph Hospital - Wentzville has been providing high quality health care to residents in western St Charles, Warren, Lincoln, and Montgomery counties since 1987 The facility currently offers patients in Wentzville and surrounding communities a 24-hour emergency department and ambulatory services, as well as convenient access to outpatient programs, including diagnostic services such as radiology (MRI & CT), cardiology, pulmonary and rehab services Behavioral health inpatient and oupatient care also is an integral part of the services offered at St Joseph Hospital - Wentzville The hospital offers inpatient care for youth and adults on the campus who are experiencing acute psychiatric problems During treatment, each patient is closely monitored under a psychiatrist's care Their goal is to stabilize young patients, help them understand their problems and develop coping strategies to manage their emotions and behaviors The facility is licensed for 77 inpatient behavioral health beds Describe the organization's appro ach to providing community benefit SSM Health (SSM) participates in Community Benefit according to our vision, Through our participation in the healing ministry of Jesus Christ, communities, especially those that are economically, physically, and socially marginalized, will experience improved health in mind, body, spirit and environment In the tradition of our founders, the Franciscan Sisters of Mary, caring for those in greatest need remains our organizational priority Today our System Board monitors Community Benefit efforts, and views achievement of our vision as a primary responsibility The purpose of SSM's Community Benefit program is to assess and address community health needs Making our communities healthier in measurable ways is always our goal To fulfill this commitment, SSM's Community Benefit is divided into two parts 1) Community Health Needs Assessment (CHNA), and 2) Community Benefit Inventory for Social Accountability (CBISA)

Return Reference	Explanation
Form 990, Part III, Line 4b Description of Program Service (Continued)	The CHNA is an assessment and prioritization of community health needs and the adoption and implementation of strategies to address those needs A CHNA is conducted every three years by each hospital according to the following steps * Assess and prioritize community health needs Gather CHNA data from secondary sources, obtain input from stakeholders representing the broad interests of the community through interviews and focus groups, use data to select top health priorities, and complete written CHNA * Develop, adopt, and implement strategies to address top-health priorities Establish strategies to address priorities, complete Strategic Implementation Plan, obtain Regional/Divisional Board approval, and integrate strategies into operational plan * Make CHNA widely available to the public Publish CHNA and summary document on hospital's website * Monitor, track, and report progress on top health priorities Collect data and evaluate progress, report to Regional/Divisional Board every six months and System Board every year, share findings with community stakeholders, and send results to finance for submission to the Internal Revenue Service (IRS) CBISA is the gathering, collecting, and reporting of all data relating to community benefit activities and programs across the System A CBISA is conducted every year by each hospital according to the following steps * Collect and enter data Send out emails reminding staff to submit activities, enter data into Lyon, and run reports to share with leaders * Finalize and report on prior year Enter all prior year data into Lyon by January 31, and communicate final prior year figures to IRS, System Board, and the community System Office staff and leaders oversee and monitor SSM's Community Benefit Program, and ensure reporting is in compliance with IRS regulations In collaboration with community stakeholders and partner organizations, all hospital CHNAs were completed, approved, and integrated into the organization's strategic plan We continue to monitor and assess the progress of our local efforts in the spirit of caring for others and improving community health Description of CHNA community benefit programs For more information on the CHNA community benefit programs provided by SSM Health Care St Louis, please see Schedule H, Part V Organizational description for tax exemption SSM Health Care St Louis participates in a wide array of community programs throughout the area to further its exempt purpose of promoting the health of the community The community initiatives build on the strengths of our communities and systems to improve the quality of life and to create a sense of hope Community Benefit initiatives build community capacity and individual empowerment through community organizing, leadership development, partnerships, and coalition building Our Community Health programs provide compassionate and competent care while they promote health improvement by reaching directly into the community to ensure that low-income and under-served persons can access health care services Focusing on a broad definition of health, SSM Health Care St Louis' hospitals, clinics and programs provide medical and mental health services, health education, health management, prevention, referrals, insurance enrollment and in-home primary care services and support, while fostering collaboration and incorporating Community Benefit strategies SSM Health Care St Louis promotes grassroots advocacy and engages persons of influence to affect social and public policy change in order to promote both community health and healthy communities SSM Health Care St Louis also furthers its exempt purpose with the following activities * Operates an emergency room that is open to all persons regardless of ability to pay, * Has an open medical staff with privileges available to all qualified physicians in the area, * Has a governing body in which independent persons representative of the community comprise a majority * Engages in the training and education of health care professionals, * Participates in Medicaid, Medicare, Champus, Tricare, and/or other government-sponsored health care programs * All surplus funds generated by SSMH entities are reinvested in improving our patient care delivery system Describe the corporation's financial assistance policies or programs (e g charity case, discounting) for low-income persons and how they are communicated to the public For information on the financial assistance policies provided by SSM Health Care St Louis, please see Schedule H Quantifiable Community Benefit The following is a list of the types of programs and services that could be included as community benefit activities Traditional Charity Care $ 38,690,616 Unpaid Cost of Medicaid $ 22,149,468 Unpaid Cost of Medicare $ 13,084,608 Cost of Bad Debts $ 31,794,891 Community Benefit Programs $ 19,920,939 Total Quantifiable Community Benefit $125,640,522

