



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990 Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.irs.gov/form990	OMB No 1545-0047 2015 Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015			
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SSM Health Care Corporation		D Employer identification number 46-6029223
	Doing business as See Schedule O		E Telephone number (314) 989-2818
	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		G Gross receipts \$ 491,495,339
	F Name and address of principal officer William Thompson 10101 Woodfield Lane St Louis, MO 63132		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
J Website: ▶ www.ssmhealth.com/system		H(c) Group exemption number ▶ 0928	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1874	M State of legal domicile MO

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE ORGANIZATION IS THE PARENT OF THE SSM HEALTH SYSTEM. THE ORGANIZATION PROVIDES MANAGEMENT AND CENTRALIZED SUPPORT SERVICES TO THE HOSPITALS AND OTHER HEALTH CARE ORGANIZATIONS WITHIN THE SYSTEM.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	2,392
	6 Total number of volunteers (estimate if necessary)	6	11
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,003,412
b Net unrelated business taxable income from Form 990-T, line 34	7b	2,002,412	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	393,252,652	398,292,231
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	107,146,435	89,916,793
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,127,386	3,286,315
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	503,526,473	491,495,339
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	157,489	193,300
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	127,822,116	133,833,278
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	321,720,911	335,510,646
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	449,700,516	469,537,224
	19 Revenue less expenses. Subtract line 18 from line 12	53,825,957	21,958,115
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		2,433,978,389	2,425,241,480
21 Total liabilities (Part X, line 26)		2,840,588,556	2,828,757,188
22 Net assets or fund balances. Subtract line 21 from line 20		-406,610,167	-403,515,708

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	<div> <div></div> <div>Signature of officer</div> </div>				<div> <div>2016-11-15</div> <div>Date</div> </div>
	<div> <div>June Pickett Secretary</div> <div>Type or print name and title</div> </div>				
Paid Preparer Use Only	Prnt/Type preparer's name		Preparer's signature	Date	<div> <div>Check <input type="checkbox"/> if self-employed</div> <div>PTIN</div> </div>
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no	

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 347,101,307 including grants of \$ 193,300) (Revenue \$ 399,575,134)

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 ▶ 347,101,307

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	Yes	
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.	1a	2,490	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	2,392	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country: CJ, BR See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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	12	
1b	Enter the number of voting members included in line 1a, above, who are independent	11	
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		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ► Donna Wallace 10101 Woodfield Lane St Louis, MO 63132 (314) 989-2818

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

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 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

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	13,226,993	0	7,019,492

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 ► 180

		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>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5 Yes	

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
DICOM MARKETING SERVICES INC 1650 DES PERES ROAD SUITE 100 ST LOUIS, MO 63131	MARKETING SERVICES	3,778,896
DELOITTE & TOUCHE LLP 100 S 4TH STREET SUITE 300 ST LOUIS, MO 63102	ACCOUNTING SERVICES	2,564,944
GREENSFELDER HEMKER & GALE PC 10 SOUTH BROADWAY SUITE 2000 ST LOUIS, MO 63102	LEGAL SERVICES	2,539,782
MEDICREDIT 3 CITY PLACE DRIVE CREVE COEUR, MO 63141	COLLECTIONS AGENCY	2,492,595
PRESS GANAY ASSOCIATES INC 404 COLUMBIA PLACE SOUTH BEND, IN 46601	CONSULTING SERVICES	2,362,188

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 ► 100

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			0			
Program Service Revenue	2a	Insurance fees	Business Code 525100	193,601,467	193,601,467			
	b	Corporate fees	561000	182,636,083	182,636,083			
	c	Other operating revenue	519100	19,638,887	19,638,887			
	d	Management fees	561000	2,415,794	2,415,794			
	e							
	f	All other program service revenue		0	0	0	0	
	g	Total. Add lines 2a-2f			398,292,231			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		76,434,382			76,434,382
4		Income from investment of tax-exempt bond proceeds . . .						
5		Royalties						
6a		Gross rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)	0	0			
		d	Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)	13,482,411	0			
		d	Net gain or (loss)		13,482,411			13,482,411
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b	Less direct expenses	b				
		c	Net income or (loss) from fundraising events . . .					
9a		Gross income from gaming activities See Part IV, line 19	a					
		b	Less direct expenses	b				
		c	Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances	a					
		b	Less cost of goods sold	b				
		c	Net income or (loss) from sales of inventory . . .					
Miscellaneous Revenue		Business Code						
11a		Income from partnerships	900099		2,003,412		2,003,412	
b		Other income	900099		1,270,323	1,270,323		
c	Joint Venture income	900099		12,580	12,580			
d	All other revenue			0	0	0	0	
e	Total. Add lines 11a-11d			3,286,315				
12	Total revenue. See Instructions			491,495,339	399,575,134	2,003,412	89,916,793	

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.	193,300	193,300		
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.	11,209,345	7,905,757	3,303,588	
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.	108,844,941	85,985,518	22,859,423	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	5,885,449	4,789,811	1,095,638	
9	Other employee benefits.	293,108	285,615	7,493	
10	Payroll taxes.	7,600,435	5,958,750	1,641,685	
11	Fees for services (non-employees):				
a	Management.	45,946	45,946		
b	Legal.	3,709,209		3,709,209	
c	Accounting.	337,976		337,976	
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.)	35,338,201	19,407,631	15,930,570	0
12	Advertising and promotion.	13,725,895		13,725,895	
13	Office expenses.	10,972,523	3,324,645	7,647,878	
14	Information technology.	7,421,171	2,876,803	4,544,368	
15	Royalties.				
16	Occupancy.	4,055,726	2,101,813	1,953,913	
17	Travel.	2,777,297	1,470,726	1,306,571	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	377,160	155,109	222,051	
20	Interest.	53,004,622	53,004,622		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	1,554,214	860,205	694,009	
23	Insurance.	61,636		61,636	
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 claims.	198,346,450	158,677,160	39,669,290	
b	Licenses.	1,817,297	57,896	1,759,401	
c	Bond-related fees.	1,189,986		1,189,986	
d	Income taxes.	775,337		775,337	
e	All other expenses.	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e.	469,537,224	347,101,307	122,435,917	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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		24,431,435	1	15,091,796	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		9,417,988	4	9,237,204	
	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	0	
	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	0	
	7	Notes and loans receivable, net		1,186,354,809	7	1,233,783,649	
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		775,629	9	743,335	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	24,892,981			
	b	Less: accumulated depreciation	10b	5,921,190	9,114,672	10c	18,971,791
	11	Investments—publicly traded securities		1,173,764,362	11	1,120,411,368	
	12	Investments—other securities. See Part IV, line 11		15,353,776	12	15,085,403	
	13	Investments—program-related. See Part IV, line 11		0	13		
	14	Intangible assets		248,588	14	243,131	
	15	Other assets. See Part IV, line 11		14,517,130	15	11,673,803	
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,433,978,389	16	2,425,241,480		
Liabilities	17	Accounts payable and accrued expenses		152,569,741	17	163,125,481	
	18	Grants payable			18		
	19	Deferred revenue		1,662,423	19	1,907,580	
	20	Tax-exempt bond liabilities		1,340,897,764	20	1,287,496,732	
	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		599,936,611	24	649,936,611	
	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		745,522,017	25	726,290,784	
	26	Total liabilities. Add lines 17 through 25		2,840,588,556	26	2,828,757,188	
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		-406,630,134	27	-403,535,453	
	28	Temporarily restricted net assets		2,967	28	2,745	
	29	Permanently restricted net assets		17,000	29	17,000	
	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		-406,610,167	33	-403,515,708	
	34	Total liabilities and net assets/fund balances		2,433,978,389	34	2,425,241,480	

