

Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

2016

Open to Public  
Inspection

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

|   |   |  |
|---|---|--|
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br>Final<br><input checked="" type="checkbox"/> Return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>SSM Regional Health Services                                     | <b>D</b> Employer identification number<br>44-0579850  |
|   | Doing business as<br>See Schedule O   | <b>E</b> Telephone number<br>(314) 994-7800  |
|   | Number and street (or P O box if mail is not delivered to street address)<br>10101 Woodfield Lane | Room/suite   |
|   | City or town, state or province, country, and ZIP or foreign postal code<br>St Louis, MO 63132    |  |
| <b>F</b> Name and address of principal officer<br>Laura Kaiser<br>10101 Woodfield Lane<br>St Louis, MO 63132  |   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|   |   | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |
|   |   | If "No," attach a list (see instructions)  |
|   |   | <b>H(c)</b> Group exemption number ► 0928  |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  | <b>J</b> Website: ► <a href="http://www.ssmhealth.com">www.ssmhealth.com</a>                      |  |
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►  | <b>L</b> Year of formation 1965   | <b>M</b> State of legal domicile MO  |

## Part I Summary

|  |                                  |                     |
|--|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b><br><b>1</b> Briefly describe the organization's mission or most significant activities<br>OPERATES TWO HOSPITALS AND HEALTH CENTERS IN JEFFERSON CITY, MISSOURI AND MARYVILLE, MISSOURI   |                                  |                     |
|  |                                  |                     |
|  |                                  |                     |
|  |                                  |                     |
|  |                                  |                     |
|  |                                  |                     |
|  |                                  |                     |
|  |                                  |                     |
|  |                                  |                     |
|  |                                  |                     |
| <b>Revenue</b><br><b>2</b> Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets<br><b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .<br><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .<br><b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a) . . . . .<br><b>6</b> Total number of volunteers (estimate if necessary) . . . . .<br><b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .<br><b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .                 | <b>3</b>                         | 5                   |
|  | <b>4</b>                         | 0                   |
|  | <b>5</b>                         | 1,273               |
|  | <b>6</b>                         | 649                 |
|  | <b>7a</b>                        | 8,192,550           |
|  | <b>7b</b>                        | 0                   |
|  |                                  |                     |
|  |                                  |                     |
|  |                                  |                     |
|  |                                  |                     |
| <b>Expenses</b><br><b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .<br><b>9</b> Program service revenue (Part VIII, line 2g) . . . . .<br><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .<br><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)<br><b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>Prior Year</b>                | <b>Current Year</b> |
|  | 639,782                          | 1,257,012           |
|  | 189,919,304                      | 201,327,096         |
|  | 1,139,293                        | 658,379             |
|  | 8,326,792                        | 9,081,020           |
|  | 200,025,171                      | 212,323,507         |
|  |                                  |                     |
|  |                                  |                     |
|  |                                  |                     |
|  |                                  |                     |
| <b>Net Assets &amp; Fund Balances</b><br><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .<br><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .<br><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)<br><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .<br><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ► 288,161<br><b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .<br><b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)<br><b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . . | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|  | 111,362                          | 139,317             |
|  |                                  | 0                   |
|  | 95,359,971                       | 99,994,453          |
|  |                                  | 0                   |
|  | 126,514,124                      | 135,909,413         |
|  | 221,985,457                      | 236,043,183         |
|  | -21,960,286                      | -23,719,676         |
|  |                                  |                     |
|  |                                  |                     |
| <b>20</b> Total assets (Part X, line 16) . . . . .<br><b>21</b> Total liabilities (Part X, line 26) . . . . .<br><b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .   | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|  | 290,188,959                      | 317,708,899         |
|  | 229,739,662                      | 229,698,122         |
|  | 60,449,297                       | 88,010,777          |

