

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493314017087

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

SSM Health Care of Wisconsin Inc

Doing business as

See Schedule O

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

10101 Woodfield Lane

Room/suite

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

St Louis, MO 63132

F Name and address of principal officer

Laura Kaiser

10101 Woodfield Lane

St Louis, MO 63132

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

0928

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

www.ssmhealth.com

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1912

M State of legal domicile

WI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

Part of an integrated network providing health care in south central Wisconsin Operating three hospitals and two skilled nursing facilities

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

3 Number of voting members of the governing body (Part VI, line 1a)

7

4 Number of independent voting members of the governing body (Part VI, line 1b)

2

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

4,486

6 Total number of volunteers (estimate if necessary)

1,153

7a Total unrelated business revenue from Part VIII, column (C), line 12

16,571,952

7b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

1,822,144

9 Program service revenue (Part VIII, line 2g)

563,117,239

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

35,038,670

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

20,942,306

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

620,920,359

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

63,660

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

250,420,819

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶780,337

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

279,270,702

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

529,755,181

19 Revenue less expenses Subtract line 18 from line 12

91,165,178

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

1,050,064,311

21 Total liabilities (Part X, line 26)

532,518,367

22 Net assets or fund balances Subtract line 21 from line 20

517,545,944

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II Signature Block

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

Sign Here

Signature of officer

2017-11-07

Date

June L Pickett Secretary

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Rachel Spurlock

Preparer's signature

Rachel Spurlock

Date

Check ☐ if self-employed

PTIN

P00520729

Firm's name ▶ Crowe Horwath LLP

Firm's EIN ▶ 35-0921680

Firm's address ▶ 9600 Brownsboro Road Suite 400

Phone no (502) 326-3996

Louisville, KY 402411122

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 468,587,179	including grants of \$ 289,213)	(Revenue \$ 556,284,770)
See Additional Data				

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 ▶	468,587,179
-----------	---	-------------

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4,486
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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		No
b	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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?	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.
 Mary Gigot 2901 Landmark Place Suite 300 Madison, WI 53713 (608) 259-3478

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

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

Form **990** (2016)

[illegible]

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 ▶ 148

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
DEAN HEALTH SYSTEMS INC 1808 W BELTLINE HWY MADISON, WI 53713	PHYSICIAN SERVICES	9,164,179
BOARD OF REGENTS OF THE UNIV OF WI 1100 DELAPLAINE CT MADISON, WI 53715	PHYSICIAN SERVICES	6,121,513
WISCONSIN INTEGRATED INFORMATION TECHNOLOGY & TELEMEDICINE SYSTEMS LLC 1808 W BELTLINE HWY MADISON, WI 53713	INFORMATION TECHNOLOGY	4,440,219
ERDMAN COMPANY ONE ERDMAN PLACE MADISON, WI 53717	MANAGEMENT SERVICES	3,126,692
MADISON EMERGENCY PHYSICIANS 1221 JOHN Q HAMMONS DRIVE MADISON, WI 53717	PHYSICIAN SERVICES	3,030,607

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 ► 71	
---	--

Part VIII Statement of RevenueCheck 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	10,632				
	d Related organizations	1d	1,687,058				
	e Government grants (contributions)	1e	9,409				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	25,624				
	g Noncash contributions included in lines 1a-1f \$ _____	3,615					
	h Total. Add lines 1a-1f			1,732,723			
Program Service Revenue			Business Code				
	2a NET PATIENT REVENUE		621110	548,794,789	548,794,789		
	b OTHER OPERATING REVENUE		621110	3,537,417	3,537,417		
	c _____						
	d _____						
	e _____						
	f All other program service revenue			0	0	0	
	g Total. Add lines 2a-2f			552,332,206			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			8,504,800			8,504,800
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		1,862,118					
	b Less rental expenses	553,181					
	c Rental income or (loss)	1,308,937	0				
	d Net rental income or (loss)			1,308,937			1,308,937
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		13,163,718					
	b Less cost or other basis and sales expenses		457,454				
	c Gain or (loss)	13,163,718	-457,454				
	d Net gain or (loss)			12,706,264			12,706,264
	8a Gross income from fundraising events (not including \$ _____ 10,632 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						
	73,596						
b Less cost of goods sold	b	33,587					
c Net income or (loss) from sales of inventory			40,009			40,009	
Miscellaneous Revenue		Business Code					
11a IT ADMIN & SUPPORT SVC		561000	3,771,617		3,771,617		
b LABORATORY		621500	10,341,587		10,341,587		
c JOINT VENTURE REVENUE		900099	-3,076,295	-3,076,295			
d All other revenue			9,494,529	7,028,859	2,458,748	6,922	
e Total. Add lines 11a-11d			20,531,438				
12 Total revenue. See Instructions			597,156,377	556,284,770	16,571,952	22,566,932	

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.	289,213	289,213		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	5,579,990	1,562,396	4,017,594	
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.	191,815,105	175,509,535	15,818,581	486,989
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	13,495,494	12,528,168	962,651	4,675
9 Other employee benefits.	31,604,064	28,329,922	3,123,044	151,098
10 Payroll taxes.	14,167,367	12,799,505	1,343,613	24,249
11 Fees for services (non-employees):				
a Management.	22,130,148	10,588	22,119,560	
b Legal.	97,497		97,497	
c Accounting.	168,836		168,836	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	39,950		39,950	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	55,280,391	33,414,071	21,837,927	28,393
12 Advertising and promotion.	75,602		28,754	46,848
13 Office expenses.	24,512,219	22,554,073	1,933,268	24,878
14 Information technology.	23,457,619	23,407,704	48,653	1,262
15 Royalties.				
16 Occupancy.	10,384,577	10,061,114	314,597	8,866
17 Travel.	990,990	398,636	591,652	702
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	438,927	306,514	130,253	2,160
20 Interest.	17,044,249	17,044,249		
21 Payments to affiliates.	364,000		364,000	
22 Depreciation, depletion, and amortization.	30,657,826	30,261,079	396,638	109
23 Insurance.	939,958	857,967	81,991	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL SUPPLIES	82,938,308	82,938,308		
b MEDICAID PROVIDER TAX	14,993,264	14,993,264		
c BOND RELATED FEES	1,054,993	1,054,993		
d LICENSES	265,757	225,214	40,435	108
e All other expenses	40,666	40,666	0	0
25 Total functional expenses. Add lines 1 through 24e.	542,827,010	468,587,179	73,459,494	780,337
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		37,074,110	2	46,364,057
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		49,294,857	4	48,100,917
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	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			7	
	8	Inventories for sale or use		7,615,772	8	7,410,856
	9	Prepaid expenses and deferred charges		2,045,979	9	1,835,260
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	657,144,149		
	b	Less: accumulated depreciation	10b	372,133,106		
				285,195,502	10c	285,011,043
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		653,808,914	12	199,658,334
	13	Investments—program-related. See Part IV, line 11		0	13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		15,029,177	15	116,589,172	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,050,064,311	16	704,969,639	
Liabilities	17	Accounts payable and accrued expenses		59,503,401	17	55,825,651
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		473,014,966	25	335,008,392
	26	Total liabilities. Add lines 17 through 25		532,518,367	26	390,834,043
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		507,868,913	27	303,533,710
	28	Temporarily restricted net assets		3,861,990	28	4,465,232
	29	Permanently restricted net assets		5,815,041	29	6,136,654
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		517,545,944	33	314,135,596
	34	Total liabilities and net assets/fund balances		1,050,064,311	34	704,969,639

Part XI Reconciliation of Net AssetsCheck 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	597,156,377
2	Total expenses (must equal Part IX, column (A), line 25)	2	542,827,010
3	Revenue less expenses Subtract line 2 from line 1	3	54,329,367
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	517,545,944
5	Net unrealized gains (losses) on investments	5	7,902,445
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	-265,642,160
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	314,135,596

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		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 ☐ Separate basis ☒ Consolidated basis ☐ 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: 16000421

Software Version: 2016v3.0

EIN: 43-0688874

Name: SSM Health Care of Wisconsin Inc

Form 990 (2016)

Form 990, Part III, Line 4a:

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

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			
Damond Boatwright Regional President	40 0 3 0			X				0	688,186	88,093
Laura Bowers Assistant Secretary	40 0 0			X				79,125	0	59,934
Steven Caldwell System Vice President-Finance	20 0 20 0			X				0	709,346	81,343
Paula Friedman Vice President, Senior VP-Strategic Development SSM Health	1 0 54 0			X				0	940,690	388,689
June Pickett Secretary	1 0 65 1			X				0	281,543	35,564
Kris Zimmer Treasurer, Senior VP-Finance SSM Health	1 0 57 0			X				0	1,105,377	344,110
Jonathan Lewis VP Operations	40 0 0				X			208,339	0	46,023
Ginger Selle VP Patient Care-St Clare	40 0 0				X			163,310	0	40,038
Linda Statz Regional VP-Employee Experience	40 0 0				X			0	281,232	122,929
Kerry Swanson Hospital President-St Mary's Janesville	40 0 1 0				X			0	342,077	90,393

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			
Laura Jelle Hospital President-St Clare	40 0 1 5				X			0	257,229	111,805
Laura Walczak VP Patient Care-St Mary's Janesville	40 0 0				X			201,388	0	35,272
Larry Hegland Regional Chief Medical Officer	40 0 0				X			433,983	0	64,524
Jonathan Rozenfeld Hospital President - St Mary's	40 0 0 5				X			0	516,561	127,786
Joan Bachleitner System VP-Strategy & Business Development	40 0 0				X			0	281,970	61,138
Lon McPherson VP-Medical Affairs	40 0 0				X			311,715	0	40,561
Tom Ter Horst System VP-Human Resources	40 0 0				X			0	209,793	41,661
Virginia Malone VP Patient Services-St Mary's	40 0 0				X			289,694	0	50,462
Kansas Dubray Physician	40 0 0					X		276,344	0	33,332
David Jarvis Physician	40 0 0					X		231,136	0	45,175