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	491,495,339
2	Total expenses (must equal Part IX, column (A), line 25)	2	469,537,224
3	Revenue less expenses Subtract line 2 from line 1	3	21,958,115
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	-406,610,167
5	Net unrealized gains (losses) on investments	5	-45,077,222
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	26,213,566
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-403,515,708

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
b	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	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 46-6029223
Name: SSM Health Care Corporation

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David Cosby	10	X		X				0	0	0
Director & Chairperson	0									
William Thompson	400	X		X				2,253,539	0	4,386,662
Director, President	170									
Sr Rose Dowling FSM	10	X						0	0	0
Director	0									
Jennifer Grantham-Stein	10	X						0	0	0
Director	0									
Thomas Gunn	10	X						0	0	0
Director	0									
Ron Hamel	10	X						0	0	0
Director	0									
Dr Mark Kaufmann MD	10	X						0	0	0
Director	0									
Lawrence LeGrand	10	X						0	0	0
Director	0									
Stephanie McCutcheon	10	X						0	0	0
Director	0									
Dr Kavita Patel MD	10	X						0	0	0
Director	0									

SCHEDULE A
(Form 990 or 990EZ)

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
2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization SSM Health Care Corporation	Employer identification number 46-6029223
---	--

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 (Form 990 or 990-EZ))

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

1 1

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 (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		
See Additional Data Table						
Total11					0	

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2014 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2015.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						<input type="checkbox"/>
b 33 1/3% support test—2014.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						<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2015.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						<input type="checkbox"/>
b 10%-facts-and-circumstances test—2014.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						<input type="checkbox"/>
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						<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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	No
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	No
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	No
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	No
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	No
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	No
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	No
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	No
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	No
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	No
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	No
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	No
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	No
b A family member of a person described in (a) above?	11b	No
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	No

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? <i>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.</i>	1 Yes	
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? <i>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.</i>	2	No

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)? <i>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).</i>	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <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 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

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

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

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

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

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

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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 A, Part I, Line 11g COLUMN V, AMOUNT OF MONETARY SUPPORT	SSM HEALTH CARE CORPORATION (SSMHC) IS A TYPE I SUPPORTING ORGANIZATION THAT IS OPERATED TO SUPPORT THE OPERATIONS OF ALL ITS RELATED ORGANIZATIONS LISTED ON SCHEDULE A, PART I, LINE 11(G) THE AMOUNT OF SUPPORT PROVIDED TO THESE ORGANIZATIONS, REPORTED ON SCHEDULE A, PART I, LINE 11(G)(V), DOES NOT INCLUDE EXPENSES PAID ON BEHALF OF BUT NOT DIRECTLY TO THE ENTITIES SSMHC SUPPORTS THESE EXPENSES TOTALED \$469,537,225
Schedule A, Part IV, Section A, Line 1 Supported Orgs Listed By Name	SSM HEALTH CARE CORPORATION IS THE PARENT ORGANIZATION OF SSM HEALTH, A HEALTH SYSTEM OF WHICH ALL SUPPORTED ORGANIZATIONS ARE SUBSIDIARIES SSM HEALTH CARE CORPORATION'S MEMBER, SSM HEALTH MINISTRIES, HAS THE POWER TO APPOINT OR ELECT THE MEMBERS OF SSM HEALTH CARE CORPORATION'S BOARD OF DIRECTORS THE PURPOSE OF SSM HEALTH CARE CORPORATION IS TO PROVIDE, EITHER DIRECTLY OR IN CONJUNCTION WITH OTHER PERSONS OR ORGANIZATIONS, HEALTH CARE, HEALTH EDUCATION, HOUSING SERVICES, CHILD CARE SERVICES, SERVICES FOR THE ELDERLY AND RELATED SERVICES AND FACILITIES AND/OR OTHER CHARITABLE ACTIVITIES AS MAY BE DETERMINED FROM TIME TO TIME BY MEMBERS OF THE CORPORATION AND THE BOARD OF DIRECTORS IN ACCORDANCE WITH THE BYLAWS OF THE CORPORATION AND WITH THE TEACHINGS AND MISSION OF THE ROMAN CATHOLIC CHURCH SSM HEALTH CARE CORPORATION, IN CONJUNCTION WITH ITS SPONSOR, SSM HEALTH MINISTRIES, HAS DETERMINED THAT THE SUPPORTED ORGANIZATIONS LISTED ON SCHEDULE A, PART I, LINE 11(G) ALLOW THE CORPORATION TO FULFILL ITS MISSION

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 46-6029223
Name: SSM Health Care Corporation

Form 990, Sch A, Part I, Line 11g - 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)	Amount of other support (see (vi) instructions)
			Yes	No		
(A) SSM Health Care St Louis	431343281		Yes		0	0
(A) SSM Cardinal Glennon Children's Hospital	430738490		Yes		0	0
(B) SSM Health Care of Wisconsin Inc	430688874		Yes		0	0
(C) SSM Health Care of Oklahoma Inc	730657693		Yes		0	0
(D) SSM Regional Health Services	440579850		Yes		0	0
(E) Good Samaritan Regional Health Center	430653587		Yes		0	0
(F) St Mary's Hospital Centralia Illinois	370662580		Yes		0	0
(G) St Anthony Shawnee Hospital Inc	455055149		Yes		0	0
(H) SSM Audrain Health Care Inc	431550298		Yes		0	0
(I) SSM Health Ministries	431012492		Yes		0	0
(J) SSM-SLUH Inc	474196634		Yes		0	0

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

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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 Health Care Corporation	Employer identification number 46-6029223
---	--

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-
2				
3				
4				
5				
6				

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><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></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?														