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	The sole member of the corporation is SSM Health Care Corporation SSM Health Care Corporation is a nonprofit 501(c)(3) organization Both SSM Health Care St Louis and SSM Health Care Corporation are part of the integrated health care system known as SSM Health

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	The member has the power to appoint additional, successor or replacement members and to appoint and remove the Appointed Directors and the ex officio members

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

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	ACCOUNTING/FINANCE PERSONNEL AT EACH SSMH (SSM HEALTH SYSTEM) ENTITY, IN CONJUNCTION WITH SYSTEM FINANCE PERSONNEL, PREPARE INFORMATION AND SUPPORTING SCHEDULES THAT ARE USED TO PREPARE THE FORM 990 THIS INFORMATION IS THEN REVIEWED BY A SUPERVISOR/MANAGER AND SENT TO THE SYSTEM OFFICE TO PREPARE THE FORM 990 SYSTEM FINANCE SUBMITS THE FORM 990 TO AN OUTSIDE TAX CONSULTING FIRM WHO REVIEWS THE FORM 990 AND SIGNS AS PAID PREPARER THE SYSTEM DIRECTOR - TAX AND COMPLIANCE REVIEWS THE COMPLETED FORM 990 PRIOR TO FILING THE RETURN THE COMPLETE FORM 990 IS PROVIDED ELECTRONICALLY TO ALL BOARD MEMBERS AT THE NEXT REGULARLY SCHEDULED BOARD MEETING

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	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, Line 19 Required documents available to the public	The year-end audited consolidated financial statements and unaudited quarterly consolidated financial statement for the SSM Health are made available to the public on SSM Health'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 VIII, Line 11d Other Miscellaneous Revenue	ALL OTHER REVENUE - Total Revenue 7569288, Related or Exempt Function Revenue 7331644, Unrelated Business Revenue 237644, Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Medical Physician, Practitioner, Psychiatrist, Resident, and Therapist - Total Expense 41425770, Program Service Expense 40861686, Management and General Expenses 564084, Fundraising Expenses 0, Recruitment, Consulting, Administrative, and PBS Fees - Total Expense 84870127, Program Service Expense 48189502, Management and General Expenses 36538012, Fundraising Expenses 142613, Medical Lab, Radiology, Transportation - Total Expense 27079153, Program Service Expense 26975153, Management and General Expenses 104000, Fundraising Expenses 0,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	TRANSFERS TO AFFILIATES - -56349685, BENEFICIAL INTEREST IN FOUNDATIONS - -49406,

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SSM Health Care St Louis

Employer identification number
43-1343281

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" 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 ST JOSEPH SURGERY CENTER 477 N LINDBERGH BLVD ST LOUIS, MO 63141 43-1822767	HEALTH CARE	MO	0	0	SSM HEALTH CARE ST LOUIS

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		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 DEPAUL HEALTH CENTER FOUNDATION	C	1	CASH
(2) SSM ST JOSEPH FOUNDATION	C	1	CASH
(3) SSM ST CLARE HEALTH CENTER FOUNDATION	C	1	CASH
(4) SSM ST MARY'S HEALTH CENTER FOUNDATION	C	1	CASH
(5) SSM CARDINAL GLENNON CHILDREN'S HOSPITAL	R	1	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: 14000329
Software Version: 2014v1.0
EIN: 43-1343281
Name: SSM Health Care St Louis