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors								(D)	(E)	(F)
(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)						Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John Stapelman CRNA Clinical Supervisor	40 0 0					X		237,826	0	65,276
Kari Heyn Anesthetist	40 0 0					X		233,250	0	40,192
Jennifer Orkfritz Physician	40 0 0					X		237,023	0	37,746
Frank Byrne MD Former Key Employee	0 0 0 5						X	0	397,327	112,913
Kristin McManmon Former Key Employee	0 0 0						X	236,681	0	70,530
Gaurov Dayal MD Former Director	0 0 0 0						X	0	739,203	12,719

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
SSM Health Care of Wisconsin Inc

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

2016

Open to Public Inspection

Employer identification number
43-0688874

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is (For lines 1 through 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% 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)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☐

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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s) _____

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 10 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		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ ☐						
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ ☐						
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐						

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

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

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		
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		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
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? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
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	0
2 Enter 85% of line 1	2	0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	0
4 Enter greater of line 2 or line 3	4	0
5 Income tax imposed in prior year	5	0
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	0
7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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

2016

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 of Wisconsin Inc	Employer identification number 43-0688874
--	---

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

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) 2013	(b) 2014	(c) 2015	(d) 2016	(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)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		32,591
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			32,591
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?		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		

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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	THE ORGANIZATION PAID DUES TO VARIOUS NATIONAL AND STATE HOSPITAL ASSOCIATIONS AND A PORTION OF THESE DUES WERE ALLOCATED TO LOBBYING ACTIVITIES
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	THE ORGANIZATION PAID DUES TO VARIOUS NATIONAL AND STATE HOSPITAL ASSOCIATIONS AND A PORTION OF THESE DUES WERE ALLOCATED TO LOBBYING ACTIVITIES

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493314017087	
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 2016 Open to Public Inspection
Name of the organization SSM Health Care of Wisconsin Inc				Employer identification number 43-0688874	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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?				☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				☐ Yes ☐ No
Part II Conservation Easements. Complete if the organization answered "Yes" 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) ☐ Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, 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				► \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D	Schedule D (Form 990) 2016	

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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	7,283,147	7,033,561	6,383,639	11,841,917	10,885,114
b Contributions	447,278	503,057	826,828	269,826	797,238
c Net investment earnings, gains, and losses	293,091	-11,394	648,223	440,966	320,680
d Grants or scholarships	53,069	45,000	28,500	9,250	
e Other expenditures for facilities and programs	140,164	197,077	796,629	6,159,820	161,115
f Administrative expenses					
g End of year balance	7,830,283	7,283,147	7,033,561	6,383,639	11,841,917

2

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

a

Board designated or quasi-endowment

7 03 %

b

Permanent endowment

78 37 %

c

Temporarily restricted endowment

14 6 %

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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,130,482		12,130,482
b Buildings		370,078,616	188,423,740	181,654,876
c Leasehold improvements		60,652,362	30,426,738	30,225,624
d Equipment		202,455,587	151,325,975	51,129,612
e Other		11,827,102	1,956,653	9,870,449
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				285,011,043

Schedule D (Form 990) 2016

Part VII

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

(a) Description of security or category (including name of security)	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other _____		
(A) SSM COMPREHENSIVE INVESTMENT PROGRAM	92,082,776	F
(B) BENEFICIAL INTEREST IN FOUNDATION	107,575,558	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	199,658,334	

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) OTHER ASSETS	116,589,172
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	116,589,172

Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	335,008,392	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' 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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 43-0688874
Name: SSM Health Care of Wisconsin Inc

Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Book Value
	PENSION FUNDING LIABILITY	-3,187,698
	DUE TO RELATED PARTY	107,572,852
	ASSET RETIREMENT LIABILITY	845,354
	THIRD PARTY PAYOR	7,257,399
	RABBI TRUST LIABILITY	288,258
	ALLOCATED TAX-EXEMPT DEBT - SSM HEALTH CARE	216,234,139
	DEFERRED REVENUE	561,378
	DEFERRED COMPENSATION	8,948
	DEFINED CONTRIBUTION LIABILITY	3,035,000
	Third-party patient loans	2,392,762

Supplemental Information	
Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	ENDOWMENT FUNDS WILL BE USED for the specific purpose identified when the endowment was established Activities supported by the endowment funds include scholarships, continuing education, specific department patients, greatest needs of the care center, and greatest needs of the hospital

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	SSM HEALTH CARE OF WISCONSIN'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF A RELATED ORGANIZATION, SSM HEALTH (SSMH) SSMH EVALUATES ITS UNCERTAIN TAX POSITIONS ON AN ANNUAL BASIS A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION IS RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED UPON THE TECHNICAL MERITS THERE HAVE BEEN NO UNCERTAIN TAX POSITIONS RECORDED IN 2016 OR 2015

SCHEDULE H (Form 990) Department of the Treasury Internal Revenue Service	Hospitals ► Complete if the organization answered "Yes" on Form 990, Part IV, question 20. ► Attach to Form 990. ► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.	OMB No 1545-0047 2016 Open to Public Inspection
Name of the organization SSM Health Care of Wisconsin Inc		Employer identification number 43-0688874

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			5,299,514		5,299,514	0 98 %
b Medicaid (from Worksheet 3, column a)			96,765,482	63,451,542	33,313,940	6 14 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			2,808,407	2,019,808	788,599	0 15 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	104,873,403	65,471,350	39,402,053	7 26 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			719,636	6,794	712,842	0 13 %
f Health professions education (from Worksheet 5)			11,070,679	2,217,399	8,853,280	1 63 %
g Subsidized health services (from Worksheet 6)			4,220,445	806,849	3,413,596	0 63 %
h Research (from Worksheet 7)			24,024		24,024	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,181,468	1,000	1,180,468	0 22 %
j Total. Other Benefits	0	0	17,216,252	3,032,042	14,184,210	2 61 %
k Total. Add lines 7d and 7j	0	0	122,089,655	68,503,392	53,586,263	9 87 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0 %
2 Economic development			536		536	0 %
3 Community support			55,503		55,503	0 01 %
4 Environmental improvements			336,859	10,976	325,883	0 06 %
5 Leadership development and training for community members			4,765		4,765	0 %
6 Coalition building			2,145		2,145	0 %
7 Community health improvement advocacy			8,044		8,044	0 %
8 Workforce development			540,144		540,144	0 10 %
9 Other					0	0 %
10 Total	0	0	947,996	10,976	937,020	0 17 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	14,049,854	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	174,370,782
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	203,951,758
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-29,580,976
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
☐ Cost accounting system	☒ Cost to charge ratio	☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

3

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

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

A

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

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a ☒ Hospital facility's website (list url) <u>http://www.stmarysmadison.com/communityconnection/Pages/Community.aspx</u>		
b ☒ Other website (list url) <u>https://www.ssmhealth.com/about/community-health-needs-assessments</u>		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>https://www.ssmhealth.com/about/community-health-needs-assessments</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0 % and FPG family income limit for eligibility for discounted care of 400.0 %		
b ☐ Income level other than FPG (describe in Section C)		
c ☒ Asset level		
d ☒ Medical indigency		
e ☒ Insurance status		
f ☒ Underinsurance discount		
g ☒ Residency		
h ☐ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☐ Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a ☒ The FAP was widely available on a website (list url) https://www.ssmhealth.com/for-patients/financial-assistance		
b ☒ The FAP application form was widely available on a website (list url) https://www.ssmhealth.com/for-patients/financial-assistance		
c ☒ A plain language summary of the FAP was widely available on a website (list url) https://www.ssmhealth.com/for-patients/financial-assistance		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j ☐ Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

B

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

2

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a ☒ Hospital facility's website (list url) <u>www.stclare.com</u>		
b ☒ Other website (list url) <u>https://www.ssmhealth.com/about/community-health-needs-assessments</u>		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>https://www.ssmhealth.com/about/community-health-needs-assessments</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)***Financial Assistance Policy (FAP)**

B

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0 % and FPG family income limit for eligibility for discounted care of 400.0 %			
b ☐ Income level other than FPG (describe in Section C)			
c ☒ Asset level			
d ☒ Medical indigency			
e ☒ Insurance status			
f ☒ Underinsurance discount			
g ☒ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a ☒ The FAP was widely available on a website (list url) <u>https://www.ssmhealth.com/for-patients/financial-assistance</u>			
b ☒ The FAP application form was widely available on a website (list url) <u>https://www.ssmhealth.com/for-patients/financial-assistance</u>			
c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>https://www.ssmhealth.com/for-patients/financial-assistance</u>			
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

B

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

B

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
C**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

3

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a ☒ Hospital facility's website (list url) <u>www.stmarysjanesville.com</u>		
b ☒ Other website (list url) <u>https://www.ssmhealth.com/about/community-health-needs-assessments</u>		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>https://www.ssmhealth.com/about/community-health-needs-assessments</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

C

Name of hospital facility or letter of facility reporting group

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0 % and FPG family income limit for eligibility for discounted care of 400.0 %		
b ☐ Income level other than FPG (describe in Section C)		
c ☒ Asset level		
d ☒ Medical indigency		
e ☒ Insurance status		
f ☒ Underinsurance discount		
g ☒ Residency		
h ☐ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☐ Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a ☒ The FAP was widely available on a website (list url) https://www.ssmhealth.com/for-patients/financial-assistance		
b ☒ The FAP application form was widely available on a website (list url) https://www.ssmhealth.com/for-patients/financial-assistance		
c ☒ A plain language summary of the FAP was widely available on a website (list url) https://www.ssmhealth.com/for-patients/financial-assistance		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j ☐ Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

C

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

C

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

[illegible]

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **12**

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

Part VI Supplemental Information

Provide the following information

- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community Benefit Annual Report	
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	Financial Assistance Methodology The cost of financial assistance is calculated in compliance with catholic health association (CHA) guidelines A cost to charge ratio calculated using the IRS worksheet 2, ratio of patient care cost to charges, was used to compute financial assistance at cost This is the ratio of total adjusted operating expense to total gross patient revenue The gross revenue amount is a gross amount - prior to contractual adjustments and bad debts Both gross revenue and costs are based on charges at date/time of service Unreimbursed Medicaid Costing Methodology The cost of unreimbursed Medicaid is calculated in compliance with Catholic Health Association (CHA) guidelines A cost to charge ratio calculated utilizing IRS Worksheet 2, Ratio of patient care cost to charges, was used to compute unreimbursed Medicaid costs This is the ratio of total adjusted operating expenses to total gross patient revenue The gross revenue amount is gross amount - prior to contractual adjustments and bad debts Both gross revenue and costs are based on charges at date/time of service Community health improvement services and community benefit operations costing methodology The costs for these programs were derived from the actual costs incurred in these areas Subsidized health services costing methodology The expenditures are determined based on actual invoices or dollar amounts spent and charged to these departments, reduced by any grant revenues restricted for these services, if any Research costing methodology Research expenses were taken from the income and expense statements for the research departments, derived from the accounting system Cash and In-Kind contributions to community groups costing methodology Contribution expenditures are based on actual invoices that were captured and reported for this program, derived from the accounting system