☐ Yes

☐ No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(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 on 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)?	Yes	
c Media advertisements?		No
d Mailings to members, legislators, or the public?		No
e Publications, or published or broadcast statements?		No
f Grants to other organizations for lobbying purposes?	Yes	
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		
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	SSM Health Care Corporation employs lobbyists whose activities include serving as liaisons to city, state, and federal officials. They track and evaluate health care and other legislation that may have an impact on the system, explore and evaluate possible funding opportunities for SSM Health Care Corporation, and serve as the spokesperson to legislative committees and state agencies for the system on legislative issues. The lobbyist's activities include direct contact with legislators, their staff and other governmental officials.
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	SSM Health Care Corporation employs lobbyists whose activities include serving as liaisons to city, state, and federal officials. They track and evaluate health care and other legislation that may have an impact on the system, explore and evaluate possible funding opportunities for SSM Health Care Corporation, and serve as the spokesperson to legislative committees and state agencies for the system on legislative issues. The lobbyist's activities include direct contact with legislators, their staff and other governmental officials.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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

2015

Open to Public Inspection

Name of the organization
SSM Health Care Corporation

Employer identification number
46-6029223

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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" on 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)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	19,966	19,166	19,485	18,046	28,289
b Contributions					
c Net investment earnings, gains, and losses	-221	800	-319	1,439	1,046
d Grants or scholarships					
e Other expenditures for facilities and programs					11,289
f Administrative expenses					
g End of year balance	19,745	19,966	19,166	19,485	18,046

2

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

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 86 %

c

Temporarily restricted endowment ▶ 14 %

The percentages on 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

(ii) related organizations

3a(i)

3a(ii)

3b

Yes

No

Yes

No

Yes

No

b

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

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)	Accumulated (c)depreciation	(d)Book value
1a Land				
b Buildings		274,799	12,925	261,874
c Leasehold improvements		6,518,529	2,587,935	3,930,594
d Equipment		4,959,446	3,320,330	1,639,116
e Other		13,140,207		13,140,207
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				18,971,791

Schedule D (Form 990) 2015

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on 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' on 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	SSMHC's endowment funds are to be used to defray the costs of an annual executive level management meeting

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

2015

**Open to Public
Inspection**

46-6029223

☒ Yes ☐ No

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	8
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" on 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 Procedures for monitoring use of grant funds	The organization's grants were made to organizations tax exempt under IRC Section 501(C)(3) These organizations have developed internal control procedures for the use of grant funds

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 46-6029223
Name: SSM Health Care Corporation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
American Heart Association Inc 7272 Greenville Avenue Dallas,TX 75231	13-1788491	501(C)(3)	17,500				To support general operations
Urban League of Metropolitan St Louis 3701 Grandel Eq St Louis,MO 63108	43-0653605	501(C)(3)	6,500				To support general operations
Almost Home 3200 St Vincent Avenue St Louis,MO 63104	43-1645686	501(c)(3)	5,000				To support general operations

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
The Catholic University of America 620 Michigan Avenue NE Leahy Hall 162 Washington, DC 20064	53-0196583	501(C)(3)	6,250				To support general operations
Coalition to Protect America's Health Care 800 10th Street NW Two City Center Washington, DC 200014956	52-2253225	501(C)(3)	50,000				To support general operations
Reinvest STL PO Box 775252 St Louis, MO 63117	47-3779926	501(C)(3)	5,000				To support general operations

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Carcinoid Cancer Foundation Inc 333 Mamaroneck Avenue Room/Suite 492 White Plains, NY 10605	13-6277875	501(C)(3)	51,000				To support general operations
Cardinal Glennon Children's Foundation 10101 Woodfield Lane St Louis, MO 63132	43-1754347	501(C)(3)	25,000				To support general operations

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" on 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

2015

Open to Public Inspection

Name of the organization
SSM Health Care Corporation

Employer identification number
46-6029223

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III		No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III		No
7 For persons listed on 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		No
8 Were any amounts reported on 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		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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 on 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 on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III **Supplemental Information**

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

Return Reference	Explanation
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	The following individuals listed on Part VII, Section A received a tax indemnification/ gross up payment in 2015. These payments were included in their taxable compensation: Paula Friedman, Kris Zimmer, Christopher Howard, Michael Panicola, Joe Hodges.
Schedule J, Part I, Line 1a Housing allowance or residence for personal use	The following individual listed on Part VII, Section A received a reimbursement for housing allowance in 2015. This payment was included in their taxable compensation: Philip Loftus.
Schedule J, Part I, Line 4a Severance or change-of-control payment	SSM Health has adopted a severance policy to provide a financial transition in the event of involuntary termination without cause for executive level positions. The amount of the compensation is based on the position held and length of service with SSMH. The following individuals listed in Part VII of the Form 990 received payments under the plan in the current year: Gaurov Dayal, MD \$414,923; Dixie Platt \$209,808. During 2015, into a change-of-control agreement with an individual listed on Part VII of the Form 990, the payment was included in the individual's taxable compensation: Frank Byrne \$482,000.
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 2015. 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 2014 or after, the distribution will occur after the completion of four 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 2015. All distributions received from the plan in the current year were included in the individuals' taxable compensation: William Thompson \$97,489; Paula Friedman \$38,208; June Pickett \$18,727; Kris Zimmer \$53,267; Lynn Bruchhof \$32,038; Gaurov Dayal, MD \$165,975; Christopher Howard \$74,102; Michael Panicola \$34,837; Shane Peng, MD \$51,761; Frank Byrne, MD \$89,222; Joe Hodges \$43,593.

Additional Data

Software ID: 15000238

Software Version: 2015v2.1

EIN: 46-6029223

Name: SSM Health Care Corporation

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1William Thompson Director, President	(i)	1,811,138	308,788	133,613	4,365,995	20,667	6,640,201	406,158
	(ii)	0	0	0	0	0	0	0
1Paula Friedman Vice President	(i)	652,002	78,209	99,438	241,557	20,206	1,091,412	115,239
	(ii)	0	0	0	0	0	0	0
2June Pickett Secretary	(i)	230,234	0	30,943	23,052	24,232	308,461	0
	(ii)	0	0	0	0	0	0	0
3Kris Zimmer Treasurer/Asst Secretary	(i)	869,852	109,688	122,704	332,810	34,040	1,469,094	161,838
	(ii)	0	0	0	0	0	0	0
4Dixie Platt Former Key Employee	(i)	0	0	212,373	0	0	212,373	0
	(ii)	0	0	0	0	0	0	0
5Lynn Bruchhof Senior Vice President	(i)	510,910	68,735	64,971	186,097	36,958	867,671	99,535
	(ii)	0	0	0	0	0	0	0
6Gaurav Dayal MD Pt Yr Pres - Health Care Del	(i)	465,117	114,624	765,607	2,140	16,386	1,363,874	172,584
	(ii)	0	0	0	0	0	0	0
7Christopher Howard President - Hospital Operations	(i)	880,239	114,623	150,453	325,161	34,062	1,504,538	172,583
	(ii)	0	0	0	0	0	0	0
8Michael R Panicola PhD Senior Vice President	(i)	480,965	64,388	74,940	173,229	31,395	824,917	94,068
	(ii)	0	0	0	0	0	0	0
9Shane Peng MD Pres - Phys & Ambulatory Ops	(i)	769,472	97,882	85,039	251,042	36,128	1,239,563	137,782
	(ii)	0	0	0	0	0	0	0
10Frank Byrne MD Hospital President	(i)	39,365	62,669	597,037	46,898	35,040	781,009	99,699
	(ii)	0	0	0	0	0	0	0
11Joe Hodges Reg Pres - Hosp Ops OK	(i)	634,274	72,074	82,351	253,826	37,475	1,080,000	115,614
	(ii)	0	0	0	0	0	0	0
12James Watson President - Dean Clinics	(i)	630,917	93,438	35,762	196,886	24,212	981,215	93,438
	(ii)	0	0	0	0	0	0	0
13Philip Loftus Senior VP - CIO, IHT	(i)	645,452	0	203,097	108,557	18,678	975,784	0
	(ii)	0	0	0	0	0	0	0
14Allison Mooney System VP - Ops, Phys & Ambulatory	(i)	740,365	0	23,245	110,473	32,290	906,373	0
	(ii)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493320083116

