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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 Regional Health Services

Doing business as

See Schedule O

Number and street (or P O box if mail is not delivered to street address)

10101 Woodfield Lane

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

St Louis, MO 63132

F Name and address of principal officer

William P 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

D Employer identification number

44-0579850

E Telephone number

(314) 994-7800

G Gross receipts \$ 194,899,713

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 1965

M State of legal domicile MO

| Part I | Summary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------|---|--------------|---|--------------|----|---|-------------|----|--|-------------|----|--|------------|----|--|-----------|----|--|-------------|----|---|---------|----|---|---|----|---|------------|-----|---|---|---|---|--|----|--|------------|----|--|-------------|----|---|----------|
| Activities & Governance | <div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>OPERATES TWO HOSPITALS AND HEALTH CENTERS IN JEFFERSON CITY, MISSOURI AND MARYVILLE, MISSOURI</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | <div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Revenue | <table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>6</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>0</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>1,713</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>502</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7,514,617</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>-256,327</td></tr></table> | 3 | Number of voting members of the governing body (Part VI, line 1a) | 6 | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 0 | 5 | Total number of individuals employed in calendar year 2014 (Part V, line 2a) | 1,713 | 6 | Total number of volunteers (estimate if necessary) | 502 | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7,514,617 | 7b | Net unrelated business taxable income from Form 990-T, line 34 | -256,327 | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Total number of individuals employed in calendar year 2014 (Part V, line 2a) | 1,713 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Total number of volunteers (estimate if necessary) | 502 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7,514,617 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | -256,327 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Expenses | <table><tr><th></th><th>Prior Year</th><th>Current Year</th></tr><tr><td>8</td><td>Contributions and grants (Part VIII, line 1h)</td><td>2,057,960</td></tr><tr><td>9</td><td>Program service revenue (Part VIII, line 2g)</td><td>186,188,859</td></tr><tr><td>10</td><td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td>1,106,844</td></tr><tr><td>11</td><td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>7,514,630</td></tr><tr><td>12</td><td>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>196,868,293</td></tr><tr><td>13</td><td>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>106,562</td></tr><tr><td>14</td><td>Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td></tr><tr><td>15</td><td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>98,308,747</td></tr><tr><td>16a</td><td>Professional fundraising fees (Part IX, column (A), line 11e)</td><td>0</td></tr><tr><td>b</td><td>Total fundraising expenses (Part IX, column (D), line 25) 195,737</td><td></td></tr><tr><td>17</td><td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>98,897,942</td></tr><tr><td>18</td><td>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>197,313,251</td></tr><tr><td>19</td><td>Revenue less expenses Subtract line 18 from line 12</td><td>-444,958</td></tr></table> | | Prior Year | Current Year | 8 | Contributions and grants (Part VIII, line 1h) | 2,057,960 | 9 | Program service revenue (Part VIII, line 2g) | 186,188,859 | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,106,844 | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 7,514,630 | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 196,868,293 | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 106,562 | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 98,308,747 | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | b | Total fundraising expenses (Part IX, column (D), line 25) 195,737 | | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 98,897,942 | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 197,313,251 | 19 | Revenue less expenses Subtract line 18 from line 12 | -444,958 |
| | Prior Year | Current Year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Contributions and grants (Part VIII, line 1h) | 2,057,960 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 196,868,293 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 106,562 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 98,308,747 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | Total fundraising expenses (Part IX, column (D), line 25) 195,737 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 98,897,942 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 19 | Revenue less expenses Subtract line 18 from line 12 | -444,958 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Net Assets or Fund Balances | <table><tr><th></th><th>Beginning of Current Year</th><th>End of Year</th></tr><tr><td>20</td><td>Total assets (Part X, line 16)</td><td>208,501,302</td></tr><tr><td>21</td><td>Total liabilities (Part X, line 26)</td><td>112,925,343</td></tr><tr><td>22</td><td>Net assets or fund balances Subtract line 21 from line 20</td><td>95,575,959</td></tr></table> | | Beginning of Current Year | End of Year | 20 | Total assets (Part X, line 16) | 208,501,302 | 21 | Total liabilities (Part X, line 26) | 112,925,343 | 22 | Net assets or fund balances Subtract line 21 from line 20 | 95,575,959 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Beginning of Current Year | End of Year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Total assets (Part X, line 16) | 208,501,302 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | Total liabilities (Part X, line 26) | 112,925,343 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | Net assets or fund balances Subtract line 21 from line 20 | 95,575,959 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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

June L Pickett Secretary

Date

2015-11-16

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Brooke Kitchen McNeil

Preparer's signature

Brooke Kitchen McNeil

Date

Firm's name

Deloitte Tax LLP

Firm's address

1111 Bagby Street Suite 4500

Houston, TX 77002

Check ☐ if self-employed

PTIN

P00849302

Firm's EIN

86-1065772

Phone no

(713) 982-2000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

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?

YesNo

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?

YesNo

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 \$ 174,220,165 including grants of \$ 84,593) (Revenue \$ 180,735,087)

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 ▶ 174,220,165





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)? <i>If "Yes," complete Schedule A.</i>  | Yes | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?  | Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> | | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>  | 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? <i>If "Yes," complete Schedule C, Part III.</i> | | |
| 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? <i>If "Yes," complete Schedule D, Part I.</i> | | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> | | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> | | 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? <i>If "Yes," complete Schedule D, Part IV.</i> | | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>  | 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? <i>If "Yes," complete Schedule D, Part VI.</i>  | 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? <i>If "Yes," complete Schedule D, Part VII.</i>  | 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? <i>If "Yes," complete Schedule D, Part VIII.</i> | | 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? <i>If "Yes," complete Schedule D, Part IX.</i> | | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>  | 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)? <i>If "Yes," complete Schedule D, Part X.</i>  | Yes | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> | | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>  | Yes | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> | | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> | | 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? <i>If "Yes," complete Schedule F, Parts II and IV.</i> | | 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i> | | 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). | | 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? <i>If "Yes," complete Schedule G, Part II.</i> | | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> | | No |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>  | Yes | |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 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? <i>If "Yes," complete Schedule I, Parts I and II</i>  | 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>  | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 26 | 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? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>  | 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>  | 35b | Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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. | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | | |
| 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. | | |
| 2b | | Yes | |
| 3a | | Yes | |
| 3b | | Yes | |
| 4a | | | No |
| 5a | | | No |
| 5b | | | No |
| 5c | | | |
| 6a | | | No |
| 6b | | | |
| 7 | | | |
| 7a | | | No |
| 7b | | | |
| 7c | | | No |
| 7d | | | |
| 7e | | | No |
| 7f | | | No |
| 7g | | | |
| 7h | | | |
| 8 | | | |
| 9a | | | |
| 9b | | | |
| 10 | | | |
| 10a | | | |
| 10b | | | |
| 11 | | | |
| 11a | | | |
| 11b | | | |
| 12a | | | |
| 12b | | | |
| 13 | | | |
| 13a | | | |
| 13b | | | |
| 13c | | | |
| 14a | | | No |
| 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 | 6 | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | 0 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | No |
| 6 | Did the organization have members or stockholders? | 6 | Yes |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes |
| 7b | 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 | | |
| 8a | The governing body? | 8a | Yes |
| 8b | 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 |
| 10b | 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 |
| 11b | 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 |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes |
| 12c | 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? | | |
| 15a | The organization's CEO, Executive Director, or top management official | 15a | No |
| 15b | 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 |
| 16b | 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 Donna Wallace |