## 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

|  |                    |
|--|--------------------|
| *****<br>Signature of officer                            | 2017-11-07<br>Date |
| June L Pickett Secretary<br>Type or print name and title |                    |

|                                       |   |   |      |   |                   |
|---------------------------------------|---|---|------|---|-------------------|
| <b>Paid<br/>Preparer<br/>Use Only</b> | Print/Type preparer's name<br>Rachel Spurlock                               | Preparer's signature<br>Rachel Spurlock | Date | Check <input type="checkbox"/> if self-employed | PTIN<br>P00520729 |
|                                       | Firm's name ► Crowe Horwath LLP   | Firm's EIN ► 35-0921680                 |      |   |                   |
|                                       | Firm's address ► 9600 Brownsboro Road Suite 400<br>Louisville, KY 402411122 | Phone no (502) 326-3996                 |      |   |                   |

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 Accomplishments**Check if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code ) (Expenses \$ 207,486,285 including grants of \$ 139,317 ) (Revenue \$ 201,327,096 )  
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 ► 207,486,285

**Part IV Checklist of Required Schedules**

|   | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|
| 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, <i>Schedule of Contributors</i> (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 <b>Section 501(c)(3) organizations.</b><br>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)**

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . 

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 

**21** Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 

**22** Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .

**23** Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .

**24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a . . . . .

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .

**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? . . . . .

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .

**25a** **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .

**26** Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .

**27** Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .

**28** Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)

**a** A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .

**c** An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .

**29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . . 

**30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .

**31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .

**32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .

**33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . .

**34** Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . . 

**35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . . 

**36** **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .

**37** Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .

**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 . . . . .

|            | Yes | No |
|------------|-----|----|
| <b>20a</b> | Yes |    |
| <b>20b</b> | Yes |    |
| <b>21</b>  | Yes |    |
| <b>22</b>  |     | No |
| <b>23</b>  | Yes |    |
| <b>24a</b> |     | No |
| <b>24b</b> |     |    |
| <b>24c</b> |     |    |
| <b>24d</b> |     |    |
| <b>25a</b> |     | No |
| <b>25b</b> |     | No |
| <b>26</b>  |     | No |
| <b>27</b>  |     | No |
| <b>28a</b> |     | No |
| <b>28b</b> |     | No |
| <b>28c</b> |     | No |
| <b>29</b>  | Yes |    |
| <b>30</b>  |     | No |
| <b>31</b>  |     | No |
| <b>32</b>  |     | No |
| <b>33</b>  |     | No |
| <b>34</b>  | Yes |    |
| <b>35a</b> | Yes |    |
| <b>35b</b> | Yes |    |
| <b>36</b>  |     | No |
| <b>37</b>  |     | No |
| <b>38</b>  | Yes |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|  |            | Yes   | No |
|--|------------|-------|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .  | <b>1a</b>  | 0     |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  | <b>1b</b>  | 0     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .  | <b>1c</b>  |       |    |
| <b>2a</b> 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 . . . . .  | <b>2a</b>  | 1,273 |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                       | <b>2b</b>  | Yes   |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  | <b>3a</b>  | Yes   |    |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . . .  | <b>3b</b>  | Yes   |    |
| <b>4a</b> 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)? . . . . . | <b>4a</b>  | No    |    |
| <b>b</b> If "Yes," enter the name of the foreign country ►<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)   |            |       |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  | <b>5a</b>  | No    |    |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .  | <b>5b</b>  | No    |    |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .  | <b>5c</b>  |       |    |
| <b>6a</b> 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? . . . . .                                    | <b>6a</b>  | No    |    |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .   | <b>6b</b>  |       |    |
| <b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>  | <b>7a</b>  | No    |    |
| <b>a</b> 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? . . . . .   | <b>7b</b>  |       |    |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .   | <b>7c</b>  | No    |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .  |            |       |    |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .   | <b>7d</b>  |       |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .   | <b>7e</b>  | No    |    |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .  | <b>7f</b>  | No    |    |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .  | <b>7g</b>  |       |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .  | <b>7h</b>  |       |    |
| <b>8</b> <b>Sponsoring organizations maintaining donor advised funds.</b><br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .   | <b>8</b>   |       |    |
| <b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .   | <b>9a</b>  |       |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .   | <b>9b</b>  |       |    |
| <b>10</b> <b>Section 501(c)(7) organizations.</b> Enter  |            |       |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .  | <b>10a</b> |       |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | <b>10b</b> |       |    |
| <b>11</b> <b>Section 501(c)(12) organizations.</b> Enter   |            |       |    |
| <b>a</b> Gross income from members or shareholders . . . . .   | <b>11a</b> |       |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .   | <b>11b</b> |       |    |
| <b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .   | <b>12a</b> |       |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | <b>12b</b> |       |    |
| <b>13</b> <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |       |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O  | <b>13a</b> |       |    |
| <b>b</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 . . . . .   | <b>13b</b> |       |    |
| <b>c</b> Enter the amount of reserves on hand . . . . .  | <b>13c</b> |       |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .  | <b>14a</b> | No    |    |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .  | <b>14b</b> |       |    |