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

SSM Health Care Corporation

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

Employer identification number

46-6029223

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Health and Educational Facilities Authority of the State of Missouri	43-1178966	60635R2Z9	05-15-2008	100,851,259	Finance various capital improvements		X		X		X
B Wisconsin Health and Educational Facilities Authority	39-1337855	97710BUX8	05-13-2010	125,000,551	Finance various capital improvements		X		X		X
C Health and Educational Facilities Authority of the State of Missouri	43-1178966	60635R7B7	05-13-2010	450,254,794	(1) Finance various capital improvements and (2) refund previous bond issues		X		X		X
D Health and Educational Facilities Authority of the State of Missouri	43-1178966	000000000	07-26-2012	183,265,000	Fund two 2005 bond issues and two 2010 bond issues		X		X		X

Part II

Proceeds

	A		B		C		D	
1 Amount of bonds retired			4,430,000		4,540,000		5,455,000	
2 Amount of bonds legally defeased			9,445,000		303,945,000		100,000	
3 Total proceeds of issue	100,851,259		125,436,509		450,254,794		183,265,000	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds					244,373			
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	100,851,259		125,436,509		165,003,260			
11 Other spent proceeds					285,007,161		183,265,000	
12 Other unspent proceeds								
13 Year of substantial completion	2009		2011		2010		2012	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		X	X		X	
15 Were the bonds issued as part of an advance refunding issue?		X		X	X			X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 87 %		3 %		1 56 %		3 71 %	
6	Total of lines 4 and 5	0 87 %		3 %		1 56 %		3 71 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X			X		X	X	
c	No rebate due?		X	X		X			X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X		
6	Were any gross proceeds invested beyond an available temporary period?		X		X	X			X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X		X	

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Schedule K, Part I, Column (a) Note for Schedule K (2), Part I, Column (a), Line B	The issue is compromised of 10 separate series of bonds. The bonds of the issue with the latest maturity dates (the Series 2014J and Series 2014K bonds each maturing 06/01/2045) do not have a CUSIP number. The Series 2014B, 2014C, 2014D, 2014E, 2014F, and 2014G bonds have CUSIP numbers. Of these series of bonds, the Series 2014D, 2014E, 2014F, and 2014G bonds each mature 06/01/2044. Therefore, the bonds with the latest maturity with CUSIP numbers are the 06/01/2044 maturities of the Series 2014D, 2014E, 2014F, and 2014G bones. The CUSIP numbers for these bonds are as follows: Bond Series CUSIP Number 2014D 60637A FK3 2014E 60637A FL1 2014F 60637A FM9 2014G 60637A FN7

Return Reference	Explanation
Schedule K, Part V Different Procedures to Undertake Corrective Action	<p>Issuer name Wisconsin Health and Educational Facilities Authority With respect to Part I, column(g), for the Series 2010A Bonds, Series 2010BCDE Bonds, and Series 2012AB Bonds a defeasance or refunding escrow was not outstanding as of December 31, 2015 Each of these Bond Issues previously had either defeasance or refunding escrow(s) established and the cumulative principal amount of each Bond Issue that have been legally defeased since the issue date of the respective Bond Issue is reported on Part II, Line 2</p>

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN B	Issuer name Wisconsin Health and Educational Facilities Authority The calculation for computing no rebate due was performed on 06/01/2012

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN C	Issuer name Health and Educational Facilities Authority of the State of Missouri The calculation for computing no rebate due was performed on 06/01/2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493320083116

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

SSM Health Care Corporation

Employer identification number

46-6029223

Part I Bond Issues												
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Health and Educational Facilities Authority of the State of Missouri	43-1178966	60637AGB2	05-14-2014	257,654,670	Refund Series 2005CD bonds issued 07/21/2005 and Series 2010D bonds issued on 05/13/2010		X		X		X
B	Health and Educational Facilities Authority of the State of Missouri	43-1178966	000000000	05-14-2014	632,155,000	(1) Finance various capital improvements and (2) refund previous bond issues		X		X		X

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired										
2	Amount of bonds legally defeased										
3	Total proceeds of issue	257,654,670		632,155,000							
4	Gross proceeds in reserve funds										
5	Capitalized interest from proceeds										
6	Proceeds in refunding escrows										
7	Issuance costs from proceeds										
8	Credit enhancement from proceeds										
9	Working capital expenditures from proceeds										
10	Capital expenditures from proceeds			80,062,949							
11	Other spent proceeds	257,654,670		552,092,051							
12	Other unspent proceeds										
13	Year of substantial completion	2011		2016							
		Yes	No	Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue?	X		X							
15	Were the bonds issued as part of an advance refunding issue?		X		X						
16	Has the final allocation of proceeds been made?	X		X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X					

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government▶	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government▶	1 26 %		3 36 %					
6	Total of lines 4 and 5	1 26 %		3 36 %					
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X					
b	Exception to rebate?	X			X				
c	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X				
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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