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) William Thompson Director & President | 1 00 55 00 | X | | X | | | | 0 | 3,248,929 | 2,256,052 |
| (2) Kris Zimmer Director & Treasurer | 1 00 56 00 | X | | X | | | | 0 | 956,951 | 412,836 |
| (3) Paula Friedman Director & Vice Pres | 1 00 53 00 | X | | X | | | | 0 | 729,173 | 396,619 |
| (4) Christopher Howard Director | 1 00 52 00 | X | | | | | | 0 | 1,013,182 | 504,975 |
| (5) Gaurov Dayal MD Director | 1 00 43 00 | X | | | | | | 0 | 945,865 | 290,662 |
| (6) Shane Peng MD Director | 1 00 44 00 | X | | | | | | 0 | 775,782 | 283,844 |
| (7) June Pickett Secretary | 0 10 42 70 | | | X | | | | 0 | 253,530 | 146,963 |
| (8) Brent VanConia Hospital President | 40 00 0 00 | | | X | | | | 0 | 511,117 | 227,880 |
| (9) Jim Stratton Regional CFO | 20 00 20 00 | | | X | | | | 0 | 237,111 | 34,445 |
| (10) Jocelyn Skidmore Admin Director-Finance | 40 00 0 00 | | | X | | | | 0 | 138,184 | 126,395 |
| (11) Gray Cox Hospital President | 40 00 0 00 | | | X | | | | 0 | 339,047 | 193,902 |
| (12) Kari Wilson COO/CNO | 20 00 20 00 | | | | X | | | 0 | 148,654 | 9,219 |
| (13) Scott Holman DO VP-Medical Affairs | 40 00 0 00 | | | | X | | | 377,643 | 0 | 112,593 |
| (14) Anthony Houston Chief Operating Officer | 40 00 0 | | | | X | | | 246,718 | 0 | 46,152 |

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 | | | |
| (15) Stephen Stewart Regional VP Medical Affairs | 40 00 0 00 | | | | X | | | 250,483 | 0 | 42,713 |
| (16) Susan Mankoski VP Human Resources | 40 00 0 00 | | | | X | | | 0 | 208,679 | 111,249 |
| (17) Thomas Distefano Physician | 40 00 0 00 | | | | | X | | 972,420 | 0 | 325,147 |
| (18) John Clemens Physician | 40 00 0 00 | | | | | X | | 647,372 | 0 | 279,697 |
| (19) Jane Dawson Physician | 40 00 0 00 | | | | | X | | 449,429 | 0 | 117,417 |
| (20) Courtnye Walker Physician | 40 00 0 00 | | | | | X | | 464,759 | 0 | 51,015 |
| (21) Shirley Harris Physician | 40 00 0 00 | | | | | X | | 449,965 | 0 | 131,062 |

| | | | | | |
|----|---|---|-----------|-----------|-----------|
| 1b | Sub-Total | ▶ | | | |
| c | Total from continuation sheets to Part VII, Section A | ▶ | | | |
| d | Total (add lines 1b and 1c) | ▶ | 3,858,789 | 9,506,204 | 6,100,837 |

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▶89

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

Section B. Independent Contractors

1

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| ALBERICI CONSTRUCTORS INC 8800 PAGE AVE ST LOUIS, MO 63114 | CONSTRUCTION MANAGEMENT | 69,749,017 |
| LAWRENCE GROUP INC 319 N 4TH STREET ST LOUIS, MO 63102 | CONSTRUCTION MANAGEMENT | 1,488,151 |
| MID-MISSOURI ANESTHESIA 1445 CHRISTY DRIVE JEFFERSON CITY, MO 65101 | MEDICAL PHYSICIAN SERVICES | 1,323,791 |
| NORTHSTAR MANAGEMENT COMPANY 10820 SUNSET OFFICE DRIVE SUITE 200 ST LOUIS, MO 63127 | PROJECT MANAGEMENT | 1,216,698 |
| MORRISON MANAGEMENT SPECIALIST 5801 PEACHTREE DUNWOODY ROAD ATLANTA, GA 30342 | NUTRITIONAL SERVICES | 1,173,960 |

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 ▶44

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 | 37,600 | | | |
| | c | Fundraising events 1c | | | | |
| | d | Related organizations 1d | 5,403,421 | | | |
| | e | Government grants (contributions) 1e | 38,836 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ 21,466 | | | | |
| | h | Total. Add lines 1a-1f | 5,479,857 | | | |
| Program Service Revenue | 2a | NET PATIENT REVENUE | Business Code 621110 | 178,263,945 | 178,263,945 | |
| | b | OTHER OPERATING REVENUE | 621110 | 2,471,142 | 2,471,142 | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f | All other program service revenue | 0 | 0 | 0 | 0 |
| | g | Total. Add lines 2a-2f | 180,735,087 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | 425,423 | | | 425,423 |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | |
| | 5 | Royalties | | | | |
| | 6a | Gross rents | (i) Real 96,193 | (ii) Personal | | |
| | b | Less rental expenses | 50,632 | | | |
| | c | Rental income or (loss) | 45,561 | 0 | | |
| | d | Net rental income or (loss) | 45,561 | | | 45,561 |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities 608,378 | (ii) Other 13,509 | | |
| | b | Less cost or other basis and sales expenses | | | | |
| | c | Gain or (loss) | 608,378 | 13,509 | | |
| | d | Net gain or (loss) | 621,887 | | | 621,887 |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | | | | |
| | | a | 7,686 | | | |
| | b | Less direct expenses b | 6,674 | | | |
| | c | Net income or (loss) from fundraising events | 1,012 | | | 1,012 |
| | 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 | 18,963 | | | |
| | b | Less cost of goods sold b | 10,688 | | | |
| | c | Net income or (loss) from sales of inventory | 8,275 | | | 8,275 |
| | | Miscellaneous Revenue | Business Code | | | |
| | 11a | PHARMACY REVENUE | 446110 | 6,985,306 | 6,985,306 | |
| | b | CHILD CARE CENTER | 624410 | 409,753 | 409,753 | |
| | c | LABORATORY REVENUE | 621500 | 92,978 | 92,978 | |
| | d | All other revenue | 26,580 | 0 | 26,580 | 0 |
| | e | Total. Add lines 11a-11d | 7,514,617 | | | |
| | 12 | Total revenue. See Instructions | 194,831,719 | 180,735,087 | 7,514,617 | 1,102,158 |

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 | 84,593 | 84,593 | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 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 | 2,525,764 | 1,034,836 | 1,490,928 | |
| 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 | 68,751,599 | 61,787,323 | 6,843,576 | 120,700 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 6,031,374 | 5,432,473 | 586,690 | 12,211 |
| 9 | Other employee benefits | 11,973,218 | 10,637,081 | 1,314,799 | 21,338 |
| 10 | Payroll taxes | 4,706,530 | 4,168,490 | 529,117 | 8,923 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | 3,384,153 | 1,603,341 | 1,780,812 | |
| b | Legal | 133,527 | | 133,527 | |
| c | Accounting | 108,038 | | 108,038 | |
| 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) | 23,175,078 | 12,343,028 | 10,829,784 | 2,266 |
| 12 | Advertising and promotion | 31,617 | | 31,617 | |
| 13 | Office expenses | 6,643,399 | 5,882,993 | 736,627 | 23,779 |
| 14 | Information technology | 11,346,789 | 11,300,616 | 45,323 | 850 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 5,599,321 | 5,151,420 | 445,145 | 2,756 |
| 17 | Travel | 470,063 | 358,992 | 110,302 | 769 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 126,928 | 109,490 | 17,438 | |
| 20 | Interest | 975,071 | 975,071 | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 11,717,858 | 10,196,083 | 1,519,630 | 2,145 |
| 23 | Insurance | 1,055,930 | | 1,055,930 | |
| 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 | 32,199,497 | 32,199,497 | | |
| b | MEDICAid PROVIDER TAX | 10,511,670 | 10,511,670 | | |
| c | LICENSES | 251,953 | 245,513 | 6,440 | |
| d | BOND RELATED FEES | 207,045 | | 207,045 | |
| e | All other expenses | 197,655 | 197,655 | 0 | 0 |
| 25 | Total functional expenses. Add lines 1 through 24e | 202,208,670 | 174,220,165 | 27,792,768 | 195,737 |
| 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 <input type="checkbox"/> 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) | | (B) |
|-----------------------------|---|--|----------------|-------------------|-----|-------------|
| | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | 2,751,254 | 1 | 2,797,016 |
| | 2 | Savings and temporary cash investments | | 7,758,245 | 2 | 7,307,237 |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 27,135,476 | 4 | 24,109,974 |
| | 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 | | 4,223,648 | 8 | 4,808,935 |
| | 9 | Prepaid expenses and deferred charges | | 1,301,688 | 9 | 1,554,652 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a257,459,686 | | | |
| | b | Less accumulated depreciation | 10b38,756,015 | 121,921,514 | 10c | 218,703,671 |
| | 11 | Investments—publicly traded securities | | | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 | | 32,578,670 | 12 | 28,749,020 |
| | 13 | Investments—program-related See Part IV, line 11 | | 0 | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 10,830,807 | 15 | 10,846,579 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 208,501,302 | 16 | 298,877,084 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 14,236,339 | 17 | 19,619,148 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | 98,689,004 | 25 | 195,787,021 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 112,925,343 | 26 | 215,406,169 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| | 27 | Unrestricted net assets | | 90,976,171 | 27 | 80,089,134 |
| | 28 | Temporarily restricted net assets | | 4,488,788 | 28 | 3,270,781 |
| | 29 | Permanently restricted net assets | | 111,000 | 29 | 111,000 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 | | 95,575,959 | 33 | 83,470,915 |
| | 34 | Total liabilities and net assets/fund balances | | 208,501,302 | 34 | 298,877,084 |