**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 |
|--|-----------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year  | <b>1a</b> | 5   |    |
| 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>b</b> Enter the number of voting members included in line 1a, above, who are independent  | <b>1b</b> | 0   |    |
| <b>2</b> 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?   | <b>2</b>  |     | No |
| <b>3</b> 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? | <b>3</b>  |     | No |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | <b>4</b>  |     | No |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?  | <b>5</b>  |     |    |
| <b>6</b> Did the organization have members or stockholders?  | <b>6</b>  | Yes |    |
| <b>7a</b> 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?   | <b>7a</b> | Yes |    |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | <b>7b</b> | Yes |    |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  | <b>8a</b> | Yes |    |
| <b>a</b> The governing body?   | <b>8b</b> | Yes |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?   | <b>9</b>  |     | No |
| <b>9</b> 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        |           |     |    |

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

|   | Yes        | No  |
|---|------------|-----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates?   | <b>10a</b> | No  |
| <b>b</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?   | <b>10b</b> |     |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | <b>11a</b> | No  |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990   | <b>12a</b> | Yes |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13  | <b>12b</b> | Yes |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | <b>12c</b> | Yes |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | <b>13</b>  | Yes |
| <b>13</b> Did the organization have a written whistleblower policy?   | <b>14</b>  | Yes |
| <b>14</b> Did the organization have a written document retention and destruction policy?  | <b>15a</b> | No  |
| <b>15</b> 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?  | <b>15b</b> | No  |
| <b>a</b> The organization's CEO, Executive Director, or top management official   | <b>16a</b> | No  |
| <b>b</b> Other officers or key employees of the organization  | <b>16b</b> |     |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  |            |     |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |            |     |
| <b>b</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? |            |     |

**Section C. Disclosure**

|  |  |
|--|--|
| <b>17</b> List the States with which a copy of this Form 990 is required to be filed►  |  |
| <b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply |  |
| <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)                                      |  |
| <b>19</b> 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                   |  |
| <b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records<br>►Jackie Tsikalas 10101 Woodfield Lane St Louis, MO 63132 (314) 989-2799                          |  |

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

 Check if Schedule O contains a response or note to any line in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