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) No
(1) SSM Health Care Corporation 10101 Woodfield Lane St Louis, MO 63132 46-6029223	Health Care	MO	501(c)(3	Type I	SSM Health Ministries		No
(1) SSMHC Liability Trust I 10101 Woodfield Lane St Louis, MO 63132 43-6331003	Insurance	MO	501(c)(3	Type 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	Type 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	Type 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	3	SSM Health Care St Louis	Yes	
(6) Cardinal Glennon Children's Foundation 10101 Woodfield Lane St Louis, MO 63132 43-1754347	Fundraising	MO	501(c)(3	7	SSM Cardinal Glennon Hospital		No
(7) SSM DePaul Health Center Foundation 10101 Woodfield Lane St Louis, MO 63132 43-1776109	Fundraising	MO	501(c)(3	7	SSM Health Care St Louis	Yes	
(8) SSM St Joseph Foundation 10101 Woodfield Lane St Louis, MO 63132 43-1591556	Fundraising	MO	501(c)(3	7	SSM Health Care St Louis	Yes	
(9) SSM St Clare Health Center Foundation 10101 Woodfield Lane St Louis, MO 63132 43-1273310	Fundraising	MO	501(c)(3	7	SSM Health Care St Louis	Yes	
(10) SSM St Mary's Health Center Foundation 10101 Woodfield Lane St Louis, MO 63132 43-1552945	Fundraising	MO	501(c)(3	7	SSM Health Care St Louis	Yes	
(11) SSM Health Care of Oklahoma Inc 10101 Woodfield Lane St Louis, MO 63132 73-0657693	Health Care	OK	501(c)(3	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	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	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	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	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	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	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	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	Type II	NA		No
(1) SSM Regional Health Services 10101 Woodfield Lane St Louis, MO 63132 44-0579850	Health Care	MO	501(c)(3	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	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	Type II	SSM Regional Health Services		No
(4) Good Samaritan Regional Health Center 10101 Woodfield Lane St Louis, MO 63132 43-0653587	Health Care	IL	501(c)(3	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	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	Type 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	7	St Mary's - Good Samaritan		No
(8) St Mary's Hospital Foundation 10101 Woodfield Lane St Louis, MO 63132 36-4636691	Fundraising	IL	501(c)(3	7	St Mary's - Good Samaritan		No
(9) St Mary's Hospital Auxiliary 400 N Pleasant Centralia, IL 62801 23-7126345	Fundraising	IL	501(c)(3	9	St Mary's Hospital Foundation		No
(10) SSM Health Businesses 10101 Woodfield Lane St Louis, MO 63132 43-1333488	Health Care	MO	501(c)(3	9	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	Type I	SSM Regional Health Services		No
(12) St Mary's Janesville Foundation Inc 2901 Landmark PL Ste 300 Madison, WI 53713 27-3439133	Fundraising	WI	501(c)(3	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)(1		NA		No
(14) Lee Dewey Corporation 10101 Woodfield Lane St Louis, MO 63132 73-1279603	MOB	OK	501(c)(3	Type I	SSM Health Care of Oklahoma		No
(15) SSM Hospice and Home Care Foundation 10101 Woodfield Lane St Louis, MO 63132 30-0012246	Fundraising	MO	501(c)(3	7	SSM Health Businesses		No
(16) St Mary's Hospital Auxiliary 100 St Marys Medical Plaza Jefferson City, MO 65101 43-6049878	Fundraising	MO	501(c)(3	Type II	NA		No
(17) Good Samaritan Hospital Auxiliary 605 North 12th Street Mt Vernon, IL 62864 23-7049599	Fundraising	IL	501(c)(3	Type III-FI	NA		No
(18) St Anthony Shawnee Hospital Inc 1000 N Lee Ave Oklahoma City, OK 73102 45-5055149	Health Care	OK	501(c)(3	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	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	(g) Section 512(b)(13) controlled entity? No
(41) Audrain Medical Center Foundation Inc 620 E Monroe Street Mexico, MO 65265 43-1265060	Fundraising	MO	501(c)(3	Type 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? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
SSM St Joseph Endoscopy Center LLC 10101 Woodfield Lane St Louis, MO 63132 27-0046559	Surgery Services	MO	SSM HEALTH CARE ST LOUIS	Related	1,882,970	1,052,479		No			No	50 %
St Clare Imaging Services 707 14th Street Suite A Baraboo, WI 53913 20-0122365	Diag Services	WI	NA	N/A								