Part XI Reconciliation 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 | 194,831,719 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 202,208,670 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -7,376,951 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 95,575,959 |
| 5 | Net unrealized gains (losses) on investments | 5 | -204,268 |
| 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 | -4,523,825 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 83,470,915 |

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| 2b | Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| 2c | 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | No |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ 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 Regional Health Services | Employer identification number 44-0579850 |
|--|--|

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? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|-----------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support | | | | | | |
|---|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 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 IIISupport 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. | | |
| 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. | | |

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). | | |

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? | | |
| 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). | | |
| 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. | | |

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | |
| 2 <u>Activities Test</u> 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. | | | |
| 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. | | | |
| 3 <u>Parent of Supported Organizations</u> 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. | | | |
| 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. | | | |

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 | <input type="checkbox"/> 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

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 SSM Regional Health Services | Employer identification number 44-0579850 |
|--|--|

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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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 | | | | | | | | | | | | | | |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> | 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 | | |
| 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 | | | | | | | | | | | | | |
| 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- | | | | | | | | | | | | | | |
| 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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) | | (b) |
|---|--|-----|----|--------|
| | | Yes | No | 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 | | 46,673 |
| 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. | | | 46,673 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, 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 HOSPITAL ASSOCIATIONS AND A PORTION OF THESE DUES WAS ALLOCATED TO LOBBYING ACTIVITIES |
| | |
| | |
| | |
| | |
| | |
| | |

[illegible]

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 Regional Health Services | Employer identification number 44-0579850 |
|--|--|

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |
| 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |

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

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 |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, 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 | 111,000 | 111,000 | 111,000 | 111,000 | 116,307 |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 748 | 2,226 | 1,109 | 1,436 | 2,098 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 748 | 2,226 | 1,109 | 1,436 | 7,405 |
| f Administrative expenses | | | | | |
| g End of year balance | 111,000 | 111,000 | 111,000 | 111,000 | 111,000 |

- 2

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

Board designated or quasi-endowment

b

Permanent endowment

100 %

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No
- b

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

3b
- 4

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

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

| Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | 3,435,864 | | 3,435,864 |
| b Buildings | | 31,367,212 | 20,750,355 | 10,616,857 |
| c Leasehold improvements | | 256,154 | 191,858 | 64,296 |
| d Equipment | | 27,948,739 | 17,813,802 | 10,134,937 |
| e Other | | 194,451,717 | | 194,451,717 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 218,703,671 |

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 | ENDOWMENT FUNDS ARE USED TO SUPPORT OPERATIONS AND THE MISSION OF ST MARY'S HEALTH CENTER |
| Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote | SSM REGIONAL HEALTH SERVICES' 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 RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS. THERE HAVE BEEN NO UNCERTAIN TAX POSITIONS RECORDED IN 2014 OR 2013. |
| | |
| | |
| | |
| | |
| | |

[illegible]

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 Regional Health Services

Employer identification number
44-0579850

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 <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> 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 | 3a | Yes | |
| 4 | Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | 4 | Yes | |
| 5a | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | 5a | Yes | |
| b | If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | 5b | Yes | |
| c | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | 5c | | No |
| 6a | Did the organization prepare a community benefit report during the tax year? | 6a | Yes | |
| b | If "Yes," did the organization make it available to the public? | 6b | | No |
| | Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H | | | |

7

Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | | | 7,573,089 | | 7,573,089 | 3 75 % |
| b Medicaid (from Worksheet 3, column a) | | | 31,734,982 | 25,926,460 | 5,808,522 | 2 88 % |
| 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 | 39,308,071 | 25,926,460 | 13,381,611 | 6 62 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 205,636 | 15,970 | 189,666 | 0 09 % |
| f Health professions education (from Worksheet 5) | | | 47,404 | | 47,404 | 0 02 % |
| 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) | | | 339,843 | 61,952 | 277,891 | 0 14 % |
| j Total Other Benefits | 0 | 0 | 592,883 | 77,922 | 514,961 | 0 25 % |
| k Total. Add lines 7d and 7j | 0 | 0 | 39,900,954 | 26,004,382 | 13,896,572 | 6 88 % |

Part III

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

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

6,270,698

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

57,027,518

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

76,312,485

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-19,284,967

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 SMHC SURGICAL CO-MANAGEMENT COMPANY LLC | MANAGEMENT | 50 % | | 50 % |
| 2 SMHC MUSCULOSKELETAL CO-MANAGEMENT COMPANY LLC | MANAGEMENT | 50 % | | 50 % |
| 3 SMHC CARDIOVASCULAR CO-MANAGEMENT COMPANY LLC | MANAGEMENT | 50 % | | 50 % |
| 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?

2

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 | | | | | | | | | | |
| | | | | | | | | | | | |
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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)

ST MARY'S HEALTH CENTER

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):

1

| | | 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 | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b | <input checked="" type="checkbox"/> Demographics of the community | | |
| c | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d | <input checked="" type="checkbox"/> How data was obtained | | |
| e | <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i | <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA 20 12 | | |
| 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 | Yes |
| 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 | <input checked="" type="checkbox"/> Hospital facility's website (list url) www.ssmhealthmidmo.com/about/Documents/st-marys-2012-community-health-needs-assessment.pdf | | |
| b | <input checked="" type="checkbox"/> Other website (list url) WWW.SSMHEALTH.COM/SYSTEM/EXCEPTIONAL-CARE/WHAT-WE-MEAN/CHNA/ | | |
| c | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d | <input type="checkbox"/> 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 20 12 | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? | 10 | Yes |
| | http://www.ssmhealthmidmo.com/about/Documents/st-marys-2012-community-health-needs-assessment.pdf | | |
| a | If "Yes" (list url) community-health-needs-assessment.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)

Name of hospital facility or letter of facility reporting group

ST MARY'S HEALTH CENTER

| | | Yes | No |
|--|-----------|-----|----|
| Financial Assistance Policy (FAP) | | | |
| 13 Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP | 13 | Yes | |
| a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2 0</u> % and FPG family income limit for eligibility for discounted care of <u>4 0</u> % | | | |
| b <input type="checkbox"/> Income level other than FPG (describe in Section C) | | | |
| c <input checked="" type="checkbox"/> Asset level | | | |
| d <input checked="" type="checkbox"/> Medical indigency | | | |
| e <input checked="" type="checkbox"/> Insurance status | | | |
| f <input checked="" type="checkbox"/> Underinsurance discount | | | |
| g <input checked="" type="checkbox"/> Residency | | | |
| h <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | | |
| b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | | |
| c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | | |
| d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | | |
| e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) _____ | | | |
| b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) _____ | | | |
| c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____ | | | |
| d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | | |
| f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility | | | |
| h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | | |
| i <input type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) | | | |
| b <input type="checkbox"/> Selling an individual's debt to another party | | | |
| c <input type="checkbox"/> Actions that require a legal or judicial process | | | |
| d <input type="checkbox"/> Other similar actions (describe in Section C) | | | |
| e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | | |

Part V

Facility Information (continued)

ST MARY'S HEALTH CENTER

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? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission b <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made | 19 | No |
| 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? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C) | 21 | Yes |
| 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 <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b <input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d <input type="checkbox"/> 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? If "Yes," explain in Section C | 23 | No |
| 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? If "Yes," explain in Section C | 24 | No |

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)