2015

Open to Public Inspection

Name of the organization
SSM Health Care Corporation

Employer identification number
46-6029223

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishments	<p>Briefly describe the organization's mission. Since it was founded in 1872 by Catholic sisters, SSM Health (SSMH) has existed to meet the health needs of the communities it serves. SSMH is a Catholic, not-for-profit health system serving the comprehensive health needs of communities across the Midwest through one of the largest integrated delivery systems in the nation. With care delivery sites in Illinois, Missouri, Oklahoma, and Wisconsin, SSMH includes 19 acute care hospitals, one children's hospital, more than 60 outpatient care sites, a pharmacy benefit company, an insurance company, two long-term care facilities, comprehensive home care and hospice services, a technology company, and two Accountable Care Organizations. The health system employs more than 31,000 people and is affiliated with more than 8,500 physicians making it one of the largest employers in every community it serves. SSMH is sponsored by SSM Health Ministries, an independent 6-member body comprised of three Franciscan Sisters of Mary and three lay people who collectively hold certain reserved powers over SSMH. In the tradition of its founding sisters, SSMH strives to fulfill its mission by providing exceptional health care to everyone who comes to its hospitals, regardless of their ability to pay. Describe the tax-exempt purpose achievements. SSMH's corporate office provides services to all SSMH facilities. These services include the following: Implementation and optimization of a common platform of care for SSMH facilities, support and implementation of the electronic health record at SSMH hospitals and facilities, evaluation and consultation of new growth strategies and opportunities, communications counsel, strategy and planning, oversight of the mission awareness teams and spiritual care departments, high-level Corporate Responsibility Process oversight to ensure ethical and legal compliance, organizational and clinical ethics education, policy writing and review, and patient billing services. Other services include capital planning and allocation, strategic, financial and human resource plan preparation, investment management and debt financing, system-level internal and external financial reporting, tax compliance process management, employee benefits administration, educational program offerings for leadership development, and risk management strategies. Describe the organization's approach to providing community benefit. SSM Health (SSM) participates in Community Benefit according to our vision. Through our participation in the healing ministry of Jesus Christ, communities, especially those that are economically, physically, and socially marginalized, will experience improved health in mind, body, spirit and environment. In the tradition of our founders, the Franciscan Sisters of Mary, caring for those in greatest need remains our organizational priority. Today our System Board monitors Community Benefit efforts, and views achievement of our vision as a primary responsibility. The purpose of SSM's Community Benefit program is to assess and address community health needs. Making our communities healthier in measurable ways is always the 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). First, CHNA is the assessment and prioritization of community health needs and the adoption and implementation of strategies to address those needs. A CHNA is conducted every three years by each hospital according to the following steps: - Assess and prioritize community health needs. Gather CHNA data from secondary sources, obtain input from stakeholders representing the broad interests of the community through interviews and focus groups, use data to select top health priorities, and complete written CHNA. - Develop, adopt, and implement strategies to address top-health priorities. Establish strategies to address priorities, complete Strategic Implementation Plan, obtain Regional/Divisional Board approval, and integrate strategies into operational plan. - Make CHNA widely available to the public. Publish CHNA and summary document on hospital's website. - Monitor, track, and report progress on top health priorities. Kick-off meeting conducted and updated toolkit distributed, and periodic meetings scheduled to evaluate and monitor progress. Data collected and report made 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). Next, 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. Kick-off meeting conducted and updated toolkit distributed, new staff complete Lyon web-based course, and periodic meetings scheduled to evaluate and monitor progress. Emails sent reminding staff to submit activities, occurrences entered into Lyon, and reports are produced and shared with leaders. - Finalize and report on prior year. All prior year data entered 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. In collaboration with our community partners, most SSM Health Care hospital facilities completed their most recent cycle of the CHNA in 2012. The assessments have been approved by SSMH management and included as part of our 2013 strategic plan. During 2015, each SSMH hospital utilized their CHNA to identify various unmet community health needs. Our primary responsibility is to address those that we can impact the most, that is, those aligned with our core competencies. We communicate the needs identified in the assessment to the community through a variety of media, develop a plan for how to address those needs that we can impact, and implement strategies to address these needs. Each priority area was assigned a champion and programs and services were designed to address the identified need. Additional information regarding identified needs and actionable goals can be found at www.ssmhealth.com.</p>

Return Reference	Explanation
<p>Form 990, Part III, Line 4b Program Service Accomplishments (Continued)</p>	<p>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. 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 and practices will 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 will apply its charity care policies fairly and consistently. Each person will be treated as an individual with specific needs for assistance without regard to payment. SSMH embraces its responsibility to serve the communities in which it participates by establishing sound business practices. Financial Assistance 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. 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. Each entity providing medical services shall provide information to the public regarding its charity care policies and the qualification requirements for each of its facilities. When standard system notices and communications 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 will be easy to understand by the general public, culturally appropriate and available in those languages that are prevalent in the community. They will 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 - Whom to contact to get additional information or financial counseling. <p>The following types of notices to the public shall be 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. <p>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 will also be provided to public agencies. Organizational description for tax exemption: SSMH Hospitals:</p> <ul style="list-style-type: none"> - Operate an emergency room that is open to all persons regardless of ability to pay, - Have an open medical staff with privileges available to all qualified physicians in the area, - Have a governing body in which independent persons representative of the community comprise a majority, - Engage in the training and education of health care professionals, - Participate in Medicaid, Medicare, Champus, Tricare, and/or government-sponsored health care programs. <p>All surplus funds generated by SSMH entities are reinvested in improving our patient care delivery system. Over the last several years, SSMH has opened one new hospital and constructed two new replacement hospitals.</p> <p>Description of community benefit programs:</p> <ol style="list-style-type: none"> 1. Staff members contributed their time to the St. Louis Regional Commerce and Growth Association, including their public policy committee. The organization unites the St. Louis region's business community to develop and sustain a world-class economy and community. 2. Staff members contributed their time to Associated Industries of Missouri, a group that believes that the transportation system in Missouri demands continuing care and attention because it is vital to the state's economic welfare and quality of life. 3. Staff members contribute their time to the Leadership Council Southwestern Illinois. This organization has been the premier economic development organization for Madison and St. Clair counties since 1983. Their mission is to attract and retain jobs, stimulate capital investment, and promote the economic development of Southwestern Illinois by building effective partnerships with leaders in business, industry, government, education and labor. 4. SSM senior leaders participate in various economic development councils or chambers of commerce on issues impacting the community's health and safety. Specific organizations include the St. Charles and St. Louis Regional Chambers of Commerce, Missouri State University Board of Governors, University of Illinois College of Nursing, and Missouri Hospital Association. <p>SSMs corporate office employees provided support for community benefit reporting throughout the system embracing community benefit reporting to make a real and lasting change. In addition, the SSM corporate office maintained a community benefit tool kit and a share point site for the dissemination of community benefit information.</p> <ol style="list-style-type: none"> 6. SSM public policy leaders participate in various discussions with legislators on numerous issues impacting the community's health and safety including Medicaid expansion, the Missouri Poison Control Center, Medical Homes for Foster Children, CHIP, behavioral health and other key health issues affecting children and adults. 7. Staff members contributed their time to supporting various leadership development programs and teaching courses, including orthopedic injuries education at a local college, a health demonstration on emergency room care, and online health education webinars. 8. During 2015, the SSM Patient Business Services department provided services to increase access and quality of care in health services to individuals, especially persons living in poverty and those in other vulnerable populations. Services included financial counseling, Medicaid eligibility teams, processing financial applications for self-pay patients and contracting with vendors to support the department's efforts. <p>Quantifiable Community Benefit: This section includes a list of the types of programs and services that could be included as community benefit activities.</p> <p>Community Benefit Programs \$ 1,060,217</p>