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	BAD DEBT EXPENSE IS REPORTED BASED ON THE ORGANIZATION'S FINANCIAL STATEMENT REPORTING

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	SSM Health Care of Wisconsin, Inc is part of the SSM Health consolidated audit The footnote that references bad debt expense in the December 31, 2016 consolidated audit is contained on page 18 and 19 of the attached financial statements

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	SSM Health Care of Wisconsin, Inc. has established a written credit and collection policy and procedures. The billing and collection policies and practices reflect the mission and values of SSM Health, including our special concern for people who are poor and vulnerable. SSM Health Care of Wisconsin embraces its responsibility to serve the communities in which it participates by establishing sound business practices. SSM Health Care of Wisconsin's billing and collection practices will be fairly and consistently applied. All staff and vendors are expected to treat all patients consistently and fairly regardless of their ability to pay. They respond to patients in a prompt and courteous manner regarding any questions about their bills and provide notification of the availability of financial assistance. All uninsured patients will be provided a standard discount for medically necessary inpatient and outpatient services, including services provided at off-campus outpatient sites. The hospital determined the amount of the discount based on the local managed care market, applicable statutory requirements and other relevant local circumstances. The rate must be no less than the lowest effective discount rate and no greater than the highest effective discount rate for the current managed care contracts of the hospital. Uninsured patients may also qualify for an additional discount based upon financial need under the system financial assistance policy. All accounts due from the patient will receive a statement after discharge or after final adjudication from patient's insurance. Generally the patient will receive 4 months (120 days) of in-house collection efforts (including early out vendors) and 12 months of bad debt collection efforts. The hospital will make Reasonable Efforts to determine FAP eligibility including: 1. The financial assistance summary will be included with each billing statement. 2. Extraordinary Collection Activity (ECAs) may not occur until bad debt placement and only after the expiration of the notification period. 3. ECAs must be suspended if a guarantor submits a FAP application during the application period. 4. Reasonable measures must be taken to reverse ECAs if the application is approved which may include refunding any payments made in excess of amounts owed as an FAP-eligible individual. 5. Bad Debt vendors will gain written approval from SSM prior to engaging in ECAs. SSM will review the accounts and verify satisfactory completion of reasonable efforts during the notification and application period. A waiver is not considered reasonable efforts. Obtaining a signed waiver that an individual does not wish to apply for FAP assistance or receive FAP application information will not meet the requirement to make "reasonable efforts" to determine whether the individual is FAP-eligible before engaging in ECAs. All outside collection agencies must comply with state and federal laws, comply with the association of credit and collection professional's code of ethics and professional responsibility and comply with SSM Health Care of Wisconsin's collection and financial assistance policies.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	
Schedule H, Part V, Section B, Line 16b FAP Application website	A - SSM Health St Mary's Hospital - Madison Line 16b URL https //www ssmhealth com/for-patients/financial-assistance , B - SSM Health St Clare Hospital - Baraboo Line 16b URL https //www ssmhealth com/for-patients/financial-assistance , C - SSM Health St Mary's Hospital - Janesville Line 16b URL https //www ssmhealth com/for-patients/financial-assistance ,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	
Schedule H, Part VI, Line 2 Needs assessment	SSM Health (SSM) participates in Community Benefit according to our vision, Through our participation in the healing ministry of Jesus Christ, communities, especially those that are economically, physically, and socially marginalized, will experience improved health in mind, body, spirit and environment. In the tradition of our founders, the Franciscan Sisters of Mary, caring for those in greatest need remains our organizational priority. Today our System Board monitors Community Benefit efforts, and views achievement of our vision as a primary responsibility. The purpose of SSM's Community Benefit program is to assess and address community health needs. Making our communities healthier in measurable ways is always our goal. To fulfill this commitment, SSM's Community Benefit is divided into two parts: 1) Community Health Needs Assessment (CHNA), and 2) Community Benefit Inventory for Social Accountability (CBISA). The CHNA is an assessment and prioritization of community health needs and the adoption and implementation of strategies to address those needs. A CHNA is conducted every three years by each hospital according to the following steps: * Assess and prioritize community health needs. * Gather CHNA data from secondary sources, obtain input from stakeholders representing the broad interests of the community through interviews and focus groups, use data to select top health priorities, and complete written CHNA. * Develop, adopt, and implement strategies to address top-health priorities. * Establish strategies to address priorities, complete Strategic Implementation Plan, obtain Regional/Divisional Board approval, and integrate strategies into operational plan. * Make CHNA widely available to the public. * Publish CHNA and summary document on hospital's website. * Monitor, track, and report progress on top health priorities. * Collect data and evaluate progress, report to Regional/Divisional Board every six months and System Board every year, share findings with community stakeholders, and send results to finance for submission to the Internal Revenue Service (IRS). CBISA is the gathering, collecting, and reporting of all data relating to community benefit activities and programs across the System. A CBISA is conducted every year by each hospital according to the following steps: * Collect and enter data. * Send out emails reminding staff to submit activities, enter data into Lyon, and run reports to share with leaders. * Finalize and report on prior year. * Enter all prior year data into Lyon by January 31, and communicate final prior year figures to IRS, System Board, and the community. System Office staff and leaders oversee and monitor SSM's Community Benefit Program, and ensure reporting is in compliance with IRS regulations. In collaboration with community stakeholders and partner organizations, all hospital CHNAs were completed, approved, and integrated into the organization's strategic plan. We continue to monitor and assess the progress of our local efforts in the spirit of caring for others and improving community health.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	
Schedule H, Part VI, Line 4 Community information	SSM Health St Mary's Hospital - Madison St Mary's Hospital serves Dane County which is located in south-central Wisconsin, is home to Wisconsin's state capitol, Madison, and Wisconsin's flagship public university, the University of Wisconsin-Madison. Dane County is the second most densely populated county in Wisconsin and Madison is the second largest city in the state. The population of Dane County grew 14.4% between 2000 and 2010 bringing the population to 488,073. Dane County has more ethnic diversity, a larger percentage of foreign-born residents (7.4%), and a larger percentage that speaks a language other than English in the home (11% in Dane County, 14.8% in Madison). Minorities are more concentrated in the City of Madison, with over half of all students in Madison public schools from racial/ethnic minority groups. The percent of the population that has at least a bachelor's degree is much higher in Dane County than in Wisconsin and the US. However, Dane County's current 86% high school graduation rate is one of the lowest among Wisconsin counties. The median household income for Dane County is \$60,519 and Madison's median household income is \$52,550. Despite the high median household income and relatively low unemployment rate (5.4%), Dane County is faced with an increasing number of people living in poverty, 11.6%. Additional detailed information on the St Mary's Hospital service area can be found on page 21 of the 2015 CHNA. SSM Health St. Clare Hospital - Baraboo St. Clare Hospital serves the Columbia and Sauk counties in Wisconsin. There are 38 zip codes in these counties, some of which straddle multiple counties. The hospital is located in Baraboo, Wisconsin with urgent care clinics in Lake Delton and Wisconsin Dells. In 2010, the St. Clare community had an estimated population of 118,809 persons, a 10.3 percent increase between 2000 and 2010. Of the hospital's discharges, 81% originated from the community, the majority from Sauk County. The community has a slightly higher proportion of residents aged 65 and older than Wisconsin as a whole. The distribution of race/ethnicity in our community is white/Caucasian 95%, black/African-American 1%, Hispanic 3%, other 1%. Sauk and Columbia counties experienced a poverty rate of 8.5% and 9.5%, respectively. Both are lower than the national and Wisconsin averages. The median household income was \$55,910 for Columbia County and \$50,390 for Sauk County. Additional detailed information on the St. Clare Hospital service area can be found on page 14 of the 2015 CHNA. SSM Health St Mary's Hospital - Janesville St Mary's Janesville's community is defined as Rock County, Wisconsin. There are 22 zip codes that are contained within or overlay the county. The hospital is located in Janesville, Wisconsin. In 2010, the St Mary's Janesville community had an estimated population of 160,221 persons, a 5.3 percent increase between 2000 and 2010. Rock County has a slightly higher proportion of people under 18 (25.1%) than Wisconsin as a whole. The distribution of race/ethnicity in the community is white/Caucasian 88%, black/African-American 5%, Hispanic 8%, other 1%. More than 13 percent of the residents reported having a disability which is slightly higher than the Wisconsin and national averages. Nearly 13% of Rock County residents aged 25 years or older did not graduate high school. As of 2010, the percent of people living in poverty was 12.8%. The median household income for the county is \$49,716. Additional detailed information on the St Mary's Janesville Hospital service area can be found on page 14 of the 2015 CHNA. The St Mary's campus includes an outpatient surgery center and an employee child care center. St Mary's also operates an off-site Adult Day Health Center, is part-owner of a home health care organization, and is affiliated with the St Mary's Care Center (skilled nursing facility) on Madison's southwest side. St Mary's Hospital in partnership with Dean Clinic has chosen to participate in a Medicare Accountable Care Organization Program. St Mary's Hospital offers a full range of inpatient and outpatient treatment and diagnostic services in primary care and nearly all specialties. St. Clare Hospital offers acute care services as well as a wide range of other services including chemical dependency treatment and hemodialysis. St Mary's Janesville also offers acute care services. Medical/surgical areas of special focus include Dean & St Mary's Cardiac Center, Family Birth Center, Pediatrics, Neuroscience Center, Geriatrics, Orthopedics, and Emergency Services.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	
Schedule H, Part VI, Line 6 Affiliated health care system	SSM HEALTH CARE OF WISCONSIN (SSMHC/WI) IS A COMPREHENSIVE NOT-FOR- PROFIT CATHOLIC HEALTH CARE SYSTEM PROVIDING HEALTH CARE SERVICES TO RESIDENTS OF AND VISITORS TO AN 18-COUNTY AREA IN SOUTH-CENTRAL WISCONSIN SSMHC/WI, WITH HEADQUARTERS IN MADISON, WI, IS SPONSORED BY SSM HEALTH MINISTRIES AND IS OWNED AND OPERATED BY SSM HEALTH (SSMH) BASED IN ST LOUIS , MISSOURI SSMHC/WI PROVIDES HEALTH CARE SERVICES AT THREE WHOLLY-OWNED ACUTE CARE HOSPITALS, ST MARY'S HOSPITAL IN MADISON, ST CLARE HOSPITAL IN BARABOO AND ST MARY'S JANESVILLE HOSPITAL IN JANESVILLE, AS WELL AS AT TWO NURSING HOMES - ST MARY'S CARE CENTER IN MADISON AND ST CLARE MEADOWS IN BARABOO