ST FRANCIS HOSPITAL and HEALTH CENTER

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):

2

| | 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 <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b <input checked="" type="checkbox"/> Demographics of the community | | |
| c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d <input checked="" type="checkbox"/> How data was obtained | | |
| e <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs | | |
| j <input type="checkbox"/> Other (describe in Section C) | | |
| 4 Indicate the tax year the hospital facility last conducted a CHNA | 20 | 12 |
| 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 | No |
| 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 <input checked="" type="checkbox"/> Hospital facility's website (list url) | <u>www.ssmhealthstfrancis.com/about/community-health</u> | |
| b <input checked="" type="checkbox"/> Other website (list url) | <u>WWW.SSMHEALTH.COM/SYSTEM/EXCEPTIONAL-CARE/WHAT-WE-MEAN/CHNA/</u> | |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d <input type="checkbox"/> 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 | 20 | 12 |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? | 10 | Yes |
| a If "Yes" (list url) | <u>http://www.ssmhealthstfrancis.com/about/community-health</u> | |
| 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)

Name of hospital facility or letter of facility reporting group

ST FRANCIS HOSPITAL and HEALTH CENTER

| | | Yes | No |
|--|--|-----------|-----|
| Financial Assistance Policy (FAP) | | | |
| 13 | Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP | 13 | Yes |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2 0</u> % and FPG family income limit for eligibility for discounted care of <u>4 0</u> % | | |
| b | <input type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| c | <input checked="" type="checkbox"/> Asset level | | |
| d | <input checked="" type="checkbox"/> Medical indigency | | |
| e | <input checked="" type="checkbox"/> Insurance status | | |
| f | <input checked="" type="checkbox"/> Underinsurance discount | | |
| g | <input checked="" type="checkbox"/> Residency | | |
| h | <input type="checkbox"/> 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 | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| b | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| c | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input type="checkbox"/> 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 | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) _____ | | |
| b | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) _____ | | |
| c | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____ | | |
| d | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| e | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| f | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility | | |
| h | <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i | <input type="checkbox"/> 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 | <input type="checkbox"/> Reporting to credit agency(ies) | | |
| b | <input type="checkbox"/> Selling an individual's debt to another party | | |
| c | <input type="checkbox"/> Actions that require a legal or judicial process | | |
| d | <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| e | <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | |

Part V

Facility Information (continued)

ST FRANCIS HOSPITAL and HEALTH CENTER

| | | | | |
|---|---|----|-----|----|
| 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? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission b <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made | 19 | | No |
| 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? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C) | 21 | Yes | |
| 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 <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b <input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d <input type="checkbox"/> 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? If "Yes," explain in Section C | 23 | | No |
| 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? If "Yes," explain in Section C | 24 | | No |

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 | |
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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? 19

| 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 Regional Health Services 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 | 197655 |

| 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 Regional Health Services 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 Support - Physical Improvement and Housing: St Francis Hospital sponsored a local Habitat for Humanity project. Community Support - Economic Development: participation in organizations promoting small business development including participation in the Greater Maryville Chamber of Commerce and Nodaway County Economic Development Council. Community Building - Community Support: Provides direct support for underfunded child care center to cover salary and benefits for Children and Family Center of Northwest Missouri; participates in activities to take an active role in the Jefferson City, Missouri community and the health of its citizens. Community Building - Environment Improvements: Hospital staff collect and break down materials for delivery to University Research Project for Energy Conservation helping to limit environs that are negative to the community; Recycled/shredded 52,650 pounds of paper in 2014. |

| 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 Regional Health Services 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 Regional Health Services 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 Regional Health Services 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 |
|--|--|
| <p>Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance</p> | <p>SSM Regional Health Services 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. The Health Center embraces its responsibility to serve the communities in which it participates by establishing sound business practices. The Health Center's billing and collection practices will be fairly and consistently applied. All staff and vendors are expected to treat all patients consistently and fairly regardless of their ability to pay. They respond to patients in a prompt and courteous manner regarding any questions about their bills and provide notification of the availability of 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:</p> <ol style="list-style-type: none"> 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 Regional Health Services' collection and financial assistance policies. |

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 16a FAP website | - ST MARY'S HEALTH CENTER Line 16a URL WWW SSMHEALTH COM/SYSTEM/EXCEPTIONAL-CARE/FINANCIAL-ASSISTANCE, - ST FRANCIS HOSPITAL and 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 | - ST MARY'S HEALTH CENTER Line 16b URL WWW.SSMHEALTH.COM/SYSTEM/EXCEPTIONAL-CARE/FINANCIAL-ASSISTANCE, - ST FRANCIS HOSPITAL and 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 | - ST MARY'S HEALTH CENTER Line 16c URL WWW.SSMHEALTH.COM/SYSTEM/EXCEPTIONAL-CARE/FINANCIAL-ASSISTANCE, - ST FRANCIS HOSPITAL and 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 | <p>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</p> <ul style="list-style-type: none"> * 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 | <p>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:</p> <ul style="list-style-type: none"> * 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. <p>The following types of notices to the public are provided:</p> <ul style="list-style-type: none"> * 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 | <p>St Mary's Health Center - Jefferson City, MO St Mary's Health Center defines its primary and secondary service areas as the four counties of Cole, Miller, Moniteau and Osage located in central Missouri. The total population of the service area, based on the 2010 census, was 130,223. This region is expecting an increase of 1.8% from 2010 to 2015 with Cole County expecting the largest growth at 2.2%. The age distribution continues to shift toward a larger population of older adults with estimates suggesting the 65+ cohort will see the largest growth from 2010 to 2015 with a 13.4% increase. The median age for the region is 38.4 which is slightly higher than the Missouri average of 37.9. The race/ethnicity distribution based on the 2010 census data shows a population that is predominately white/Caucasian (89.2%), with 7.1 percent black/African American. The majority of the adult population in the region has an education level at or above the high school level (85.4%). Lower than average poverty rates provide evidence of a higher level of economic well-being in three of the four counties with only Miller County (16.8%) having a percentage higher than the Missouri average (14%). Miller County also reports a higher percentage of children in poverty (31%) when compared to 21 percent in Missouri. Per capita income ranged from a low \$18,202 in Miller County to a high of \$25,935 in Cle County. This region contains 50,499 households with average household incomes ranging from \$43,839 in Miller County to \$65,254 in Cole County. Additional detailed information on the St Mary's Health Center service area can be found on pages 8 through 17 of the CHNA. St Mary's Health Center offers a full range of health care services including Cardiovascular, emergency, orthopedic, cancer, outpatient surgical, and women's health services. In addition St Mary's extends its health care into the region with the following services: Wound Healing Center, Medical clinics, urgent care facilities, retail pharmacies, St Mary's Pediatrics, Health Psychology, Pain management, St Mary's Sleep Center, Women's Imaging Center, Occupation Medicine, outpatient physical rehabilitation and diabetes management and training. St. Francis Hospital and Health Center - Maryville, MO St. Francis Hospital & Health Center is located in Maryville, Missouri, in rural northwest Missouri. The service area for St. Francis encompasses Nodaway County, Missouri and all of the contiguous surrounding counties in Missouri and Iowa. The estimated 2011 population of Nodaway County was 21,860 with a projected growth rate of 0.2% from 2011 to 2016. The largest age group in Nodaway County is the 18 - 24 group, which makes up about 27% of the total population. The population of Nodaway County is predominantly White/non-Hispanic (94%). The average household income in Nodaway County is \$46,895. This is considerably lower than the Missouri average of \$58,797. In 2010, the poverty rate was 17.0%, which was higher than the Missouri average of 15.3%. The poverty rate for children was 15.0% in Nodaway County. Most of the adult population (age 25 or older) in Nodaway County have a high school degree or higher. Additional detailed information on the St. Francis Hospital and Health Center service area can be found on pages 6 through 29 of the CHNA. As a rural hospital, St. Francis Hospital & Health Services provides emergency treatment, acute care for patients with medical and surgical diagnosis, mental health illnesses, and obstetrical needs.</p> |

| Form and Line Reference | Explanation |
|--|---|
| <p>Schedule H, Part VI, Line 5 Promotion of community health</p> | <p>SSM Regional Health Services 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 Regional Health Services' 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 Regional Health Services 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. St. Francis Preschool and Child Care received continued recognition for Missouri Eat Smart Child Care at the advanced level. Eat Smart Child Care is a program from the Missouri Department of Health and Senior Services that aims to help child care providers give Missouri's children a positive nutrition experience. The goals of Eat Smart Child Care are to help prevent childhood obesity, to show that providers care about the health of children in their care, and to attract parents who care about the food their kids eat while away from home. The Eat Smart guidelines are designed to boost the nutrition of children ages 2 to 12 and help them maintain a healthy weight and include recommendations for breakfast, lunch, dinner and snacks. SSM Regional Health Services 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, * 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.</p> |