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	THE ORGANIZATION HAS ONE CLASS OF MEMBERS THESE MEMBERS CONSIST OF THE INDIVIDUALS WHO ARE THE THEN-SERVING MEMBERS OF SSM HEALTH MINISTRIES, A PUBLIC JURIDIC PERSON AND CANONICAL SUCCESSOR TO THE RELIGIOUS INSTITUTE, THE FRANCISCAN SISTERS OF MARY (SIX INDIVIDUALS) THE VOTING RIGHTS, INTERESTS AND PRIVILEGES OF EACH MEMBER ARE EQUAL

Return Reference

Explanation

Form 990, Part VI, Line 7a Members or stockholders electing members of governing body

THE MEMBERS HAVE THE POWER TO APPOINT AND REMOVE BOARD MEMBERS, WITH OR WITHOUT CAUSE, EXCEPT FOR THOSE WHO SERVE EX-OFFICIO

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 THE BOARD OF DIRECTORS, EXCEPT FOR THOSE DIRECTORS WHO SERVE EX OFFICIO, AND TO REMOVE THE APPOINTED DIRECTORS WITH OR WITHOUT CAUSE C) TO APPROVE AMENDMENTS TO THE ARTICLES OF INCORPORATION OF THE CORPORATION AS PROVIDED THEREIN D) TO APPROVE AMENDMENTS TO THE BYLAWS OF THE CORPORATION E) TO APPROVE THE MERGER, CONSOLIDATION, OR DISSOLUTION OF THE CORPORATION F) TO APPROVE THE SALE, CONVEYANCE, ASSIGNMENT, TRANSFER, ALIENATION, PLEDGE, ENCUMBRANCE, MORTGAGE OR LEASE OF REAL PROPERTY OR ANY INTEREST THEREIN OF THE CORPORATION IN ACCORDANCE WITH THE POLICIES APPROVED BY THE MEMBERS FROM TIME TO TIME G) TO APPROVE ANY BORROWING OR GUARANTEES OF THE CORPORATION IN ACCORDANCE WITH POLICIES APPROVED BY THE MEMBERS FROM TIME TO TIME, AND H) TO APPROVE ANY ACTIONS OF THE CORPORATION FOR ITSELF OR ITS CONTROLLED SUBSIDIARIES, REMOTELY CONTROLLED SUBSIDIARIES AND NON- CONTROLLED SUBSIDIARIES WHICH UNDER THE CODE OF CANON LAW WOULD REQUIRE THE CONSENT OR APPROVAL OF THE MEMBERS IN THEIR CAPACITY AS THE MEMBERS OF SSM HEALTH MINISTRIES</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 SYSTEM) ENTITY , IN CONJUNCTION WITH SYSTEM FINANCE PERSONNEL, PREPARE INFORMATION AND SUPPORTING SCHEDULES THAT ARE USED TO PREPARE THE FORM 990 THIS INFORMATION IS THEN REVIEWED BY A SUPERVISOR/MANAGER AND SENT TO THE SYSTEM OFFICE, WHERE SSMH PERSONNEL PREPARE THE FORM 990 THE SYSTEM DIRECTOR - TAX AND COMPLIANCE REVIEWS THE COMPLETED RETURN AND PROVIDES THE RETURN TO ENTITY MANAGEMENT PERSONNEL FOR FINAL REVIEW PRIOR TO FILING 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 OF 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 MUCH 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 15a Process to establish compensation of top management official	ALL SSMH EXECUTIVE SALARY/COMPENSATION INFORMATION IS BASED ON COMPARATIVE DATA WITH SIMILAR POSITIONS IN THE MARKET THE COMPENSATION REVIEW PROCESS IS PERFORMED annually BY EXTERNAL INDEPENDENT COMPENSATION CONSULTANTS THE SALARY DATA AND POTENTIAL ADJUSTEMENTS, FOR THE PRESIDENT/CEO OF THE SYSTEM, THE SENIOR VICE PRESIDENTS AND THE REGIONAL PRESIDENTS ARE PRESENTED TO THE SSMH BOARD OF DIRECTORS BY THE SAME INDEPENDENT COMPENSATION CONSULTANTS TO APPROVE, DISAPPROVE, OR MODIFY THE SAME COMPARATIVE COMPENSATION PROCESS USED FOR EXECUTIVE SALARY/COMPENSATION IS PERFORMED INTERNALLY FOR ALL EMPLOYEES THE SSMH BOARD OF DIRECTORS HAS DELEGATED SALARY APPROVAL FOR ALL OTHER POSITIONS TO THE SSM Health President/CEO

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	ALL SSMH EXECUTIVE SALARY/COMPENSATION INFORMATION IS BASED ON COMPARATIVE DATA WITH SIMILAR POSITIONS IN THE MARKET THE COMPENSATION REVIEW PROCESS IS PERFORMED annually BY EXTERNAL INDEPENDENT COMPENSATION CONSULTANTS THE SALARY DATA AND POTENTIAL ADJUSTEMENTS, FOR THE PRESIDENT/CEO OF THE SYSTEM, THE SENIOR VICE PRESIDENTS AND THE REGIONAL PRESIDENTS ARE PRESENTED TO THE SSMH BOARD OF DIRECTORS BY THE SAME INDEPENDENT COMPENSATION CONSULTANTS TO APPROVE, DISAPPROVE, OR MODIFY THE SAME COMPARATIVE COMPENSATION PROCESS USED FOR EXECUTIVE SALARY/COMPENSATION IS PERFORMED INTERNALLY FOR ALL EMPLOYEES THE SSMH BOARD OF DIRECTORS HAS DELEGATED SALARY APPROVAL FOR ALL OTHER POSITIONS TO THE SSM Health President/CEO

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 STATEMENTS 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 XI, Line 9 Other changes in net assets or fund balances	Actuarial change in defined benefit liability - 26213566,

Return Reference	Explanation
FORM 990, PART I Doing Business As	SSM Health Care Corporation currently conducts business under the following names SSM Health SSM Health at Work SSM Health Archives

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SSM Health Care Corporation

Employer identification number
46-6029223

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g	Yes	
h Purchase of assets from related organization(s)	1h	Yes	
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
------------------	-------------