990 Schedule H, Supplemental Information

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

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 43-0688874
Name: SSM Health Care of Wisconsin Inc

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 3											
1	SSM Health St Mary's Hospital - Madison 700 SOUTH PARK STREET MADISON, WI 53715 www.stmarysmadison.com 71	X	X		X			X			A
2	SSM Health St Clare Hospital - Baraboo 707 FOURTEENTH STREET BARABOO, WI 53913 www.stclare.com 65	X	X		X			X			B
3	SSM Health St Mary's Hospital - Janesville 3900 E RACINE ST JANESVILLE, WI 53546 www.stmarysjanesville.com 318	X	X		X			X			C

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	Facility A, 1 - SSM Health St Mary's Hospital - Madison The Healthy Dane Collaborative recognizes that a community health improvement plan starts with a deep understanding of the issues affecting our health and the assets available to use to improve health related outcomes The HDC developed a 32-question community perception survey, which can be found starting on page 26 of the CHNA The survey was distributed to a variety of social service and not-for-profit agencies, listed on page 20 of the CHNA, as well as these organization's clients and networks The survey was also sent to county school districts and city and county governments In addition to the community perception survey, focus groups were conducted with key stakeholders, community partners and advocates These focus groups utilized a data placemat strategy, which engages participants and guides discussion around specific topics with thematically grouped data using charts, graphs, tables and quotes in an easy-to-understand format Additional information on the process of gathering input from persons who represent the broad interests of the community served can be found starting on page 8 of the CHNA

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 1	Facility A, 1 - SSM Health St Mary's Hospital - Madison Three other hospital organizations participated in the Healthy Dane Collaborative Meriter - UnityPoint Health, Stoughton Hospital, and University of Wisconsin hospitals and clinics

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility A, 1	Facility A, 1 - SSM Health St Mary's Hospital - Madison Other participants in the CHNA process included Public Health Madison, Dane County Health Council, and the Group Health Cooperative of South Central Wisconsin Members of the Dane County Health Council include Access Community Health Centers, Dane County Human Services, Dean Health System, Madison Metropolitan School District, United Way of Dane County, University of Wisconsin Medical Foundation, and Wisconsin Alliance for Women's Health

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	Facility A, 1 - SSM Health St Mary's Hospital - Madison SSM Health's mission statement is "Through our exceptional health care services, we reveal the healing presence of God." In 2015, in collaboration with our community partners, SSM Health St Mary's Hospital - Madison conducted a Community Health Needs Assessment (CHNA) and developed a strategic implementation plan for the 2016-2018 cycle. The strategic priorities we will address over the next three years include mental health, chronic disease, and maternal/child health. The SSM Health Wisconsin Regional Board approved this CHNA on November 3, 2015. SSM Health St Mary's Hospital - Madison last conducted a CHNA in 2012. The SSM Health St Mary's Hospital - Madison 2016 - 2018 CHNA indicated mental health a top health priority, pointing out a disconnect between the perception of the problem and the true impact of mental health. Of 2,120 community perception survey respondents, 62% identified mental health as a top issue. Forty-one percent of respondents needed mental health services within the past two years, with close to one in five saying they couldn't afford the visit for services. Furthermore, depression in the Medicare population was 16.5% in 2015, compared to 15.6% in the state and 15.4% in the nation. The following goals were achieved in 2016 to address mental health - Goal: Decrease the suicide rate from 12.7 deaths per 100,000 persons to 12.0 per 100,000 persons, with a focus on disproportionately-affected populations, rate was reduced to 12.3 in 2016 - Goal: Reduce the number of mental health admissions at St Mary's with a suicide ideation as primary or secondary diagnosis by 5% from 451 in 2015 to 428 in 2018, the admissions goal was met in 2016. The SSM Health St Mary's Hospital - Madison 2016 - 2018 CHNA indicated chronic disease as a community-wide burden, more highly concentrated among high-risk populations that are more vulnerable due to material deprivation, psychosocial stress, risk behaviors, unhealthy living conditions, and limited access to good-quality health care. Cardiovascular diseases are the major causes of mortality in persons with diabetes and hypertension. The following goals were set in 2016 to address chronic disease - Goal: Reduce the number of hospital admissions due to uncontrolled hypertension at St Mary's by 5% between 2016 and 2018, admissions in 2016 were 7,289 - Goal: Decrease the number of emergency department visits for uncontrolled diabetes at St Mary's by 2% between 2016 and 2018, number of ER visits in 2016 was 880. The SSM Health St Mary's Hospital - Madison 2016-2018 CHNA indicated maternal and child health as an important public health goal for the United States, since the success impacts the well-being of the next generation and can help predict future public health challenges for families, communities and the health care system. Current data indicates significant disparities in maternal and child health for special populations, with

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	th some trends getting worse in the local area - for mothers who smoked during pregnancy, low-income preschool children who are obese, those with pediatric asthma The following go als were outlined in 2016 to address diabetes - Goal Increase the percentage of mothers who receive early prenatal care, with a focus on those populations disproportionately affe cted, from 76 1% to 78%, 81% of mothers received early prenatal care in 2016 - Goal Redu ce the number of babies born with very low birthweight at St Mary's Hospital by 2% betwee n 2016 and 2018, number of babies born with very low birthweight decreased over 20% from b aseline to 45 in 2016 Prior to the review of the data collected by the CHNA process, a li st of criteria was developed to aid in the selection of priority areas During the data-re view process, attention was directed to health issues that met any of these criteria Afte r review and consideration of data, the collaborative identified 12 health issues that sho wed evidence of need in the community Additional information concerning this process can be found on page 16 of the CHNA With the top 12 community- specific health issues identif ied, the collaborative evaluated each issue utilizing a prioritization process which inclu ded input from community members to determine the top community health needs The CHNA-Ide ntified health needs process can be found on pages 19 of the 2015 CHNA

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility B, 1	Facility B, 1 - SSM Health St. Clare Hospital - Baraboo. Along with collecting and analyzing data from the Sauk County Health and Wellness Coalition survey and online data sources, SSM Health St. Clare Hospital - Baraboo held two key informant meetings with stakeholders representing the broad interests of the hospital's community. The groups included public health officials and subject matter experts, local law enforcement, as well as St. Clare-affiliated clinicians, administrators and staff. The questions asked were related to general community issues and concerns, issues in the community that promote poor health, issues related to health care access and perceptions of local community health care. Stakeholder rankings of health priorities were taken into consideration to choose the final top three priorities. Additional information on the process of gathering input from persons who represent the broad interests of the community served can be found starting on page 8 of the CHNA.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility B, 1	Facility B, 1 - SSM Health St Clare Hospital - Baraboo SSM Health St Clare Hospital - Baraboo collaborated with Sauk County Health & Wellness Coalition, whose other hospital member included Reedsburg Area Medical Center

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility B, 1	Facility B, 1 - SSM Health St Clare Hospital - Baraboo SSM Health St Clare Hospital - Baraboo collaborated with Sauk County Health & Wellness Coalition, whose non-hospital members include the Sauk County Health Department, University of Wisconsin-Extension, and Sauk Prairie Health Care

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility B, 1	Facility B, 1 - SSM Health St. Clare Hospital - Baraboo. SSM Health's mission statement is "Through our exceptional health care services, we reveal the healing presence of God." In 2015, in collaboration with our community partners, SSM Health St. Clare Hospital - Baraboo conducted a Community Health Needs Assessment (CHNA) and developed a strategic implementation plan for the 2016-2018 cycle. The strategic priorities we will address over the next three years include mental health, chronic disease, and obesity. The SSM Health Wisconsin Regional Board approved this CHNA on November 3, 2015. SSM Health St. Clare Hospital - Baraboo last conducted a CHNA in 2012. The SSM Health St. Clare Hospital - Baraboo 2016 - 2018 CHNA indicated mental health is a major public health concern, and according to the National Institute of Mental Health, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Suicide is the 11th leading cause of death in the U.S., accounting for approximately 30,000 Americans each year. The main concern with mental health in the community is limited access and the lack of mental health facilities, with many patients having to drive hours for treatment. The following goals were outlined in 2016 to address mental health, with initial performance measures set to be released in 2017 - Goal: Reduce the death rate due to suicide from 11.8 deaths per 100,000 to 11.2 deaths per 100,000 by 2018 in Sauk County, and in Columbia County from 23.7 deaths per 100,000 to 23.0 deaths per 100,000 by 2018 - Goal: Decrease the number of poor mental health days in Sauk County from 3.5 in 2014 to 3.0 in 2018, and in Columbia County from 3.3 in 2014 to 2.8 in 2018 - Goal: Reduce the number of mental health patients inpatient or outpatient at St. Clare Hospital with a suicidal attempt or ideation as a primary or secondary diagnosis from 23 per year ending 2015 to 21 by 2018. The SSM Health St. Clare Hospital - Baraboo 2016- 2018 CHNA determined chronic disease to be a top health priority, particularly for high-risk populations. As of 2012, approximately half of all American adults, 117 million people, had one or more chronic health conditions. Heart disease and cancer account for nearly 48% of all deaths in the U.S. 25.4% of Sauk County and 24.3% of Columbia County adults have high blood pressure, and 65.8% of Sauk County and 46.1% of Columbia County adults have high cholesterol. The following goals were set in 2016, with initial performance measures set to be released in 2017 - Goal: Reduce the number of age-adjusted deaths due to heart disease in Sauk County from 113.1 deaths per 100,000 persons to 112.5 by 2018 and in Columbia County from 88.3 deaths per 100,000 to 87.7 by 2018 - Goal: Reduce the number of heart failure readmissions to St. Clare Hospital from Sauk and Columbia Counties from 15 in 2015 to 13 by 2018 - Goal: Reduce the number of age-adjusted deaths due to diabetes in Sauk County.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility B, 1	rom 17 6 deaths per 100,000 to 17 1 deaths per 100,000 in 2018 and in Columbia County from 18 0 deaths per 100,000 to 17 5 per 100,000 in 2018 The SSM Health St Clare Hospital - Baraboo 2016-2018 CHNA cited obesity as a chief concern in the region, with the disorder associated with illnesses directly caused or worsened by significant weight Throughout th e U S , the number of individuals considered overweight or obese continues to rise, furthe r contributing to the rise in rate of other diseases and taxing the health care system In dividual lack of interest in physical activity is a main contributor to the obesity crisis The following goals were set in 2016, with initial performance measures set to be releas ed in 2017 - Goal Reduce the percentage of adults with a Body Mass Index over 30 in Sauk County from 28 1% in 2015 to 27 1% by 2018 and in Columbia County from 34 8% in 2015 to 3 2 8% by 2018 - Goal Reduce the percentage of Sauk County residents who are sedentary fro m 34 2% to 33 5% by 2018 and in Columbia County from 24 9% to 24 0% by 2018 - Goal Reduc e the number of emergency department visits at St Clare Hospital for uncontrolled diabete s from Sauk and Columbia county residents from 348 in 2015 to 336 in 2018 Based on an ana lysis of the primary data collected, the CHNA identified the priority community health nee ds of the hospital's service area A complete list of identified needs listed by category in alphabetical order can be found on page 7 of the CHNA St Clare Hospital then applied a ranking methodology to help prioritize the community health needs identified by the asses sment Additional information on the prioritization process and criteria can be found on p age 23 of the 2015 CHNA