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part VI, Line 6 Affiliated health care system | SSM REGIONAL HEALTH SERVICES IS A HEALTH CARE NETWORK THAT OPERATES ST MARY'S HEALTH CENTER IN JEFFERSON CITY, MISSOURI, AND ST FRANCIS HOSPITAL & HEALTH CENTER IN MARYVILLE, MISSOURI IT IS PART OF THE INTEGRATED HEALTH CARE SYSTEM KNOWN AS SSM HEALTH SSM HEALTH IS A 501(C)(3) ORGANIZATION HEADQUARTED IN ST LOUIS, MISSOURI |

| 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: 44-0579850
Name: SSM Regional Health Services

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 , 1 | Facility , 1 - St Mary's Health Center The Central Missouri Community Health Assessment Partnership (CMCHAP) worked collaboratively to collect and analyze health data and gather input from community members to aid in assessing and prioritizing needs Community discussion groups, much like town hall meetings were organized by the Steering Team and facilitated by Michael Felix, a community health development specialist Throughout this process, more than 150 individuals participated in 12 discussion groups and consumer interview sessions Organizations participating in these discussions can be found on page 6 of the CHNA |

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 , 1 | Facility , 1 - St Mary's Health Center The Central Missouri Community Health Assessment Partnership other hospital participants included Capital Region Medical Center |

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 6b Facility , 1 | Facility , 1 - St Mary's Health Center The Central Missouri Community Health Assessment Partnership other participants included six additional partners the Community Health Center of Central Missouri, Cole County Health Department, Jefferson City Medical Group, Missouri Primary Care Association, Samaritan Center of Jefferson City and United Way of Central Missouri |

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 , 1 | <p>Facility , 1 - St Mary's Health Center SSM Health Care'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 heart disease, cancer, and diabetes Our needs assessment wa s completed in August 2012 and adopted as part of our strategic plan 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 St Mary's Health Center 2012 -2015 CHNA identi fied Heart disease as the leading cause of death in the Central Missouri four-county regio n of Cole, Miller, Moniteau, and Osage Rapidly increasing rates of obesity along with hea rt-disease risk factors such as high blood pressure, diabetes, smoking, inactivity, and po or diet contribute to incidence of heart disease in the service area St Mary's Health Cen ter will strive to reduce hospital readmissions by implementing a high-risk screening crit eria tool, involving mortality and post-acute committees, provide community heart-risk ass essments and screenings, and enhance education and awareness of heart-disease risk factors , signs of early heart attack, and the need for a healthy lifestyle It is notable that St Mary's, Jefferson City is the area's only nationally accredited Chest Pain Center, and works closely with American Heart Association and local YMCA to sponsor heart health and we llness programs The following goals were identified in 2014 to address heart disease * G oal Improve percentage of all-cause/all-location Acute Myocardial Infraction (AMI) 30-day readmissions from 9 16% in 2013 to 7 28% in 2014, achieved 11 54% readmissions * Goal De crease the percentage of all-cause/all-location readmissions for Chronic Heart Failure 30- day readmissions from 20 99% in 2013 to 18 99% in 2014, achieved 22 61% readmission rate The St Mary's Health Center 2012 -2015 CHNA identified Cancer as second only to heart dise ase as the leading cause of death in the Central Missouri four-county region of Cole, Mill er, Moniteau, and Osage Counties, with breast cancer as most common A healthy lifestyle a nd early screening are the best methods of cancer prevention In April 2014 St Mary's, Je fferson City opened the St Mary's Cancer Center at JCMG and the Richard Wilson Cancer Res ource Center At the Cancer Center, new technologies were added (i e , Varian 21IX Linear Accelerator and electronic brachytherapy) while the Resource Center focused on providing i nformation about cancer prevention, diagnosis, treatment, healing, and living well Additi onal community outreach efforts include collaboration with health and wellness providers t o create awareness and engage at-risk populations through education, teaching self-exams, and cancer screenings Another important effort is improving access for and engagement of women by offering preventive cancer screenings, particularly mammograms, in partnership wi th county health departments, community health centers, and the Samaritan Center Work is also being done to improve care coordination, create cancer protocols, and enhance palliat ive care and hospital referral services The following goals were achieved in 2014 to addr ess cancer * Goal Open a new Cancer Center and improve access to cancer services, opened new cancer center in April 2014 performing 5,739 outpatient cancer procedures * Goal Inc rease women's imaging encounters, experienced 3,897 women's imaging encounters The St Mary 's Health Center 2012 -2015 CHNA identified diabetes as a contributor to both cancer and h ealth disease A contributor to both cancer and heart disease, diabetes is the third most prevalent disease in three of the four counties in the service area and often goes undetec ted If untreated, diabetes can lead to serious health problems, but consistent self-manag ement can keep diabetes in check St Mary's Medical Group is establishing a diabetes medi cal home along with the primary-care clinic network and hiring a care coordinator whose fo cus will be on chronic condition management Promoting diabetes prevention along with comm unity education, screenings, and follow-up care, and for current clinic patients, sending reminders for disease-related screenings are a few primary interventions In addition, sys tems will be established across the clinic network to ensure all required diabetes care is provided, to encourage proactive risk assessments and use of the diabetes education cente r, and increase enrollment in support groups The following goals were achieved in 2014 to address diabetes * Goal Establish a baseline for health maintenance screenings for diab etic patients through current primary care network, 6,200 health maintenance reminders sen t to patient panels * Goal Increase A1C testing a</p> |

| 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 , 1 | mong managed patients in primary care, achieved a 81 8% A1C testing percentage * Goal Inc rease A1C control among managed patients in primary care, achieved 54 5% A1C control perce ntage The process used to screen and prioritize the identified community needs can be foun d on page 20 of the CHNA |

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 , 1 | Facility , 1 - St Francis Hospital and Health Center St Francis created an internal steering team with trained staff members and staff that had significant contact with the community through various avenues In addition, a health partners external council was formed with members from St Francis and area agencies involved in the care of the community Members of this council included Della Rhoades - Nodaway County Health Center Dr Jerry Wilmes - Northwest Missouri State University Dave Weichinger - Community Service Ty Parsons - NWMO Regional Council of Governments Tammy Oltman - ACES Lisa Macali - Nodaway County Economic Development Larry Linthicum - Maryville School District Dean Schneider - HyVee Pharmacy Amie Firavich - Senior Center Director Jonathan Mitchell - First Presbyterian Church In addition, St Francis surveyed the community using focus groups and a direct mail paper survey Community groups were asked their thoughts on community health The paper survey was sent to 979 random community members Information on the Community Survey results can be found on pages 31 through 39 of the CHNA |

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 , 1 | Facility , 1 - St Francis Hospital and Health Center SSM Health Care'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 mental health and obesity Our needs assessment was completed in August 2012 and adopted as part of our strategic plan 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 St Francis Hospital 2012- 2015 CHNA showed a priority in the service area included providing greater care for and awareness of mental health needs for adolescents under the age of 16 St Francis Hospital will strive to increase access to care for adolescents under the age of 16 who are affected by mental health issues and increase community awareness The following goals were identified in 2014 to address mental health needs for adolescents * Goal Increase the number of adolescent mental health-related visits, achieved 450 adolescent mental health visits during the year * Goal Increase access to adolescent mental health care through the recruitment of mental health clinicians, three mental health clinicians are currently available to provide crucial treatment The St Francis Hospital 2012- 2015 CHNA showed a priority in the service area included lowering obesity rates St Francis Hospital, in conjunction with local partners, will strive to prevent obesity through education and activity promotion, provide primary care and support groups for adolescents living with obesity The following goals were identified in 2014 to address obesity rates * Goal Increase the number of patients in Healthy Lifestyles program from 30 in 2013 to 40 in 2014, enrolled 31 patients in the Healthy Lifestyles program * Goal Increase the number of hospital-sponsored community activity events from 14 in 2013 to 16 in 2014, held 11 hospital- sponsored events in 2014 * Goal Establish the percentage of clinic patients who are obese (BMI>30) with a goal reducing the percentage in future years, established the base line percentage of obese patients at 45% in 2014 |