Additional Data

Software ID: 15000238

Software Version: 2015v2.1

EIN: 46-6029223

Name: SSM Health Care Corporation

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
SSM HEALTH CARE CORPORATION 10101 WOODFIELD LANE ST LOUIS, MO 63132 46-6029223	HEALTH CARE	MO	501(c){3		SSM Health Ministries		No
SSMHC LIABILITY TRUST I 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-6331003	INSURANCE	MO	501(c){3		SSM HEALTH CARE CORPORATION		No
SSM CONSOLIDATED HEALTH SERVICES 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1473657	HEALTH CARE	MO	501(c){3		SSM HEALTH CARE CORPORATION		No
SSM POLICY INSTITUTE 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1788151	HEALTH CARE	MO	501(c){4		SSM HEALTH CARE CORPORATION		No
SSM PORTFOLIO MANAGEMENT CO 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1825256	MANAGEMENT	MO	501(c){3		SSM HEALTH CARE CORPORATION		No
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
CARDINAL GLENNON CHILDREN'S FOUNDATION 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1754347	FUNDRAISING	MO	501(c){3	7	SSM CARDINAL GLENNON HOSPITAL		No
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
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
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
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
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
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
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
DELLS MEDICAL BUILDING INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 39-1613292	MOB	WI	501(c){2		SSM HEALTH CARE OF WISCONSIN		No
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
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
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
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
HHU XTRA CARE INC 2802 WALTON COMMONS LANE MADISON, WI 53718 39-1705111	HEALTH CARE	WI	501(c){3	9	SSM HEALTH CARE OF WISCONSIN		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
SSM REGIONAL HEALTH SERVICES 10101 WOODFIELD LANE ST LOUIS, MO 63132 44-0579850	HEALTH CARE	MO	501(c)(3)	3	SSM HEALTH CARE CORPORATION		No
ST FRANCIS HOSPITAL FOUNDATION 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1099253	FUNDRAISING	MO	501(c)(3)	7	SSM REGIONAL HEALTH SERVICES		No
ST MARY'S HEALTH CENTER JEFFERSON CITY MISSOURI FOUNDATION 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1575307	FUNDRAISING	MO	501(c)(3)	Type I	SSM REGIONAL HEALTH SERVICES		No
GOOD SAMARITAN REGIONAL HEALTH CENTER 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-0653587	HEALTH CARE	IL	501(c)(3)	3	SSM REGIONAL HEALTH SERVICES		No
ST MARY'S HOSPITAL CENTRALIA ILLINOIS 10101 WOODFIELD LANE ST LOUIS, MO 63132 37-0662580	HEALTH CARE	IL	501(c)(3)	3	SSM REGIONAL HEALTH SERVICES		No
ST MARY'S - GOOD SAMARITAN INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 36-4170833	HEALTH CARE	IL	501(c)(3)		SSM REGIONAL HEALTH SERVICES		No
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
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
SSM HEALTH BUSINESSES 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1333488	HEALTH CARE	MO	501(c)(3)	9	SSM HEALTH CARE CORPORATION		No
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
CENTRALIA MEDICAL SERVICES BLDG ASSOC 10101 WOODFIELD LANE ST LOUIS, MO 63132 23-7408025	MOB	IL	501(c)(3)	Type I	SSM REGIONAL HEALTH SERVICES		No
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
FRANCISCAN SISTERS OF MARY 3221 MCKELVEY ROAD SUITE 107 ST LOUIS, MO 63044 43-1012492	RELIGIOUS ORGANIZATION	MO	501(c)(3)	1	NA		No
LEE DEWEY CORPORATION 10101 WOODFIELD LANE ST LOUIS, MO 63132 73-1279603	MOB	OK	501(c)(3)		SSM HEALTH CARE OF OKLAHOMA		No
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
ST MARY'S HOSPITAL AUXILIARY 100 ST MARYS MEDICAL PLAZA JEFFERSON CITY, MO 65101 43-6049878	FUNDRAISING	MO	501(c)(3)	Type I	NA		No
GOOD SAMARITAN HOSPITAL AUXILIARY 605 NORTH 12TH STREET MT VERNON, IL 62864 23-7049599	FUNDRAISING	IL	501(c)(3)	Type II	NA		No
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
SSM AUDRAIN HEALTH CARE INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1550298	HEALTH CARE	MO	501(c)(3)	3	SSM REGIONAL HEALTH SERVICES		No
AUDRAIN MEDICAL CENTER FOUNDATION INC 620 E MONROE STREET MEXICO, MO 65265 43-1265060	FUNDRAISING	MO	501(c)(3)		SSM AUDRAIN HEALTH CARE INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
HOME HEALTH UNITED - VNS FOUNDATION INC 2802 WALTON COMMONS LANE MADISON, WI 53718 39-1839309	FUNDRAISING	WI	501(c)(3	Type I	NA		No
SSM-SLUH INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 47-4196634	HEALTH CARE	MO	501(c)(3	3	SSM HEALTH CARE ST LOUIS		No
GOOD SAMARITAN REGIONAL HEALTH CENTER FOUNDATION 10101 WOODFIELD LANE ST LOUIS, MO 63132 26-2884795	FUNDRAISING	MO	501(c)(3	7	ST MARY'S - GOOD SAMARITAN		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) Disproporionate 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	0	0			0			0 %
ST CLARE IMAGING SERVICES 707 14TH STREET SUITE A BARABOO, WI 53913 20-0122365	DIAG SERVICES	WI	NA	N/A	0	0			0			0 %
MT VERNON RADIATION THERAPY CENTER LLC 10101 WOODFIELD LANE ST LOUIS, MO 63132 20-1382620	RADIATION THERAPY	IL	NA	N/A	0	0			0			0 %
SLEEP & NEUROLOGY CENTER OF S ILLINOIS LLC 10101 WOODFIELD LANE ST LOUIS, MO 63132 20-8468195	DIAG SERVICES	IL	NA	N/A	0	0			0			0 %
CHOWSMGSI OFFICE BUILDING LLC 10101 WOODFIELD LANE ST LOUIS, MO 63132 37-1383861	MOB	IL	NA	N/A	0	0			0			0 %
OZA CANCER CENTER LLC 10101 WOODFIELD LANE ST LOUIS, MO 63132 20-1382727	MOB	IL	NA	N/A	0	0			0			0 %
SHAWNEE REAL ESTATE HOLDINGS LLC 1000 N LEE AVE OKLAHOMA CITY, OK 73102 45-5458304	MOB	OK	NA	N/A	0	0			0			0 %
SSM RX EXPRESS LLC 10101 WOODFIELD LANE ST LOUIS, MO 63132 26-4031708	PHARMACY	MO	NA	N/A	0	0			0			0 %
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	0	0			0			0 %
WISCONSIN INTEGRATED INFORMATION TECHNOLOGY AND TELEMEDICINE SYSTEMS LLC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-2016715	INFORMATION TECHNOLOGY SERVICES	WI	NA	N/A	0	0			0			0 %
DEAN HEALTH HOLDINGS LLC 1277 DEMING WAY MADISON, WI 53717 26-1594709	SUPPORT SERVICES	WI	NA	N/A	0	0			0			0 %
WINGRA BUILDING GROUP 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-0237060	MOB	WI	NA	N/A	0	0			0			0 %
JANESVILLE RIVERVIEW CLINIC BUILDING PARTNERSHIP 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-6220698	MOB	WI	NA	N/A	0	0			0			0 %