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility C, 1	Facility C, 1 - SSM Health St Mary's Hospital - Janesville SSM Health St Mary's Hospital - Janesville distributed a survey to over 70 individuals with a range of expertise including public health officials, educators, public servants and clinicians, all considered key public health informants in the community The 38 responses received answered questions on Rock County's greatest health needs, barriers to health care, and their vision of a healthy community A list of selected informants can be found on page 20 of the CHNA, and additional information on the process of gathering input from persons who represent the broad interests of the community served can be found starting on page 8 of the CHNA

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility C, 1	Facility C, 1 - SSM Health St Mary's Hospital - Janesville SSM Health St Mary's Hospital - Janesville collaborated with the following hospital facilities Beloit Health System, and Mercy Health System

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility C, 1	Facility C, 1 - SSM Health St Mary's Hospital - Janesville SSM Health St Mary's Hospital - Janesville collaborated with the following organization not licensed as a hospital HealthNet of Rock County

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility C, 1	Facility C, 1 - SSM Health St Mary's Hospital - Janesville SSM Health's mission statement is "Through our exceptional health care services, we reveal the healing presence of God." In 2015, in collaboration with our community partners, SSM Health St Mary's Hospital - Janesville conducted a Community Health Needs Assessment (CHNA) and developed a strategic implementation plan for the 2016-2018 cycle. The strategic priorities we will address over the next three years include fall prevention, smoking, and obesity. The SSM Health Wisconsin Regional Board approved this CHNA on November 3, 2015. SSM Health St Mary's Hospital - Janesville last conducted a CHNA in 2012. The SSM Health St Mary's Hospital - Janesville 2016- 2018 CHNA revealed fall prevention as a top priority. Each year, thousands of older Americans fall at home, with falls being a significant cause of injury in all ages of the U.S. populations. One-third of people over age 65 will experience a fall-related injury every year, and 6% of these falls were serious enough to require hospitalization. The following goals were set in 2016 to address obesity - Goal: Decrease the age-adjusted death rate due to falls in Rock County from 17.7 deaths per 100,000 in 2015 to 16.5 in 2018, the age-adjusted death rate in 2016 was 19.4 - Goal: Decrease emergency department visits due to falls at St Mary's Janesville from 48.1 people per 1,000 to 47 people per 1,000 by 2018, in 2016 ED visits were measured at 42.8 per 1,000 people. The SSM Health St Mary's Hospital - Janesville 2016- 2018 CHNA revealed reducing cigarette smoking and tobacco use as a top priority. The Bureau of Tobacco, a collaborative report of the University of Wisconsin Tobacco Surveillance and Evaluation Program, American Cancer Society, and the Wisconsin Division of Public Health reports that smoking was directly related to 17% of deaths in Rock County. Approximately 232 individuals die annually of illnesses directly related to smoking in Rock County. The following goals were outlined in 2016 to address smoking and tobacco use - Goal: Reduce the percentage of adults who smoke in Rock County from 17.6% in 2015 to 16.7% by 2018, in 2016 adults smoked at a rate of 20.3% - Goal: Reduce the percentage of pregnant mothers who smoke in Rock County from 17.6% in 2015 to 16.5% by 2018, the rate at which pregnant mothers smoked fell to 16.4% in 2016 - Goal: Increase referrals resulting in enrollments in smoking-cessation programs among Dean Health Plan patients from 11 in 2015 to 14 by 2018. 9 individuals were enrolled in 2016. The SSM Health St Mary's Hospital - Janesville 2016- 2018 CHNA revealed obesity as a widespread health concern, with the disorder associated with illnesses directly caused or worsened by significant weight. Throughout the U.S., the number of individuals considered overweight or obese continues to rise, further contributing to the rise in rate of other diseases and taxing the health care system. Lifestyle compli

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility C, 1	cations that lead to increased risk of obesity include physical inactivity combined with u nhealthy diet and eating habits, and often affect minorities and those living under financ ial distress in greater numbers The following goals were decided in 2016 to address obesi ty, with initial progress measures coming in 2017 - Goal Reduce the percentage of Rock C ounty adult residents who are sedentary from 23 8% in 2015 to 22% by 2018 - Goal Decreas e the percentage of low-income obese preschool children in Rock County from 16 7% to 16% b y 2018 - Goal Reduce the percentage of adults with a Body Mass Index over 30 in Rock Cou nty from 37 2 % in 2015 to 35 7% in 2018 Based on an analysis of the primary data collect ed, the CHNA identified the priority community health needs of the hospital's service area A complete list of identified needs listed by category in alphabetical order can be foun d on page 7 of the CHNA SSM Health St Mary's Hospital - Janesville then applied a rankin g methodology to help prioritize the community health needs identified by the assessment Additional information on the prioritization process and criteria can be found on page 19 of the 2015 CHNA

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
SSM Health Care of Wisconsin Inc

Employer identification number
43-0688874

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to 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

(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

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

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 PROCEDURES USED TO MONITOR THE USE OF GRANT FUNDS VARIES BASED ON THE GRANT RECIPIENT GRANTS TO RELATED ENTITIES ARE MONITORED DIRECTLY BY THE ORGANIZATION WHEREBY THE RECIPIENT REPORTS ON THE SPECIFIC USE OF THE FUNDING FOR GRANTS TO UNRELATED ENTITIES, THE ORGANIZATION UTILIZES THE COMMUNITY BENEFIT INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA) TO TRACK, STORE, AND REPORT A WIDE RANGE OF INFORMATION RELATED TO GRANTS AND OVERALL COMMUNITY IMPACT

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 43-0688874
Name: SSM Health Care of Wisconsin Inc

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
Roman Catholic Diocese of Madison Inc 702 South High Point Road Madison, WI 53719	39-0852862	501(C)(3)	250,000				To support diocese operations
Bethlehem Lutheran Church W 8267 Hwy 33 Portage, WI 53901	39-1045809	501(C)(3)	6,000				Parish nurse grant

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
St Joseph's Catholic Parish 300 2nd Street Baraboo, WI 53916	39-0810558	501(C)(3)	8,000				Parish nurse grant

Schedule J
(Form 990)

OMB No 1545-0047

2015

Open to Public Inspection

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.

Name of the organization
SSM Health Care of Wisconsin Inc

Employer identification number
43-0688874

Part I

Questions Regarding Compensation

	Yes	No
1a Check the 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. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	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. ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee		
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?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed 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?		No
If "Yes," on line 5a or 5b, describe in Part III.		
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?		No
If "Yes," on line 6a or 6b, describe in Part III.		
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
See Additional Data	

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 43-0688874
Name: SSM Health Care of Wisconsin Inc

Part III, Supplemental 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 2016 These payments were included in their taxable compensation Kansas Dubray \$150

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	The organization's top management official, regional president, is compensated by a related organization that utilized the following to determine compensation (1) independent compensation consultant, (2) compensation survey or study, (3) approval by the board or compensation committee

Part III, Supplemental Information

Return Reference	Explanation
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: Frank Byrne \$335,305; Kristin McManmon \$175,460; Gaurav Dayal, MD \$737,461.