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) |
|--|-----------------------------|
| ST FRANCIS FAMILY HEALTH CARE WEST 2016 S MAIN MARYVILLE,MO 64468 | PRIMARY CARE CLINIC |
| ST MARY'S PEDIATRIC CLINIC 3348 AMERICAN AVENUE JEFFERSON CITY,MO 65109 | PRIMARY CARE CLINIC |
| ST MARY'S SPORTS MEDICINE & REHAB 1225 WEST STADIUM BLVD JEFFERSON CITY,MO 65109 | PRIMARY CARE CLINIC |
| ST FRANCIS FAMILY HEALTH CARE - EAST 114 E SOUTH HILLS DR MARYVILLE,MO 64468 | PRIMARY CARE CLINIC |
| ST MARY'S LAKE OZARK MEDICAL CLINIC 2265 BAGNELL DAM BLVD SUITE 103 LAKE OZARK,MO 65049 | PRIMARY CARE CLINIC |
| ST MARY'S MEDICAL CLINIC - BELLE 100 HIGHWAY 28 W BELLE,MO 65103 | PRIMARY CARE CLINIC |
| ST MARY'S MEDICAL CLINIC - JEFFERSON CITY 2511 W EDGEWOOD SUITE F JEFFERSON CITY,MO 65109 | PRIMARY CARE CLINIC |
| ST MARY'S MEDICAL CLINIC - HOLTS SUMMIT 140 NORTHSTAR DRIVE HOLTS SUMMIT,MO 65043 | PRIMARY CARE CLINIC |
| ST FRANCIS HOSPITAL - SAVANNAH CLINIC 301 E PRICE STREET SAVANNAH,MO 64485 | PRIMARY CARE CLINIC |
| HARDIN MEDICAL CLINIC 408 SOUTH DODGE STREET BEDFORD,IA 50833 | PRIMARY CARE CLINIC |
| TIPTON MEDICAL CLINIC 875 HIGHWAY 5 SOUTH TIPTON,MO 65081 | PRIMARY CARE CLINIC |
| VERSAILLES MEDICAL CLINIC 801 KIDWELL DRIVE VERSAILLES,MO 65084 | PRIMARY CARE CLINIC |
| CANCER CENTER 1241 WEST STADIUM BOULEVARD JEFFERSON CITY,MO 65109 | PRIMARY CARE CLINIC |
| SSM HEALTH MEDICAL GROUP - CARDIOVASCULAR & THORACIC SURGERY 2505 MISSION DRIVE SUITE 310 JEFFERSON CITY,MO 65101 | PRIMARY CARE CLINIC |
| SSM HEALTH SPINE & PAIN MANAGEMENT CENTER 2505 MISSION DRIVE SUITE 200 JEFFERSON CITY,MO 65101 | PRIMARY CARE CLINIC |

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 HEALTH URGENT CARE 2511 WEDGEWOOD SUITE D JEFFERSON CITY, MO 65109 | PRIMARY CARE CLINIC |
| SSM HEALTH MEDICAL GROUP - BEHAVIORAL MEDICINE 2701 WEDGEWOOD SUITE 101 JEFFERSON CITY, MO 65109 | PRIMARY CARE CLINIC |
| SSM HEALTH PHARMACY 2505 MISSION DRIVE SUITE 110 JEFFERSON CITY, MO 65101 | PRIMARY CARE CLINIC |
| SSM HEALTH SLEEP CENTER 3349 AMERICAN AVENUE SUITE D JEFFERSON CITY, MO 65109 | PRIMARY CARE CLINIC |

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 Regional Health Services

Employer identification number
44-0579850

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) LINCOLN UNIVERSITY 820 CHESTNUT JEFFERSON CITY, MO 65101 | 44-6001089 | 501(C)(3) | 60,407 | 0 | | | SUPPORT RN TRAINING PROGRAM |

2

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

1

3

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

0

Part III

Grants and Other Assistance to 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 ORGANIZATION'S GRANTS WERE MADE TO GOVERNMENTAL OR TAX- EXEMPT, UNDER SECTION 501(C)(3), ORGANIZATIONS THESE ORGANIZATIONS HAVE DEVELOPED INTERNAL CONTROL PROCEDURES FOR THE USE OF GRANT FUNDS |
| Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds | THE ORGANIZATION'S GRANTS WERE MADE TO GOVERNMENTAL OR TAX- EXEMPT, UNDER SECTION 501(C)(3), ORGANIZATIONS THESE ORGANIZATIONS HAVE DEVELOPED INTERNAL CONTROL PROCEDURES FOR THE USE OF GRANT FUNDS |

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 Regional Health Services

Employer identification number
44-0579850

Part I

Questions Regarding Compensation

| | Yes | No |
|---|-------|----|
| <div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div> | | |
| <div><div>b</div><div>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</div></div> | 1bYes | |
| <div><div>2</div><div>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?</div></div> | 2Yes | |
| <div><div>3</div><div>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</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div> | | |
| <div><div>4</div><div>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</div></div> | | |
| <div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div> | 4a | No |
| <div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div> | 4bYes | |
| <div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div> | 4c | No |
| <div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div> | | |
| <div><div>5</div><div>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</div></div> | | |
| <div><div>a</div><div>The organization?</div></div> | 5a | No |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div> | 5b | No |
| <div><div>6</div><div>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</div></div> | | |
| <div><div>a</div><div>The organization?</div></div> | 6a | No |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div> | 6b | No |
| <div><div>7</div><div>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</div></div> | 7 | No |
| <div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div> | 8 | No |
| <div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div> | 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 4a Severance Plan | 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. There were no individuals that received payments under the plan in the current year. |
| Schedule J, Part I, Line 1a Tax indemnification and gross-up payments | The following individuals listed on Part VII, Section A, received tax indemnification/gross up payments in 2014, which were included in their taxable compensation: John Clemens, Jane Dawson, Thomas Distefano, Shirley Harris, Scott Holman. |
| Schedule J, Part I, Line 1a Health or social club dues or initiation fees | The following individuals listed in Part VII, Section A, received reimbursement of health or social club dues in 2014, which were included in their taxable compensation: Anthony Houston, Brent Vanconia. |
| 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 SSMH President. |
| 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: William Thompson \$90,701, Kris Zimmer \$50,811, Paula Friedman \$39,621, Christopher Howard \$75,167, Gaurov Dayal, MD \$45,560, June Pickett \$11,398, Brent Vanconia \$27,617, Jocelyn Skidmore \$5,008, Gray Cox \$20,608, Susan Mankoski \$6,866, Anthony Houston \$9,405. |

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 44-0579850
Name: SSM Regional Health Services