| (A)<br>Name and Title   | (B)<br>Average<br>hours per<br>week (list<br>any hours<br>for related<br>organizations<br>below dotted<br>line) | (C)<br>Position (do not check more<br>than one box, unless person<br>is both an officer and a<br>director/trustee) |                          |         |                 |                        |        | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-<br>MISC) | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|---|---|--|--------------------------|---------|-----------------|------------------------|--------|---|---|---|
|   |   | Officer<br>or Director<br>or<br>Trustee  | Institutional<br>Trustee | Officer | Key<br>Employee | Non-Exempt<br>Employee | Former |   |   |   |
| (1) Paula Friedman<br>Vice President, Senior VP-Strategic Development<br>SSM Health | 1 0<br>.....<br>54 0  | X  |                          | X       |                 |                        |        | 0   | 940,690   | 388,689   |
| (2) William Thompson<br>President/CEO of SSM Health                                 | 1 0<br>.....<br>56 0  | X  |                          | X       |                 |                        |        | 0   | 1,732,435   | 242,602   |
| (3) Kris Zimmer<br>Treasurer/Asst Sec, Senior VP-Finance SSM Health                 | 1 0<br>.....<br>57 0  | X  |                          | X       |                 |                        |        | 0   | 1,105,377   | 344,110   |
| (4) Christopher Howard<br>Pres-Hospital Operations of SSM Health                    | 1 0<br>.....<br>55 0  | X  |                          |         |                 |                        |        | 0   | 1,129,635   | 404,326   |
| (5) Shane Peng MD<br>Director   | 1 0<br>.....<br>47 0  | X  |                          |         |                 |                        |        | 0   | 918,748   | 147,474   |
| (6) June Pickett<br>Secretary   | 1 0<br>.....<br>65 1  |  |                          | X       |                 |                        |        | 0   | 281,543   | 35,564  |
| (7) Jocelyn Skidmore<br>Admin Director-Finance                                      | 40 0<br>.....<br>0  |  |                          | X       |                 |                        |        | 0   | 137,887   | 110,227   |
| (8) Jim Stratton<br>Regional CFO  | 20 0<br>.....<br>21 0   |  |                          | X       |                 |                        |        | 0   | 239,967   | 36,308  |
| (9) Brent VanConia<br>Hospital President  | 40 0<br>.....<br>1 2  |  |                          | X       |                 |                        |        | 0   | 501,158   | 227,685   |
| (10) Michael Baumgartner<br>Hospital President                                      | 40 0<br>.....<br>0  |  |                          | X       |                 |                        |        | 0   | 337,313   | 138,308   |
| (11) Scott Holman DO<br>VP-Medical Affairs  | 40 0<br>.....<br>0  |  |                          |         | X               |                        |        | 435,538   | 0   | 132,239   |
| (12) Susan Mankoski<br>VP Human Resources   | 40 0<br>.....<br>0  |  |                          |         | X               |                        |        | 0   | 201,886   | 83,680  |
| (13) Stephen Stewart<br>Regional VP-Medical Affairs                                 | 40 0<br>.....<br>0  |  |                          |         | X               |                        |        | 261,587   | 0   | 71,174  |
| (14) Amelia Boyd<br>COO   | 40 0<br>.....<br>0  |  |                          |         | X               |                        |        | 0   | 187,713   | 45,384  |
| (15) Rebecca Miller<br>Regional VP-Patient Safety and Quality                       | 40 0<br>.....<br>0  |  |                          |         | X               |                        |        | 160,023   | 0   | 11,791  |
| (16) Kerri Jenkins<br>COO-St Mary's Jefferson City                                  | 40 0<br>.....<br>0  |  |                          |         | X               |                        |        | 221,621   | 0   | 20,265  |
| (17) John Clemens<br>Physician  | 40 0<br>.....<br>0  |  |                          |         |                 | X                      |        | 522,933   | 0   | 270,160   |

| <b>Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)</b> |   |  |                    |                       |              |   |  |  |
|--|---|--|--------------------|-----------------------|--------------|---|--|--|
| <b>(A)</b><br>Name and Title   | <b>(B)</b><br>Average hours per week (list any hours for related organizations below dotted line) | <b>(C)</b><br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                    |                       |              | <b>(D)</b><br>Reportable compensation from the organization (W-2/1099-MISC) | <b>(E)</b><br>Reportable compensation from related organizations (W-2/1099-MISC) | <b>(F)</b><br>Estimated amount of other compensation from the organization and related organizations |
|  |   | Officer  | Individual trustee | Institutional Trustee | Key employee | Highest compensated   |  |  |
| (18) Thomas Distefano<br>Physician   | 40 0<br>.....0....  |  |                    |                       | X            | 1,362,546   | 0  | 301,457  |
| (19) Courtneye Walker<br>Physician   | 40 0<br>.....0....  |  |                    |                       | X            | 533,284   | 0  | 41,728   |
| (20) Stuart Krein<br>Physician   | 40 0<br>.....0....  |  |                    |                       | X            | 524,511   | 0  | 35,834   |
| (21) Amrit Singh<br>Physician  | 40 0<br>.....0....  |  |                    |                       | X            | 490,477   | 0  | 119,775  |
| (22) Kari Wilson<br>Former Key Employee  | 0 0<br>.....0....<br>40 0   |  |                    |                       | X            | 0   | 169,459  | 24,093   |
|  |   |  |                    |                       |              |   |  |  |
|  |   |  |                    |                       |              |   |  |  |
|  |   |  |                    |                       |              |   |  |  |
| <b>1b Sub-Total</b>  |   |  |                    |                       |              |   |  |  |
| <b>c Total from continuation sheets to Part VII, Section A</b>   |   |  |                    |                       |              |   |  |  |
| <b>d Total (add lines 1b and 1c)</b>   |   |  |                    |                       |              | 4,512,520   | 7,883,811  | 3,232,873  |