Part III, Supplemental Information

Return Reference	Explanation
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 2016 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 2016 All distributions received from the plan in the current year were included in the individuals' taxable compensation William Thompson \$76,098 June Pickett \$18,727 Kristin McManmon \$25,657 Linda Statz \$5,608 During 2016, the following individuals participated in a supplemental nonqualified retirement plan from the organization or a related organization The amounts reported below represent the change in accrued benefit for each individual Christopher Howard \$257,997 William Thompson \$3,108 Shane Peng, MD \$9,669 Damond Boatwright \$3 314 Laura Bowers \$49,621 Paula Friedman \$276,866 June Pickett (\$11,000) Kris Zimmer \$201,583 Jonathan Lewis \$2,135 Ginger Selle \$2,373 Linda Statz \$70,305 Kerry Swanson \$30,029 Laura Jelle \$84,648 Laura Walczak \$4,689 Larry Hegland \$17,931 Jonathan Rozenfeld \$55,408 Joan Bachleitner \$11,406 Virginia Malone \$5,736 Kansas Dubray \$19,939 David Jarvis \$7,005 John Stapelman \$37,867 Kari Heyn \$8,257 Jennifer Orkfritz \$3,982 Frank Byrne, MD \$102,134 Kristin McManmon \$63,821

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				
1 Chnstopher Howard Chair, Pres-Hospital Operations of SSM Health	(i)	0	0	0	0	0	0	0
	(ii)	872,531	157,325	99,779	369,852	-	-	157,325
						34,474	1,533,961	
1 William Thompson Vice Chair, President/CEO of SSM Health	(i)	0	0	0	0	0	0	0
	(ii)	1,010,243	384,123	338,069	221,076	-	-	460,221
						21,526	1,975,037	
2 Gaurov Dayal MD Former Director	(i)	0	0	0	0	0	0	0
	(ii)	-34	0	739,237	0	-	-	0
						12,719	751,922	
3 Jane Pearson MD Pt Yr Director	(i)	0	0	0	0	0	0	0
	(ii)	279,082	0	73,578	0	-	-	0
						6,324	358,984	
4 Shane Peng MD Pres-Physician & Ambulatory Services	(i)	0	0	0	0	0	0	0
	(ii)	767,253	117,512	33,983	108,924	-	-	117,512
						38,550	1,066,222	
5 John Phelan MD Director	(i)	0	0	0	0	0	0	0
	(ii)	709,528	0	53,612	11,925	-	-	0
						31,384	806,449	
6 John Rose MD Pt Yr Director	(i)	0	0	0	0	0	0	0
	(ii)	489,501	0	52,645	11,925	-	-	0
						16,622	570,693	
7 Amy Daley MD Director	(i)	0	0	0	0	0	0	0
	(ii)	308,959	0	47,236	11,925	-	-	0
						29,334	397,454	
8 Damond Boatwright Regional President	(i)	0	0	0	0	0	0	0
	(ii)	577,001	81,900	29,285	78,732	-	-	81,900
						9,361	776,279	
9 Steven Caldwell System Vice President- Finance	(i)	0	0	0	0	0	0	0
	(ii)	524,314	31,205	153,827	54,122	-	-	0
						27,221	790,689	
10 Paula Friedman Vice President, Senior VP- Strategic Development SSM Health	(i)	0	0	0	0	0	0	0
	(ii)	705,000	114,197	121,493	368,230	-	-	114,197
						20,459	1,329,379	
11 June Pickett Secretary	(i)	0	0	0	0	0	0	0
	(ii)	229,851	19,802	31,890	10,977	-	-	19,802
						24,587	317,107	
12 Kris Zimmer Treasurer, Senior VP-Finance SSM Health	(i)	0	0	0	0	0	0	0
	(ii)	870,802	148,371	86,204	310,798	-	-	148,371
						33,312	1,449,487	
13 Frank Byrne MD Former Key Employee	(i)	0	0	0	0	0	0	0
	(ii)	0	0	397,327	102,134	-	-	0
						10,779	510,240	
14 Kristin McManmon Former Key Employee	(i)	9,654	22,648	204,379	63,821	6,709	307,211	0
	(ii)	0	0	0	0	-	-	0
						0	0	
15 Jonathan Lewis VP Operations	(i)	193,113	13,631	1,595	13,009	33,014	254,362	13,631
	(ii)	0	0	0	0	-	-	0
						0	0	
16 Ginger Selle VP Patient Care-St Clare	(i)	147,952	12,707	2,651	10,908	29,130	203,348	12,707
	(ii)	0	0	0	0	-	-	0
						0	0	
17 Linda Statz Regional VP-Employee Experience	(i)	0	0	0	0	0	0	0
	(ii)	249,673	18,224	13,335	90,591	-	-	23,832
						32,338	404,161	
18 Kerry Swanson Hospital President-St Mary's Janesville	(i)	0	0	0	0	0	0	0
	(ii)	289,024	36,582	16,471	57,653	-	-	36,582
						32,740	432,470	
19 Laura Jelle Hospital President-St Clare	(i)	0	0	0	0	0	0	0
	(ii)	221,422	20,159	15,648	105,925	-	-	20,159
						5,880	369,034	

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				
21Laura Walczak VP Patient Care-St Mary's Janesville	(i)	165,118	15,450	20,820	14,818	20,454	236,660	15,450
	(ii)	0	0	0	0	0	0	0
1Larry Hegland Regional Chief Medical Officer	(i)	390,006	22,180	21,797	53,250	11,274	498,507	22,180
	(ii)	0	0	0	0	0	0	0
2Jonathan Rozenfeld Hospital President - St Mary's	(i)	0	0	0	0	0	0	0
	(ii)	450,988	27,563	38,010	97,321	30,465	644,347	27,563
3Joan Bachleitner System VP-Strategy & Business Development	(i)	0	0	0	0	0	0	0
	(ii)	241,949	28,854	11,167	37,322	23,816	343,108	28,854
4Lon McPherson VP-Medical Affairs	(i)	299,556	0	12,159	17,120	23,441	352,276	0
	(ii)	0	0	0	0	0	0	0
5Tom Ter Horst System VP-Human Resources	(i)	0	0	0	0	0	0	0
	(ii)	151,098	0	58,695	24,153	17,508	251,454	0
6Virginia Malone VP Patient Services-St Mary's	(i)	248,190	18,992	22,512	20,564	29,898	340,156	18,992
	(ii)	0	0	0	0	0	0	0
7Kansas Dubray Physician	(i)	273,813	0	2,531	19,939	13,393	309,676	0
	(ii)	0	0	0	0	0	0	0
8David Jarvis Physician	(i)	229,962	0	1,174	10,465	34,710	276,311	0
	(ii)	0	0	0	0	0	0	0
9John Stapelman CRNA Clinical Supervisor	(i)	218,295	0	19,531	41,382	23,894	303,102	0
	(ii)	0	0	0	0	0	0	0
10Kari Heyn Anesthetist	(i)	223,170	0	10,080	11,535	28,657	273,442	0
	(ii)	0	0	0	0	0	0	0
11Jennifer Orkfritz Physician	(i)	235,508	0	1,515	7,406	30,340	274,769	0
	(ii)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493314017087
SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization SSM Health Care of Wisconsin Inc	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
			2016 Open to Public Inspection
		Employer identification number 43-0688874	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Description of Program Service	Briefly describe the corporation'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 8-member body comprised of three Franciscan Sisters of Mary and five 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. About SSM Health Care of Wisconsin: SSM Health Care of Wisconsin provides health care services at three wholly-owned acute care hospitals, St. Mary's Hospital in Madison, St. Clare Hospital in Baraboo and St. Mary's Janesville Hospital in Janesville, as well as at two nursing homes - St. Mary's Care Center in Madison and St. Clare Meadows in Baraboo. SSM Health Care of Wisconsin, including its three wholly owned hospitals and two nursing homes, earned Wisconsin's highest recognition of quality business practices in 2013: the Excellence Level of the Wisconsin Forward Award. The honor remains in effect for five years. SSM Health Care of Wisconsin, in partnership with Dean Clinic, also earned recognition as a finalist for OrthoServiceLine.com's Ortho Transformation Award. The award highlighted the Steady Strides Joint Replacement Program which is available at all three acute care hospitals. St. Mary's is a 440-bed tertiary referral hospital offering inpatient and outpatient treatment and diagnostic services in primary care and nearly all specialties. The campus includes an outpatient surgery center and an employee child care center. St. Mary's also operates an off-site Adult Day Health Center, is part-owner of a home health care organization, and is affiliated with the St. Mary's Care Center (skilled nursing facility) on Madison's southwest side. St. Mary's Hospital in partnership with Dean Clinic has chosen to participate in a Medicare Accountable Care Organization Program. St. Mary's Hospital offers a full range of inpatient and outpatient treatment and diagnostic services in primary care and nearly all specialties. St. Mary's also attained an elite status in 2011 when it was design

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Description of Program Service	ated as a Magnet hospital for the third time in a row. Less than 1% of the nation's 6,000 hospitals have done the same. Magnet hospitals are considered "the gold standard" of nursing. Their emphasis on quality, innovation and collaboration tends to lead to better outcomes, high patient satisfaction and a more stable workforce. St. Clare Hospital offers acute care services as well as a wide range of other services including chemical dependency treatment and hemodialysis. St. Clare also offers cardiac rehabilitation, orthopedics, women's services, and older adult services and senior living. St. Clare Meadows Care Center, an affiliate of St. Clare Hospital, provides a variety of healthcare and living options for the elderly of the greater Baraboo and Sauk County area. The 102-bed Medicare and Medicaid skilled nursing facility providing 24-hour nursing care for temporary rehabilitation care or permanent care basis in an atmosphere that celebrates the needs of the individual. St. Mary's Janesville Hospital operates a 50-bed hospital and an adjacent physicians' office complex. The hospital serves its community through emergency services, inpatient and outpatient services, a sleep lab, radiology, cardiology rehabilitation, and palliative care consulting. Built in 2012, the medical campus provides all private rooms, electronic health records, and a state-of-the-art emergency department. 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Description of Program Service	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 Description of CHNA community benefit programs For more information on the CHNA community benefit programs provided by SSM Health Care of Wisconsin, please see Schedule H, Part V

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4b Description of Program Service (Cont)	Organizational description for tax exemption SSM Health Care of Wisconsin participates in a wide array of community programs throughout the area to further its exempt purpose of promoting the health of the community The community initiatives build on the strengths of our communities and systems to improve the quality of life and to create a sense of hope Community Benefit initiatives build community capacity and individual empowerment through community organizing, leadership development, partnerships, and coalition building Our Community Health programs provide compassionate and competent care while they promote health improvement by reaching directly into the community to ensure that low-income and under-served persons can access health care services Focusing on a broad definition of health, SSM Health Care of Wisconsin's hospitals, clinics and programs provide medical and mental health services, health education, health management, prevention, referrals, insurance enrollment and in-home primary care services and support, while fostering collaboration and incorporating Community Benefit strategies SSM Health Care of Wisconsin promotes grassroots advocacy and engages persons of influence to affect social and public policy change in order to promote both community health and healthy communities SSM Health Care of Wisconsin also furthers its exempt purpose with the following activities * Operates an emergency room that is open to all persons regardless of ability to pay, * Has an open medical staff with privileges available to all qualified physicians in the area, * Has a governing body in which independent persons representative of the community comprise a majority * Engages in the training and education of health care professionals, * Participates in Medicaid, Medicare, Champus, Tricare, and/or other government-sponsored health care programs * All surplus funds generated by SSMH entities are reinvested in improving our patient care delivery system Describe the corporation's financial assistance policies or programs (e g charity case, discounting) for low-income persons and how they are communicated to the public For information on the financial assistance policies provided by SSM Health Care of Wisconsin, please see Schedule H Quantifiable Uncompensated Care The following is a list of the types of programs and services that could be included as uncompensated care Traditional Charity Care \$ 5,299,514 Unpaid Cost of Medicaid \$ 33,313,940 Unpaid Cost of Medicare \$ 29,580,976 Unpaid Cost of Other Government Programs \$ 788,599 Cost of Bad Debts \$ 4,596,927 Total Quantifiable uncompensated care \$ 73,579,956