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 & President | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 1,807,984 | 0 | 1,440,945 | 2,228,684 | 27,368 | 5,504,981 | 90,580 |
| 1 Krs Zimmer Director & Treasurer | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 853,676 | 0 | 103,275 | 382,451 | 30,385 | 1,369,787 | 50,610 |
| 2 Paula Friedman Director & Vice Pres | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 640,295 | 0 | 88,878 | 377,167 | 19,452 | 1,125,792 | 33,950 |
| 3 Christopher Howard Director | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 891,236 | 0 | 121,946 | 474,548 | 30,427 | 1,518,157 | 51,660 |
| 4 Gaurov Dayal MD Director | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 876,340 | 0 | 69,525 | 261,335 | 29,327 | 1,236,527 | 45,500 |
| 5 Shane Peng MD Director | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 743,560 | 0 | 32,222 | 244,453 | 39,391 | 1,059,626 | 0 |
| 6 June Pickett Secretary | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 230,695 | 0 | 22,835 | 130,612 | 16,351 | 400,493 | 8,960 |
| 7 Brent VanConia Hospital President | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 453,471 | 0 | 57,646 | 197,749 | 30,131 | 738,997 | 27,580 |
| 8 Jim Stratton Regional CFO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 200,895 | 0 | 36,216 | 13,580 | 20,865 | 271,556 | 0 |
| 9 Jocelyn Skidmore Admin Director-Finance | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 131,267 | 0 | 6,917 | 116,115 | 10,280 | 264,579 | 5,016 |
| 10 Gray Cox Hospital President | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 281,303 | 0 | 57,744 | 164,220 | 29,682 | 532,949 | 20,580 |
| 11 Kari Wilson COO/CNO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 139,727 | 0 | 8,927 | 7,019 | 2,200 | 157,873 | 0 |
| 12 Scott Holman DO VP-Medical Affairs | (i) | 347,392 | 0 | 30,251 | 88,616 | 23,977 | 490,236 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 Anthony Houston Chief Operating Officer | (i) | 220,650 | 0 | 26,068 | 25,273 | 20,879 | 292,870 | 9,000 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 Stephen Stewart Regional VP Medical Affairs | (i) | 246,029 | 0 | 4,454 | 22,944 | 19,769 | 293,196 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 Susan Mankoski VP Human Resources | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 198,215 | 0 | 10,464 | 99,318 | 11,931 | 319,928 | 6,772 |
| 16 Thomas Distefano Physician | (i) | 929,366 | 0 | 43,054 | 308,914 | 16,233 | 1,297,567 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17 John Clemens Physician | (i) | 557,660 | 0 | 89,712 | 247,353 | 32,344 | 927,069 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 Jane Dawson Physician | (i) | 436,127 | 0 | 13,302 | 104,984 | 12,433 | 566,846 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19 Courtnye Walker Physician | (i) | 444,572 | 0 | 20,187 | 24,535 | 26,480 | 515,774 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

| (A) Name 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 Shirley Harris Physician | (i) | 439,179 | 0 | 10,786 | 99,962 | 31,100 | 581,027 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 |

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 SSM Regional Health Services | Employer identification number 44-0579850 |
|--|--|

| Return Reference | Explanation | |
|------------------|---|--|
| | Form 990, Part III, Line 4a Description of Program Service | <p>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 SS M is a Catholic, not-for-profit health system serving the comprehensive health needs of co mmunities across the Midw est through one of the largest integrated delivery systems in the nation With care delivery sites in Illinois, Missouri, Oklahoma, and Wisconsin, SSM incl udes 18 acute care hospitals, one children's hospital, more than 60 outpatient care sites, a pharmacy benefit company, an insurance company, tw o long-term care facilities, comprehe nsive home care and hospice services, a technology company, and two Accountable Care Organ izations The health system employs approximately 30,000 people and is affiliated with mor e than 8,000 physicians making it one of the largest employers in every community it serve s SSM is sponsored by SSM Health Ministries, an independent 6-member body comprised of th ree Franciscan Sisters of Mary and three lay people who collectively hold certain reserved powers over SSM In the tradition of its founding sisters, SSMstrives to fulfill its mis sion by providing exceptional health care to everyone who comes to its hospitals, regardle ss of their ability to pay About SSM Regional Health Services SSM Regional Health Servic es includes St Francis Hospital and Health Services in Maryville, Missouri, SSM Health St Mary's hospital - Jefferson City in Jefferson City, Missouri and a network of primary ca re medical clinics and specialty offerings serving Jefferson City and surrounding communit ies St Francis Hospital and Health Center is an 81-bed full-service, fully-accredited he alth-care organization providing medical care to the residents of northw est Missouri As a rural hospital, St Francis provides emergency treatment, acute care for patients with me dical and surgical diagnosis, mental health illnesses and obstetrical needs According to the 2014 Hospital Consumer Assessment of Healthcare Providers and Systems, St Francis sco red above both the national average and average for Missouri hospitals in six out of eleve n patient satisfaction categories, demonstrating the hospital's continued commitment to high-quality care SSM Health St Mary's Health Center - Jefferson City, is a 167-bed, full- service community hospital located in Missouri's state capitol The hospital features a de dicated inpatient pediatric unit, a Wound Center and Outpatient Treatment Center SSM Heal th St Mary's Hospital - Jefferson City, has been named a recipient of the Missouri Qualit y Award presented by the Excellence in Missouri Foundation for the second time The progra m, modeled after the prestigious Malcolm Baldrige National Quality Award, offers a thoroug h and objective educational process through which an organization can learn and apply qual ity implementation techniques and assessment methods In November 2014, the hospital moved to a new, state-of-the-art building Improvements with the new facility include all priva te patient rooms, increasing patient comfort, healing, and safety, ease of patient and vis itor transportation betw een inpatient and outpatient areas, sound-absorbing flooring, acou stic ceiling tiles, and limited overhead paging that will reduce noise and promote recover y, and outdoor gardens for patients to relax and recouperate SSM Health St Mary's Hospita l - Jefferson City offers a full range of health care services including Cardiovascular, e mergency, orthopedic, cancer, outpatient surgical, and women's health services In additio n St Mary's extends its health care into the region with the follow ing services Wound Hea ling Center, Medical clinics, urgent care facilities, retail pharmacies, St Mary's Pediatr ics, Health Psychology, Pain management, St Mary's Sleep Center, Women's Imaging Center, O ccupation Medicine, outpatient physical rehabilitation and diabetes management and trainin g Describe the organization's approach to providing community benefit SSM Health (SSM) p articipates in Community Benefit according to our vision, Through our participation in the healing ministry of Jesus Christ, communities, especially those that are economically, ph ysically, 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 mo nitors Community Benefit efforts, and views achievement of our vision as a primary respons ibility 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 H ealth Needs Assessment (CHNA), and 2) Community Benefit Inventory for Social Accountabilit y (CBISA) The CHNA is an assessment and prioritiz</p> |

| Return Reference | Explanation | |
|---|-------------|---|
| Form 990, Part III, Line 4a Description of Program Service | | <p>ation 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:</p> <ul style="list-style-type: none"> * 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). <p>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:</p> <ul style="list-style-type: none"> * 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. <p>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.</p> <p>Description of CHNA community benefit programs. For information on CHNA Community Benefit Programs provided by St. Mary's Health Center - Jefferson City, Missouri, and St. Francis Hospital and Health Center - Maryville, Missouri, please see Schedule H, Part V for each facility.</p> |

| Return Reference | Explanation |
|--|---|
| Form 990, Part III, Line 4b Description of Program Service (Continued) | <p>Organizational description for tax exemption In addition to its CHNA community benefit activities, SSM Regional Health Services 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 Regional Health Services' 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 Regional Health Services 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 Regional Health Services 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, * 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 organization's financial assistance policies or programs (e g , charity care, discounting) for low-income persons and how they are communicated to the public For information on the financial assistance policies provided by St Mary's Health Center - Jefferson City, Missouri, and St Francis Hospital and Health Services - Maryville, Missouri, please see Schedule H Quantifiable Community Benefit This section includes a list of the types of programs and services that could be included as community benefit activities Traditional Charity Care \$ 7,573,089 Unpaid Cost of Medicare \$ 5,808,522 Unpaid Cost of Medicaid \$ 19,284,967 Cost of Bad Debt \$ 6,270,698 Community Benefit Programs \$ 514,961 Total Quantifiable Community Benefit \$ 39,452,237</p> |

| 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 REGIONAL HEALTH SERVICES 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 APPOINT AND REMOVE THE DIRECTORS |

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders | <p>THE MEMBER HAS THE FOLLOWING POWERS A TO ESTABLISH AND CHANGE THE MISSION, PHILOSOPHY AND VALUES OF THE CORPORATION B TO APPOINT ADDITIONAL, SUCCESSOR OR REPLACEMENT MEMBERS C TO APPOINT AND REMOVE THE DIRECTORS D TO APPOINT AND REMOVE THE CHIEF EXECUTIVE OFFICER OF ANY OPERATING DIVISION OF THE CORPORATION E TO APPROVE THE AMENDMENTS TO THE ARTICLES 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 INTEREST 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</p> |