**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 ► 93

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

### Section B. Independent Contractors

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

| <b>(A)</b><br>Name and business address  | <b>(B)</b><br>Description of services | <b>(C)</b><br>Compensation |
|--|---------------------------------------|----------------------------|
| SPINE MIDWEST INC<br>2505 MISSION DRIVE<br>SUITE 200<br>JEFFERSON CITY, MO 65109   | PAIN MANAGEMENT                       | 1,908,937                  |
| MID-MISSOURI ANESTHESIA<br>1445 CHRISTY DRIVE<br>JEFFERSON CITY, MO 65101  | MEDICAL PHYSICIAN SERVICES            | 1,431,746                  |
| NODAWAY PHYSICIAN SERVICES LLC<br>PO BOX 677979<br>DALLAS, TX 75267  | MEDICAL PHYSICIAN SERVICES            | 1,085,940                  |
| COLE PHYSICIAN SERVICES LLC<br>200 CORPORATE BLVD<br>SUITE 201<br>LAFAYETTE, LA 70508  | MEDICAL PHYSICIAN SERVICES            | 969,150                    |
| JEFFERSON CITY MEDICAL GROUP<br>1241 W STADIUM<br>JEFFERSON CITY, MO 65109   | MEDICAL GROUP                         | 624,836                    |
| <b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 27 |                                       |                            |