Mt Vernon Radiation Therapy Center LLC 10101 Woodfield Lane St Louis, MO 63132 20-1382620	Radiation Therapy	IL	NA	N/A								
Sleep & Neurology Center of S Illinois LLC 10101 Woodfield Lane St Louis, MO 63132 20-8468195	Diag Services	IL	NA	N/A								
SMHC Surgical Co-Mgmt Company LLC 100 St Marys Medical Plaza Jefferson City, MO 65101 20-8929305	Management	MO	NA	N/A								
SMHC Cardiovascular Co-Mgmt Company LLC 100 St Marys Medical Plaza Jefferson City, MO 65101 20-8929381	Management	MO	NA	N/A								
SMHC Musculoskeletal Co-Mgmt Company LLC 100 St Marys Medical Plaza Jefferson City, MO 65101 20-8929237	Management	MO	NA	N/A								
ChowSMGSI Office Building LLC 10101 Woodfield Lane St Louis, MO 63132 37-1383861	MOB	IL	NA	N/A								
Center for Comprehensive Cancer Care LLC 10101 Woodfield Lane St Louis, MO 63132 20-1382727	MOB	IL	NA	N/A								
Shawnee Real Estate Holdings LLC 1000 N Lee Ave Oklahoma City, OK 73102 45-5458304	MOB	OK	NA	N/A								
SSM RX Express LLC 10101 Woodfield Lane St Louis, MO 63132 26-4031708	Pharmacy	MO	NA	N/A								
Dean Clinic & St Marys Hospital Accountable Care Organization LLC 1808 West Beltline Highway Madison, WI 53713 45-2995500	Accountable Care Organization	WI	NA	N/A								
Wisconsin Integrated Information Technology and Telemedicine Systems LLC 1808 West Beltline Highway Madison, WI 53713 39-2016715	Information Technology Services	WI	NA	N/A								
Dean Health Holdings LLC 1277 Deming Way Madison, WI 53717 26-1594709	Support Services	WI	NA	N/A								
Wingra Building Group 1808 West Beltline Highway Madison, WI 53713 39-0237060	MOB	WI	NA	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? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) General or Managing Partner? No	(k) Percentage ownership
Janesville Riverview Clinic Building Partnership 1808 West Beltline Highway Madison, WI 53713 39-6220698	MOB	WI	NA	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	SSM Health Care St Louis	C Corporation	2,265,316	-3,112,772	100 %	Yes	
FPP Inc 10101 Woodfield Lane St Louis, MO 63132 43-1465174	Health Care	MO	SSM Health Care Corporation	C Corporation					No
Diversified Health Services Corp 10101 Woodfield Lane St Louis, MO 63132 43-1369305	Medical Equipment	MO	NA	C Corporation					No
SSM Cardio and Thoracic Services Inc 10101 Woodfield Lane St Louis, MO 63132 26-0286559	Health Care	MO	NA	C Corporation					No
SSM Properties Inc 10101 Woodfield Lane St Louis, MO 63132 43-1462486	Property Services	MO	NA	C Corporation					No
SSM DePaul Medical Group Inc 10101 Woodfield Lane St Louis, MO 63132 43-1715106	Health Care	MO	NA	C Corporation					No
SSM St Charles Clinic Med Group Inc 10101 Woodfield Lane St Louis, MO 63132 43-0626408	Physician Offices	MO	NA	C Corporation					No
Health First Phys Management Services Inc 10101 Woodfield Lane St Louis, MO 63132 73-1534336	Medical Services	OK	NA	C Corporation					No
SSMHCS Liability Trust II 10101 Woodfield Lane St Louis, MO 63132 81-6128118	Insurance	MO	NA	C Corporation					No
SSM Neurosciences Inc 10101 Woodfield Lane St Louis, MO 63132 26-3413981	Health Care	MO	NA	C Corporation					No
SSM Medical Group Inc 10101 Woodfield Lane St Louis, MO 63132 43-1664107	Physician Offices	MO	NA	C Corporation					No
SSMHC Insurance Company 10101 Woodfield Lane St Louis, MO 63132 03-0310431	Insurance	CA	NA	C Corporation					No
SSM Orthopedic Inc 10101 Woodfield Lane St Louis, MO 63132 27-1557033	Health Care	MO	NA	C Corporation					No
SSM Cancer Care Inc 10101 Woodfield Lane St Louis, MO 63132 27-1557324	Health Care	MO	NA	C Corporation					No
Physicians Services Corp of Southern Illinois 10101 Woodfield Lane St Louis, MO 63132 36-4161526	Health Care	IL	NA	C Corporation					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	NA	C Corporation				No
Dean Health Insurance Inc PO Box 56099 Madison, WI 53705 39-1830837	Insurance	WI	NA	C Corporation				No
Dean Health Plan Inc PO Box 56099 Madison, WI 53705 39-1535024	Insurance	WI	NA	C Corporation				No
St Mary's Dean Ventures Inc 1808 West Beltline Highway Madison, WI 53713 39-1628491	Physician Offices	WI	NA	C Corporation				No
Dean Retail Services Inc 1808 West Beltline Highway Madison, WI 53713 39-1717636	Property Services	WI	NA	C Corporation				No
Navitus Holdings LLC 1808 West Beltline Highway Madison, WI 53713 80-0968174	Pharmacy Benefits	WI	NA	C Corporation				No
Yagnesh V Oza MD Inc 4117 Veterans Memorial Drive Mt Vernon, IL 62804	Physician Offices	IL	NA	C Corporation				No