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 1a Common Paymaster	SSM Health Care Corporation, EIN 46-6029223, serves as the common paying agent for the filing organization, SSM Health Care of Wisconsin, Inc, EIN 43-0688874 Therefore, all applicable 1099 and 1096 IRS tax filings are reported by SSM Health Care Corporation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	THE SOLE MEMBER OF THE CORPORATION IS SSM HEALTH CARE CORPORATION SSM HEALTH CARE CORPORATION IS A NONPROFIT 501(C)(3) ORGANIZATION BOTH SSM HEALTH CARE OF WISCONSIN, INC AND SSM HEALTH CARE CORPORATION ARE PART OF THE INTEGRATED HEALTH CARE SYSTEM KNOWN AS SSM HEALTH

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	THE MEMBER HAS THE POWER TO APPOINT ADDITIONAL, SUCCESSOR OR REPLACEMENT MEMBERS AND TO APPOINT AND REMOVE THE APPOINTED DIRECTORS AND THE EX OFFICIO DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	THE MEMBER HAS THE FOLLOWING POWERS A TO ESTABLISH AND CHANGE THE MISSION, PHILOSOPHY AND VALUES OF THE CORPORATION B TO APPOINT ADDITIONAL, SUCCESSOR OR REPLACEMENT MEMBERS C TO APPOINT AND REMOVE THE APPOINTED DIRECTORS AND THE EX OFFICIO DIRECTORS D TO APPOINT AND REMOVE THE PRESIDENT OF THE CORPORATION AND THE CHIEF EXECUTIVE OFFICER OF ANY OPERATING DIVISION OF THE CORPORATION E TO APPROVE THE AMENDMENTS TO THE ARTICLES OF INCORPORATION OF THE CORPORATION AS PROVIDED THEREIN F TO APPROVE AMENDMENTS TO THE BYLAWS OF THE CORPORATION G TO APPROVE THE MERGER, CONSOLIDATION OR DISSOLUTION OF THE CORPORATION H TO APPROVE THE FORMATION OF A CONTROLLED SUBSIDIARY OR A REMOTELY CONTROLLED SUBSIDIARY I TO APPROVE THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION J TO APPROVE THE ACQUISITION OR DISPOSITION BY THE CORPORATION OF ANOTHER LEGAL ENTITY OR AN INTEREST IN ANOTHER LEGAL ENTITY K TO AUTHORIZE OR APPROVE THE ACQUISITION OR DISPOSITION BY THE CORPORATION OF REAL PROPERTY OR ANY INTEREST IN REAL PROPERTY L TO ESTABLISH CENTRALIZED EMPLOYEE BENEFIT, INSURANCE, INVESTMENT, FINANCING, CORPORATE RESPONSIBILITY, PERFORMANCE ASSESSMENT AND IMPROVEMENT AND OTHER OPERATIONAL AND SUPPORT PROGRAMS, TO REQUIRE THE PARTICIPATION OF THE CORPORATION IN SUCH PROGRAMS, AND TO AUTHORIZE THE OPENING AND CLOSING OF BANK ACCOUNTS AND INVESTMENT ACCOUNTS IN THE NAME OF THE CORPORATION IN CONNECTION WITH SUCH PROGRAMS M TO APPROVE THE STRATEGIC, FINANCIAL AND HUMAN RESOURCES PLAN OF THE CORPORATION N TO APPOINT THE AUDITOR AND CORPORATE COUNSEL FOR THE CORPORATION O TO AUTHORIZE AND APPROVE BORROWING MONEY AND ENTERING INTO FINANCIAL GUARANTIES BY THE CORPORATION, INCLUDING ACTIONS RELATING TO THE FORMATION, JOINING, OPERATION, WITHDRAWAL FROM AND TERMINATION OF A CREDIT GROUP OR AN OBLIGATED GROUP AND THE GRANTING OF SECURITY INTEREST IN THE PROPERTY OF THE CORPORATION P TO REQUIRE THE CORPORATION TO TRANSFER ASSETS, INCLUDING BUT NOT LIMITED TO CASH, TO THE MEMBER OR TO ANY ENTITY EXEMPT FROM FEDERAL INCOME TAX AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, OR THE CORRESPONDING PROVISION OF ANY FUTURE UNITED STATES INTERNAL REVENUE LAW, WHICH IS CONTROLLED BY THE MEMBER, TO THE EXTENT NECESSARY TO ACCOMPLISH THE MISSION, GOALS, AND OBJECTIVES OF THE MEMBER AS DETERMINED BY THE MEMBER Q TO APPROVE THE TRANSFER OF ASSETS BY THE CORPORATION TO ANY ENTITY OTHER THAN THE MEMBER, OTHER THAN TRANSFERS MADE IN THE ORDINARY COURSE OF OPERATIONS OF THE CORPORATION WHICH WILL NOT REQUIRE MEMBER APPROVAL, AND R TO DETERMINE THE EXTENT TO WHICH AND THE MANNER IN WHICH THE POWERS DESCRIBED IN THIS SECTION WHICH ARE RESERVED TO THE MEMBER WITH RESPECT TO THE CORPORATION ARE TO BE INCLUDED IN THE GOVERNING DOCUMENTS OF ANY CONTROLLED SUBSIDIARY, REMOTELY CONTROLLED SUBSIDIARY OR NON-CONTROLLED SUBSIDIARY AND EXERCISED WITH RESPECT TO ANY CONTROLLED SUBSIDIARY, ANY REMOTELY CONTROLLED SUBSIDIARY

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	ARY OR ANY NON-CONTROLLED SUBSIDIARY

990 Schedule O, Supplemental Information

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 RETURN IS THEN REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM WHO SIGNS AS PAID PREPARER THE RETURN IS PROVIDED 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY THE PRESIDENT AND SECRETARY TO THE BOARD OVERSEE COMPLIANCE WITH THIS REQUIREMENT ALL BOARD MEMBERS WITH AN IDENTIFIED CONFLICT OF INTEREST ABSTAIN FROM BOARD DISCUSSIONS AND VOTES WHEN APPLICABLE EMPLOYEES WITH PURCHASING AUTHORITY AND/OR ABILITY TO INFLUENCE PURCHASING DECISIONS ARE ASSIGNED THE CONFLICT OF INTEREST DISCLOSURE COURSE (COI) WHICH MUST BE COMPLETED ONLINE 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE YEAR-END AUDITED CONSOLIDATED FINANCE 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	All other revenue - Total Revenue 9494529, Related or Exempt Function Revenue 7028859, Unrelated Business Revenue 2458748, Revenue Excluded from Tax Under Sections 512, 513, or 514 6922,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 5 Compensation of current officers, directors, trustees, and key employees	The amounts reported on Form 990, Part IX, line 5, columns (B) and (C), include compensation for individuals that are paid by a related organization but whose compensation amounts are allocated to the filing organization. For this reason, the amounts on Part IX, line 5, will not tie back to Form 990, Part VII, Section A, column (D).

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Medical Physician, Practitioner, Psychiatrist, Resident, and Therapist - Total Expense 19220043, Program Service Expense 14283918, Management and General Expenses 4936125, Fundraising Expenses , Recruitment, Consulting, Administrative, and PBS Fees - Total Expense 22087199, Program Service Expense 5275399, Management and General Expenses 16783407, Fundraising Expenses 28393, Medical Lab, Radiology, Transportation - Total Expense 13973149, Program Service Expense 13854754, Management and General Expenses 118395, Fundraising Expenses ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Change in beneficial interest in foundations - 1391270, Transfers to affiliates - -267033430,

990 Schedule O, Supplemental Information

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493314017087	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 .				OMB No 1545-0047
					2016
	Department of the Treasury Internal Revenue Service	Name of the organization SSM Health Care of Wisconsin Inc			Employer identification number 43-0688874

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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.

See Additional Data Table

(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	

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.

See Additional Data Table

(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

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?