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

|  |  |                | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512-514 |        |
|--|--|----------------|----------------------|--|---|--|--------|
|  |  |                |                      |  |   |  |        |
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>  | <b>1a</b> Federated campaigns . . .  | <b>1a</b>      |                      |  |   |  |        |
|  | <b>b</b> Membership dues . . .   | <b>1b</b>      | 33,700               |  |   |  |        |
|  | <b>c</b> Fundraising events . . .  | <b>1c</b>      |                      |  |   |  |        |
|  | <b>d</b> Related organizations   | <b>1d</b>      | 1,195,336            |  |   |  |        |
|  | <b>e</b> Government grants (contributions)   | <b>1e</b>      | 27,056               |  |   |  |        |
|  | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included<br>above      | <b>1f</b>      | 920                  |  |   |  |        |
|  | <b>g</b> Noncash contributions included<br>in lines 1a-1f \$                                       |                | 75,032               |  |   |  |        |
|  | <b>h Total.</b> Add lines 1a-1f . . . . .  |                |                      | 1,257,012  |   |  |        |
|  |  |                |                      |  |   |  |        |
| <b>Program Service Revenue</b>   |  | Business Code  |                      |  |   |  |        |
|  | <b>2a</b> NET PATIENT REVENUE  | 621110         | 198,380,762          | 198,380,762  |   |  |        |
|  | <b>b</b> OTHER OPERATING REVENUE   | 621110         | 2,946,334            | 2,946,334  |   |  |        |
|  | <b>c</b>   |                |                      |  |   |  |        |
|  | <b>d</b>   |                |                      |  |   |  |        |
|  | <b>e</b>   |                |                      |  |   |  |        |
|  | <b>f</b> All other program service revenue   |                | 0                    | 0  | 0                                       | 0  |        |
|  | <b>g Total.</b> Add lines 2a-2f . . . . .  |                |                      | 201,327,096  |   |  |        |
|  |  |                |                      |  |   |  |        |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other<br>similar amounts) . . . . . |                | 702,097              |  |   | 702,097  |        |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds  |                |                      |  |   |  |        |
|  | <b>5</b> Royalties . . . . .   |                |                      |  |   |  |        |
|  | <b>6a</b> Gross rents  | (i) Real       | (ii) Personal        |  |   |  |        |
|  |  | 153,533        |                      |  |   |  |        |
|  | <b>b</b> Less rental expenses  | 63,792         |                      |  |   |  |        |
|  | <b>c</b> Rental income or<br>(loss)  | 89,741         | 0                    |  |   |  |        |
|  | <b>d</b> Net rental income or (loss) . . . . .   |                | 89,741               |  |   |  | 89,741 |
|  | <b>7a</b> Gross amount<br>from sales of<br>assets other<br>than inventory                          | (i) Securities | (ii) Other           |  |   |  |        |
|  |  | 4,092          |                      |  |   |  |        |
| <b>b</b> Less cost or<br>other basis and<br>sales expenses   | 24,948   | 22,862         |                      |  |   |  |        |
| <b>c</b> Gain or (loss)  | -24,948  | -18,770        |                      |  |   |  |        |
| <b>d</b> Net gain or (loss) . . . . .  |  |                | -43,718              |  |   | -43,718  |        |
| <b>8a</b> Gross income from fundraising events<br>(not including \$ _____ of<br>contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | a  | 13,673         |                      |  |   |  |        |
| <b>b</b> Less direct expenses . . . . .  | b  | 11,572         |                      |  |   |  |        |
| <b>c</b> Net income or (loss) from fundraising events . . . . .  |  |                | 2,101                |  |   | 2,101  |        |
| <b>9a</b> Gross income from gaming activities<br>See Part IV, line 19 . . . . .  | a  |                |                      |  |   |  |        |
| <b>b</b> Less direct expenses . . . . .  | b  |                |                      |  |   |  |        |
| <b>c</b> Net income or (loss) from gaming activities . . . . .   |  |                |                      |  |   |  |        |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .  | a  | 14,807         |                      |  |   |  |        |
| <b>b</b> Less cost of goods sold . . . . .   | b  | 9,618          |                      |  |   |  |        |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .  |  |                | 5,189                |  |   | 5,189  |        |
| Miscellaneous Revenue  | Business Code  |                |                      |  |   |  |        |
| <b>11a</b> PHARMACY REVENUE  | 446110   | 7,877,586      |                      |  |   | 7,877,586  |        |
| <b>b</b> CHILD CARE CENTER   | 624410   | 426,804        |                      |  |   | 426,804  |        |
| <b>c</b> LABORATORY REVENUE  | 621500   | 284,359        |                      |  |   | 284,359  |        |
| <b>d</b> All other revenue . . . . .   |  | 395,240        | 0                    | 30,605   |   | 364,635  |        |
| <b>e Total.</b> Add lines 11a-11d . . . . .  |  | 8,983,989      |                      |  |   |  |        |
| <b>12 Total revenue.</b> See Instructions . . . . .  |  | 212,323,507    | 201,327,096          | 8,192,550  |   | 1,546,849  |        |