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 11b Review of form 990 by governing body | ACCOUNTING/FINANCE PERSONNEL AT EACH SSMH (SSM HEALTH SY STEM) ENTITY , IN CONJUNCTION WITH SY STEM 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 SY STEM OFFICE TO PREPARE THE FORM 990 SY STEM FINANCE SUBMITS THE FORM 990 TO AN OUTSIDE TAX CONSULTING FIRM WHO REVIEWS THE FORM 990 AND SIGNS AS PAID PREPARER THE SY STEM DIRECTOR - TAX AND COMPLIANCE REVIEWS THE COMPLETED FOR 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 | <p>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.</p> |

| 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 System 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 | CAFETERIA REVENUE - Total Revenue 26580, Related or Exempt Function Revenue , Unrelated Business Revenue 26580, 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 5120835, Program Service Expense 5099437, Management and General Expenses 21398, Fundraising Expenses 0, Recruitment, Consulting, Administrative, and PBS Fees - Total Expense 14031567, Program Service Expense 3231949, Management and General Expenses 10797352, Fundraising Expenses 2266, Medical Lab, Radiology, Transportation - Total Expense 4022676, Program Service Expense 4011642, Management and General Expenses 11034, Fundraising Expenses , |

| Return Reference | Explanation |
|--|--|
| Form 990, Part XI, Line 9 Other changes in net assets or fund balances | CHANGE IN BENEFICIAL INTEREST IN FOUNDATION - -4227400, TRANSFERS TO AFFILIATES - -296425, |

| Return Reference | Explanation |
|---|---|
| FORM 990, PART I DOING BUSINESS AS | Comprehensive Wound Healing Center at St Mary's SSM Health Cancer Center SSM Health Medical Group - Cardiovascular & Thoracic Surgery SSM Health Medical Group - Family Medicine SSM Health Medical Group - Occupational Medicine SSM Health Medical Group - Pediatrics SSM Health Pharmacy SSM Health Sleep Center SSM Health Spine & Pain Management Center SSM Health St Mary's Hospital - Jefferson City SSM Health Urgent Care St Francis Family Eye Clinic St Francis Family Eye Clinic - Albany St Francis Family Health Care - East St Francis Family Health Care - West St Francis Family Life Services St Francis Grant City Health Clinic St Francis Hardin Medical Clinic St Francis Hospital & Health Services St Francis Orthopedic & Sports Medicine St Francis Preschool & Child Care St Francis West Nodaway Health Clinic St Mary's Cancer Center at JCMG St Mary's Cancer Specialist St Mary's Comprehensive Spine & Pain Management Center St Mary's Health Center St Mary's Health Psychology St Mary's Holts Summit Pharmacy St Mary's Medical Clinic - Belle St Mary's Medical Clinic - Holts Summit St Mary's Medical Clinic - Linn St Mary's Medical Clinic - Versailles St Mary's Medical Plaza Pharmacy St Mary's Medical Clinic - Tipton St Mary's Occupational Medicine St Mary's Pediatrics St Mary's Rehabilitation St Mary's Sleep Center St Mary's Sports Medicine & Rehabilitation Center St Mary's Tipton Medical Clinic St Mary's Tipton Pharmacy St Mary's Urgent Care at the Lake St Mary's Westphalia Pharmacy The Vascular Institute at St Mary's |

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 Regional Health Services

Employer identification number
44-0579850

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II Identification of Related Tax-Exempt Organizations

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

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

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end- of-year assets | (h) Percentage ownership | (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.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

aReceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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

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

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

eLoans or loan guarantees by related organization(s)

fDividends from related organization(s)

gSale of assets to related organization(s)

hPurchase of assets from related organization(s)

iExchange of assets with related organization(s)

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

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

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

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

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

oSharing of paid employees with related organization(s)

pReimbursement paid to related organization(s) for expenses

qReimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|----------------------------------|------------------------|--|
| (1) ST FRANCIS HOSPITAL FOUNDATION | C | 130,188 | CASH TRANSFER |
| (2) ST MARY'S HEALTH CENTER JEFFERSON CITY MISSOURI FOUNDATION | C | 5,228,233 | CASH TRANSFER |

Schedule R (Form 990) 2014

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) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | Yes | No | | | Yes | No | | 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: 44-0579850

Name: SSM Regional Health Services

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? |
|--|-------------------------|---|----------------------------|--|--|---|
| | | | | | | YesNo |
| (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 | No |
| (6) Cardinal Glennon Children's Foundation 10101 Woodfield Lane St Louis, MO 63132 43-1754347 | Fundraising | MO | 501(c)(3) | 7 | SSM Cardinal Glennon Children's Hospital | No |
| (7) SSM DePaul Health Center Foundation 10101 Woodfield Lane St Louis, MO 63132 43-1776109 | Fundraising | MO | 501(c)(3) | 7 | SSM Health Care St Louis | No |
| (8) SSM St Joseph Foundation 10101 Woodfield Lane St Louis, MO 63132 43-1591556 | Fundraising | MO | 501(c)(3) | 7 | SSM Health Care St Louis | No |
| (9) SSM St Clare Health Center Foundation 10101 Woodfield Lane St Louis, MO 63132 43-1273310 | Fundraising | MO | 501(c)(3) | 7 | SSM Health Care St Louis | No |
| (10) SSM St Mary's Health Center Foundation 10101 Woodfield Lane St Louis, MO 63132 43-1552945 | Fundraising | MO | 501(c)(3) | 7 | SSM Health Care St Louis | No |
| (11) SSM Health Care of Oklahoma Inc 10101 Woodfield Lane St Louis, MO 63132 73-0657693 | Health Care | OK | 501(c)(3) | 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? <div>YesNo</div> | |
|--|-------------------------|--|-------------------------------|---|-------------------------------------|--|----|
| (21) Home Health United - VNS Foundation Inc 2802 Walton Commons Lane Madison, WI 53718 39-1839309 | Fundraising | WI | 501(c)(3) | Type I | NA | | No |
| (1) St Francis Hospital Foundation 10101 Woodfield Lane St Louis, MO 63132 43-1099253 | Fundraising | MO | 501(c)(3) | 7 | SSM Regional Health Services | Yes | |
| (2) 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 | NA | | No |
| (3) Good Samaritan Regional Health Center 10101 Woodfield Lane St Louis, MO 63132 43-0653587 | Health Care | IN | 501(c)(3) | 3 | SSM Regional Health Services | Yes | |
| (4) 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 | Yes | |
| (5) 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 | Yes | |
| (6) 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 |
| (7) 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 |
| (8) 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 |
| (9) SSM Health Businesses 10101 Woodfield Lane St Louis, MO 63132 43-1333488 | Health Care | MO | 501(c)(3) | 9 | SSM Health Care Corporation | | No |
| (10) SSM Health Care St Louis 10101 Woodfield Lane St Louis, MO 63132 43-1343281 | Health Care | MO | 501(c)(3) | 3 | SSM Health Care Corporation | | No |
| (11) Centralia Medical Services Bldg Assoc 10101 Woodfield Lane St Louis, MO 63132 23-7408025 | MOB | IL | 501(c)(3) | Type II | NA | | 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 | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c) (3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|-------------------------|--|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| (41) Audrain Medical Center Foundation Inc 620 E Monroe 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? | | (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 | |
| SSM St Joseph Endoscopy Center LLC 10101 Woodfield Lane St Louis, MO 63132 27-0046559 | Surgery Services | MO | NA | N/A | | | | | | | | |
| 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 | SSM Regional Health Services | Related | 19,137 | 0 | | No | | | No | 0 % |
| SMHC Cardiovascular Co- Mgmt Company LLC 100 St Marys Medical Plaza Jefferson City, MO 65101 20-8929381 | Management | MO | SSM Regional Health Services | Related | 25,605 | 0 | | No | | | No | 0 % |
| SMHC Musculoskeletal Co- Mgmt Company LLC 100 St Marys Medical Plaza Jefferson City, MO 65101 20-8929237 | Management | MO | SSM Regional Health Services | Related | 17,753 | 0 | | No | | | No | 0 % |
| 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? | | (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 | |
| 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 | NA | C Corporation | | | | No |
| FPP Inc 10101 Woodfield Lane St Louis, MO 63132 43-1465174 | Health Care | MO | NA | 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 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, MO 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 |