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
(1) SSM MANAGED CARE ORGANIZATION LLC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1708511	HEALTH PROMOTION	MO	NA	C Corporation					No
(1) FPP INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1465174	HEALTH CARE	MO	SSM Health Care Corporation	C Corporation	1,198,156	3,254,599	100 %	Yes	
DIVERSIFIED HEALTH SERVICES (2) CORP 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1369305	MEDICAL EQUIPMENT	MO	NA	C Corporation					No
SSM CARDIO AND THORACIC (3) SERVICES INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 26-0286559	HEALTH CARE	MO	NA	C Corporation					No
(4) SSM PROPERTIES INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1462486	PROPERTY SERVICES	MO	NA	C Corporation					No
(5) SSM DEPAUL MEDICAL GROUP INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1715106	HEALTH CARE	MO	NA	C Corporation					No
(6) SSM ST CHARLES CLINIC MED GROUP INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-0626408	PHYSICIAN OFFICES	MO	NA	C Corporation					No
(7) HEALTH FIRST PHYS MANAGEMENT 10101 WOODFIELD LANE ST LOUIS, MO 63132 73-1534336	MEDICAL SERVICES	OK	NA	C Corporation					No
(8) SSMHCS LIABILITY TRUST II 10101 WOODFIELD LANE ST LOUIS, MO 63132 81-6128118	INSURANCE	MO	NA	C Corporation					No
(9) SSM NEUROSCIENCES INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 26-3413981	HEALTH CARE	MO	NA	C Corporation					No
(10) SSM MEDICAL GROUP INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1664107	PHYSICIAN OFFICES	MO	NA	C Corporation					No
(11) SSMHC INSURANCE COMPANY 10101 WOODFIELD LANE ST LOUIS, MO 63132 03-0310431	INSURANCE	CA	NA	C Corporation					No
(12) SSM ORTHOPEDIC INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 27-1557033	HEALTH CARE	MO	NA	C Corporation					No
(13) SSM CANCER CARE INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 27-1557324	HEALTH CARE	MO	NA	C Corporation					No
PHYSICIANS SERVICES CORP OF (14) 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
(16) DEAN HEALTH SYSTEMS INC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-1128616	PHYSICIAN OFFICES	WI	NA	C Corporation					No
(1) DEAN HEALTH INSURANCE INC PO BOX 56099 MADISON, WI 53705 39-1830837	INSURANCE	WI	NA	C Corporation					No
(2) DEAN HEALTH PLAN INC PO BOX 56099 MADISON, WI 53705 39-1535024	INSURANCE	WI	NA	C Corporation					No
(3) ST MARY'S DEAN VENTURES INC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-1628491	PHYSICIAN OFFICES	WI	NA	C Corporation					No
(4) DEAN RETAIL SERVICES INC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-1717636	PROPERTY SERVICES	WI	NA	C Corporation					No
(5) NAVITUS HOLDINGS LLC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 80-0968174	PHARMACY BENEFITS	WI	NA	C Corporation					No
(6) OZA ONCOLOGY INC 4117 VETERANS MEMORIAL DRIVE MT VERNON, IL 62804 37-1343746	PHYSICIANS OFFICE	IL	NA	C Corporation					No

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Lee Dewey Corporation	A	148,001	Book
(1)	SSM Health Care of Oklahoma	A	7,980,034	Book
(2)	SSM Regional Health Services	A	8,979,347	Book
(3)	SSM Cardinal Glennon Children's Hospital	A	943,779	Book
(4)	SSM Health Businesses	A	554,678	Book
(5)	Good Samaritan Regional Health Center	A	6,024,641	Book
(6)	FPP Inc	A	672,792	Book
(7)	SSM Health Care St Louis	A	7,482,363	Book
(8)	SSM Health Care of Wisconsin	A	17,782,438	Book
(9)	SSM Audrain Health Care Inc	A	1,902,472	Book
(10)	Lee Dewey Corporation	D	88,177	Book
(11)	FPP Inc	D	1,685,164	Book
(12)	SSM Health Care St Louis	D	5,225,968	Book
(13)	SSM Health Care of Oklahoma	D	44,796,422	Book
(14)	SSM Regional Health Services	D	22,713,770	Book
(15)	SSM Health Businesses	D	330,469	Book
(16)	SSM Cardinal Glennon Children's Hospital	D	546,463	Book
(17)	Good Samaritan Regional Health Center	D	4,375,173	Book
(18)	SSM Health Care of Wisconsin	D	7,829,939	Book
(19)	SSM Health Care of Wisconsin	L	7,250,165	Book
(20)	SSM Health Care of Oklahoma	L	8,159,341	Book
(21)	SSM Audrain Health Care Inc	L	556,191	Book
(22)	SSM Regional Health Services	L	4,431,648	Book
(23)	SSM Cardinal Glennon Children's Hospital	L	7,690,314	Book
(24)	Good Samaritan Regional Health Center	L	2,341,957	Book

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	SSM Health Care St Louis	L	32,821,424	Book
(1)	St Mary's Hospital Centralia Illinois	L	2,935,151	Book
(2)	SSM Health Businesses	M	303,000	Book
(3)	SSMHC Liability Trust I	O	1,376,254	Book
(4)	SSMHC Liability Trust II	O	220,867	Book
(5)	SSM Health Businesses	O	140,000	Book
(6)	Home Care United Inc	O	28,444	Book
(7)	HHU Xtra Care Inc	O	23,679	Book
(8)	Home Health United Inc	O	28,594	Book
(9)	SSM Health Care of Oklahoma	Q	21,793,806	Book
(10)	SSM Regional Health Services	Q	12,451,578	Book
(11)	SSM Health Businesses	Q	3,019,531	Book
(12)	SSM Cardinal Glennon Children's Hospital	Q	19,179,407	Book
(13)	Good Samaritan Regional Health Center	Q	7,442,339	Book
(14)	St Mary's Hospital Centralia Illinois	Q	7,242,528	Book
(15)	FPP Inc	Q	960,803	Book
(16)	SSM Health Care of Wisconsin	Q	27,879,050	Book
(17)	SSM Health Care St Louis	Q	2,212,377	Book
(18)	Lee Dewey Corporation	Q	35,305	Book
(19)	St Anthony Shawnee Hospital	Q	1,796,760	Book
(20)	SSM Audrain Health Care Inc	Q	2,422,045	Book
(21)	Physicians Services Corp of Southern Illinois Inc	Q	704,354	Book
(22)	SSM Managed Care Organization LLC	Q	985,335	Book
(23)	SSM Health Care St Louis	R	9,010,329	Book
(24)	Good Samaritan Regional Health Center	R	301,636	Book

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51)	FPP Inc	B	69,684,226	Book
(1)	SSM Health Care St Louis	C	69,684,226	Book
(2)	FPP Inc	S	1,202,668	Book
(3)	SSM Health Businesses	L	1,304,612	Book
(4)	SSM Health Care St Louis	L	4,123,562	Book
(5)	SSM Health Care of Oklahoma	L	2,396,991	Book
(6)	SSM Health Care of Wisconsin	L	3,945,144	Book
(7)	SSM Regional Health Services	L	1,190,420	Book
(8)	Good Samaritan Regional Health Center	L	1,256,582	Book
(9)	St Mary's Hospital Centralia Illinois	L	419,957	Book