**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 

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21  | 136,567                      | 136,567                                |   |                                    |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22   | 2,750                        | 2,750                                  |   |                                    |
| 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   | 2,856,303                    | 924,025                                | 1,932,278                                     |                                    |
| 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   | 75,279,077                   | 67,185,788                             | 7,897,381                                     | 195,908                            |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)  | 5,388,035                    | 4,845,011                              | 526,739                                       | 16,285                             |
| 9 Other employee benefits  | 11,402,531                   | 10,026,425                             | 1,349,478                                     | 26,628                             |
| 10 Payroll taxes   | 5,068,507                    | 4,424,272                              | 630,158                                       | 14,077                             |
| 11 Fees for services (non-employees)   |                              |  |   |                                    |
| a Management   | 10,567,336                   | 2,232,336                              | 8,335,000                                     |                                    |
| b Legal  | 926,606                      |  | 926,606                                       |                                    |
| c Accounting   | 85,747                       |  | 85,747  |                                    |
| d Lobbying   |                              |  |   |                                    |
| e Professional fundraising services See Part IV, line 17   |                              |  |   |                                    |
| f Investment management fees   |                              |  |   |                                    |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 24,542,703                   | 20,834,909                             | 3,701,858                                     | 5,936                              |
| 12 Advertising and promotion   | 26,139                       |  | 24,052  | 2,087                              |
| 13 Office expenses   | 7,986,882                    | 7,330,681                              | 637,623                                       | 18,578                             |
| 14 Information technology  | 12,142,897                   | 12,087,299                             | 51,899  | 3,699                              |
| 15 Royalties   |                              |  |   |                                    |
| 16 Occupancy   | 5,772,238                    | 5,565,360                              | 206,878                                       |                                    |
| 17 Travel  | 612,190                      | 473,313                                | 134,189                                       | 4,688                              |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                              |  |   |                                    |
| 19 Conferences, conventions, and meetings  | 208,716                      | 183,934                                | 24,507  | 275                                |
| 20 Interest  | 9,228,584                    | 9,228,584                              |   |                                    |
| 21 Payments to affiliates  |                              |  |   |                                    |
| 22 Depreciation, depletion, and amortization   | 14,734,944                   | 14,667,185                             | 67,759  |                                    |
| 23 Insurance   | 2,295,286                    | 788,542                                | 1,506,744                                     |                                    |
| 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 ) | 35,632,657                   | 35,632,657                             |   |                                    |
| a MEDICAL SUPPLIES   |                              |  |   |                                    |
| b MEDICAID PROVIDER TAX  | 10,730,500                   | 10,730,500                             |   |                                    |
| c LICENSES   | 292,718                      | 263,983                                | 28,735  |                                    |
| d BOND RELATED FEES  | 201,106                      |  | 201,106                                       |                                    |
| e All other expenses   | -77,836                      | -77,836                                | 0   | 0                                  |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | 236,043,183                  | 207,486,285                            | 28,268,737                                    | 288,161                            |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation                            |                              |  |   |                                    |
| Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)  |                              |  |   |                                    |

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX 

|                             |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|-----------------------------|--|--------------------------|-------------|--------------------|
| Assets                      | 1 Cash—non-interest-bearing . . . . .  | 881,353                  | <b>1</b>    | 605,542            |
|                             | 2 Savings and temporary cash investments . . . . .   | 1,171,473                | <b>2</b>    | 28,848,633         |
|                             | 3 Pledges and grants receivable, net . . . . .   | 3                        |             |                    |
|                             | 4 Accounts receivable, net . . . . .   | 24,721,528               | <b>4</b>    | 26,883,362         |
|                             | 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                        | <b>5</b>    | 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 . . . . .  | 5,138,629                | <b>8</b>    | 5,263,007          |
|                             | 9 Prepaid expenses and deferred charges . . . . .  | 1,336,656                | <b>9</b>    | 2,736,529          |
|                             | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .  | 10a                      | 279,199,635 |                    |
|                             | b Less accumulated depreciation . . . . .  | 10b                      | 68,144,820  | 217,528,795        |
|                             | 11 Investments—publicly traded securities . . . . .  | 10c                      |             | 211,054,815        |
|                             | 12 Investments—other securities See Part IV, line 11 . . . . .   | 11                       |             |                    |
|                             | 13 Investments—program-related See Part IV, line 11 . . . . .  | 28,474,168               | <b>12</b>   | 21,684,413         |
|                             | 14 Intangible assets . . . . .   | 0                        | <b>13</b>   |                    |
|                             | 15 Other assets See Part IV, line 11 . . . . .   | 14                       |             |                    |
|                             | 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .  | 10,936,357               | <b>15</b>   | 20,632,598         |
|                             |  | 290,188,959              | <b>16</b>   | 317,708,899        |
| Liabilities                 | 17 Accounts payable and accrued expenses . . . . .   | 13,587,080               | <b>17</b>   | 16,062,025         |
|                             | 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 . . . . .  | 216,152,582              | <b>25</b>   | 213,636,097        |
|                             | 26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .   | 229,739,662              | <b>26</b>   | 229,698,122        |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |             |                    |
|                             | 27 Unrestricted net assets . . . . .   | 57,902,669               | <b>27</b>   | 85,517,355         |
|                             | 28 Temporarily restricted net assets . . . . .   | 2,435,628                | <b>28</b>   | 2,382,422          |
|                             | 29 Permanently restricted net assets . . . . .   | 111,000                  | <b>29</b>   | 111,000            |
|                             | <b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>  |                          |             |                    |
|                             | 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 . . . . .   | 60,449,297               | <b>33</b>   | 88,010,777         |
|                             | 34 Total liabilities and net assets/fund balances . . . . .  | 290,188,959              | <b>34</b>   | 317,708,899        |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