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

1a Yes

b Gift, grant, or capital contribution to related organization(s)

1b Yes

c Gift, grant, or capital contribution from related organization(s)

1c Yes

d Loans or loan guarantees to or for related organization(s)

1d Yes

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g Yes

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

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

1j Yes

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

1k Yes

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

1l Yes

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

1m Yes

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

1n Yes

o Sharing of paid employees with related organization(s)

1o Yes

p Reimbursement paid to related organization(s) for expenses

1p Yes

q Reimbursement paid by related organization(s) for expenses

1q Yes

r Other transfer of cash or property to related organization(s)

1r Yes

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

1s Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2016

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: 16000421
Software Version: 2016v3.0
EIN: 43-0688874
Name: SSM Health Care of Wisconsin Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 10101 Woodfield Lane St Louis, MO 63132 46-6029223	Health Care	MO	501(c)(3)	Type I	SSM Health Ministries		No
(1) 10101 Woodfield Lane St Louis, MO 63132 43-6331003	Insurance	MO	501(c)(3)	Type I	SSM Health Care Corporation		No
(2) 10101 Woodfield Lane St Louis, MO 63132 43-1473657	Health Care	MO	501(c)(3)	Type I	SSM Health Care Corporation		No
(3) 10101 Woodfield Lane St Louis, MO 63132 43-1788151	Health Care	MO	501(c)(4)		SSM Health Care Corporation		No
(4) 10101 Woodfield Lane St Louis, MO 63132 43-1825256	Management	MO	501(c)(3)	Type I	SSM Health Care Corporation		No
(5) 10101 Woodfield Lane St Louis, MO 63132 43-0738490	Health Care	MO	501(c)(3)	3	SSM Health Care St Louis		No
(6) 10101 Woodfield Lane St Louis, MO 63132 43-1754347	Fundraising	MO	501(c)(3)	7	SSM Cardinal Glennon Hospital		No
(7) 10101 Woodfield Lane St Louis, MO 63132 43-1776109	Fundraising	MO	501(c)(3)	7	SSM Health Care St Louis		No
(8) 10101 Woodfield Lane St Louis, MO 63132 43-1591556	Fundraising	MO	501(c)(3)	7	SSM Health Care St Louis		No
(9) 10101 Woodfield Lane St Louis, MO 63132 43-1273310	Fundraising	MO	501(c)(3)	7	SSM Health Care St Louis		No
(10) 10101 Woodfield Lane St Louis, MO 63132 43-1552945	Fundraising	MO	501(c)(3)	7	SSM Health Care St Louis		No
(11) 10101 Woodfield Lane St Louis, MO 63132 73-0657693	Health Care	OK	501(c)(3)	3	SSM Health Care Corporation		No
(12) 10101 Woodfield Lane St Louis, MO 63132 73-6104300	Fundraising	OK	501(c)(3)	7	SSM Health Care of Oklahoma		No
(13) 10101 Woodfield Lane St Louis, MO 63132 39-1613292	MOB	WI	501(c)(2)		SSM Health Care of Wisconsin	Yes	
(14) 10101 Woodfield Lane St Louis, MO 63132 43-1940686	Fundraising	WI	501(c)(3)	7	SSM Health Care of Wisconsin	Yes	
(15) 10101 Woodfield Lane St Louis, MO 63132 43-1940683	Fundraising	WI	501(c)(3)	7	SSM Health Care of Wisconsin	Yes	
(16) 2802 Walton Commons Lane Madison, WI 53718 39-1539827	Health Care	WI	501(c)(3)	10	SSM Health Care of Wisconsin	Yes	
(17) 2802 Walton Commons Lane Madison, WI 53718 39-1776340	Health Care	WI	501(c)(3)	10	SSM Health Care of Wisconsin	Yes	
(18) 2802 Walton Commons Lane Madison, WI 53718 39-1705111	Health Care	WI	501(c)(3)	10	SSM Health Care of Wisconsin	Yes	
(19) 2802 Walton Commons Lane Madison, WI 53718 39-1839309	Fundraising	WI	501(c)(3)	Type I	NA		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
(21) 10101 Woodfield Lane St Louis, MO 63132 44-0579850	Health Care	MO	501(c)(3)	3	SSM Health Care Corporation		No
(1) 10101 Woodfield Lane St Louis, MO 63132 43-1099253	Fundraising	MO	501(c)(3)	7	SSM Regional Health Services		No
(2) 10101 Woodfield Lane St Louis, MO 63132 43-1575307	Fundraising	MO	501(c)(3)	Type II	SSM Regional Health Services		No
(3) 10101 Woodfield Lane St Louis, MO 63132 43-0653587	Health Care	IL	501(c)(3)	3	SSM Regional Health Services		No
(4) 10101 Woodfield Lane St Louis, MO 63132 37-0662580	Health Care	IL	501(c)(3)	3	SSM Regional Health Services		No
(5) 10101 Woodfield Lane St Louis, MO 63132 36-4170833	Health Care	IL	501(c)(3)	Type I	SSM Regional Health Services		No
(6) 10101 Woodfield Lane St Louis, MO 63132 26-2884795	Fundraising	IL	501(c)(3)	7	St Mary's - Good Samaritan Inc		No
(7) 10101 Woodfield Lane St Louis, MO 63132 36-4636691	Fundraising	IL	501(c)(3)	7	St Mary's - Good Samaritan Inc		No
(8) 400 N Pleasant Centralia, IL 62801 23-7126345	Fundraising	IL	501(c)(3)	10	St Mary's Hospital Foundation		No
(9) 10101 Woodfield Lane St Louis, MO 63132 43-1333488	Health Care	MO	501(c)(3)	10	SSM Health Care Corporation		No
(10) 10101 Woodfield Lane St Louis, MO 63132 43-1343281	Health Care	MO	501(c)(3)	3	SSM Health Care Corporation		No
(11) 10101 Woodfield Lane St Louis, MO 63132 23-7408025	MOB	IL	501(c)(3)	Type II	SSM Regional Health Services		No
(12) 2901 Landmark PL Ste 300 Madison, WI 53713 27-3439133	Fundraising	WI	501(c)(3)	7	SSM Health Care of Wisconsin	Yes	
(13) 3221 McKelvey Road Suite 107 St Louis, MO 63044 43-1012492	Religious Organization	MO	501(c)(1)		NA		No
(14) 10101 Woodfield Lane St Louis, MO 63132 73-1279603	MOB	OK	501(c)(3)	Type I	SSM Health Care of Oklahoma		No
(15) 10101 Woodfield Lane St Louis, MO 63132 30-0012246	Fundraising	MO	501(c)(3)	7	SSM Health Businesses		No
(16) 100 St Marys Medical Plaza Jefferson City, MO 65101 43-6049878	Fundraising	MO	501(c)(3)	Type II	NA		No
(17) 605 North 12th Street Mt Vernon, IL 62864 23-7049599	Fundraising	IL	501(c)(3)	Type III-FI	NA		No
(18) 1000 N Lee Ave Oklahoma City, OK 73102 45-5055149	Health Care	OK	501(c)(3)	3	SSM Health Care of Oklahoma		No
(19) 10101 Woodfield Lane St Louis, MO 63132 43-1550298	Health Care	MO	501(c)(3)	3	SSM Regional Health Services		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(41) 620 E Monroe Street Mexico, MO 65265 43-1265060	Fundraising	MO	501(c)(3)	Type I	SSM Audrain Health Care Inc		No
(1) 10101 Woodfield Lane St Louis, MO 63132 47-4196634	Health Care	MO	501(c)(3)	3	SSM Health Care St Louis		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) 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	
(1) 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 %
(1) St Clare Imaging Services 707 14th Street Suite A Baraboo, WI 53913 20-0122365	Diag Services	WI	SSM Health Care of Wisconsin	Related	426,005	1,415,995		No	0		No	50 %
(2) 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 %
(3) 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 %
(4) ChowSMGSI Office Building LLC 10101 Woodfield Lane St Louis, MO 63132 37-1383861	MOB	IL	NA	N/A	0	0			0			0 %
(5) Shawnee Real Estate Holdings LLC 1000 N Lee Ave Oklahoma City, OK 73102 45-5458304	MOB	OK	NA	N/A	0	0			0			0 %
(6) SSM Health Pharmacy LLC 10101 Woodfield Lane St Louis, MO 63132 26-4031708	Pharmacy	MO	NA	N/A	0	0			0			0 %
(7) Dean Clinic & St Marys Hospital Accountable Care Organization LLC 1808 West Beltline Highway Madison, WI 53713 45-2995500	Accountable Care Organization	WI	SSM Health Care of Wisconsin	Related	-1,323,393	46,123		No	0		No	50 %
(8) Wisconsin Integrated Information Technology and Telemedicine Systems LLC 1808 West Beltline Highway Madison, WI 53713 39-2016715	Information Technology Services	WI	SSM Health Care of Wisconsin	Related	-6,386,914	6,244,042		No	0		No	50 %
(9) Dean Health Holdings LLC 1277 Deming Way Madison, WI 53717 26-1594709	Support Services	WI	SSM Health Care of Wisconsin	Related	3,956,054	7,694,140		No			No	47 37 %
(10) Wingra Building Group 1808 West Beltline Highway Madison, WI 53713 39-0237060	MOB	WI	NA	N/A	0	0			0			0 %
(11) Janesville Riverview Clinic Building Partnership 1808 West Beltline Highway Madison, WI 53713 39-6220698	MOB	WI	NA	N/A	0	0			0			0 %
(12) Oza Cancer Center LLC 10101 Woodfield Lane St Louis, MO 63132 20-1382727	MOB	IL	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	NA	C Corporation					No
(2) Diversified Health Services Corp 10101 Woodfield Lane St Louis, MO 63132 43-1369305	Medical Equipment	MO	NA	C Corporation					No
(3) SSM Cardio and Thoracic 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
(14) Physicians Services Corp of Southern Illinois 10101 Woodfield Lane St Louis, MO 63132 36-4161526	Health Care	IL	NA	C Corporation					No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
(16) Dean Health Systems Inc 1808 West Beltline Highway Madison, WI 53713 39-1128616	Physician Offices	WI	NA	C Corporation				Yes	No
(1) Dean Health Insurance Inc PO Box 56099 Madison, WI 53705 39-1830837	Insurance	WI	NA	C Corporation					
(2) Dean Health Plan Inc PO Box 56099 Madison, MO 53705 39-1535024	Insurance	WI	NA	C Corporation				Yes	No
(3) St Marys Dean Ventures Inc 1808 West Beltline Highway Madison, WI 53713 39-1628491	Physician Offices	WI	NA	C Corporation					
(4) Dean Retail Services Inc 1808 West Beltline Highway Madison, WI 53713 39-1717636	Property Services	WI	NA	C Corporation				Yes	No
(5) Navitus Holdings LLC 1808 West Beltline Highway Madison, WI 53713 80-0968174	Pharmacy Benefits	WI	NA	C Corporation					
(6) Oza Oncology Inc 4117 Veterans Memorial Drive Mt Vernon, IL 62804 37-1343746	Physician Offices	IL	NA	C Corporation				Yes	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)	St Mary's Foundation Inc	C	1,225,125	Cash
(1)	St Clare Health Center Foundation Inc	C	350,117	Cash
(2)	Dells Medical Building Inc	A	37,244	Cash
(3)	Dells Medical Building Inc	R	48,731	Cash
(4)	St Mary's Foundation Inc	S	1,225,125	Cash
(5)	St Clare Health Center Foundation Inc	S	350,117	Cash
(6)	Dells Medical Building Inc	S	37,244	Cash
(7)	St Mary's Janesville Foundation Inc	C	98,792	Cash
(8)	St Mary's Janesville Foundation Inc	S	98,792	Cash