|    |   |    |             |
|----|---|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1  | 212,323,507 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2  | 236,043,183 |
| 3  | Revenue less expenses Subtract line 2 from line 1   | 3  | -23,719,676 |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 60,449,297  |
| 5  | Net unrealized gains (losses) on investments  | 5  | 53,806      |
| 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  | 51,227,350  |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 88,010,777  |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

|  | Yes  | No  |
|--|--|---|
| 1 Accounting method used to prepare the Form 990   | <input type="checkbox"/> Cash                          | <input checked="" type="checkbox"/> Accrual                   |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O   |  |   |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?   |  |   |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both   |  |   |
| <input type="checkbox"/> Separate basis  | <input type="checkbox"/> Consolidated basis            | <input type="checkbox"/> Both consolidated and separate basis |
| 2b Were the organization's financial statements audited by an independent accountant?  |  |   |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  |  |   |
| <input type="checkbox"/> Separate basis  | <input checked="" type="checkbox"/> Consolidated basis | <input type="checkbox"/> Both consolidated and separate basis |
| 2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? |  |   |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O   |  |   |
| 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?  |  |   |
| 3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits      |  |   |

## Additional Data

**Software ID:** 16000421

**Software Version:** 2016v3.0

**EIN:** 44-0579850

**Name:** SSM Regional Health Services

Form 990 (2016)

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### Form 990, Part III, Line 4a:

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

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**SCHEDULE A**  
(Form 990 or  
990EZ)Department of the Treasury  
Internal Revenue Service  
SSM Regional Health Services**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](http://www.irs.gov/form990).**2016****Open to Public  
Inspection****Name of the organization****Employer identification number**

44-0579850

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

The organization is not a private foundation because it is (For lines 1 through 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )

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<br>(described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document?   | (v) Amount of monetary support<br>(see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|--|---|
|                                    |          |   | <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">Yes</div> <div style="text-align: center;">No</div> </div> |  |   |
|                                    |          |   |   |  |   |
|                                    |          |   |   |  |   |
|                                    |          |   |   |  |   |

**Total**For Paperwork Reduction Act Notice, see the Instructions for  
Form 990 or 990-EZ.

Cat. No. 11285F

**Schedule A (Form 990 or 990-EZ) 2016**

**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<br>(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   |         |         |         |         |         |          |
| <b>4 Total.</b> 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) |         |         |         |         |         |          |
| <b>6 Public support.</b> Subtract line 5 from line 4  |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(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)                                 |         |         |         |         |         |           |
| <b>11 Total support.</b> Add lines 7 through 10  |         |         |         |         |         |           |
| 12 Gross receipts from related activities, etc (see instructions)  |         |         |         |         |         | <b>12</b> |

**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))  | <b>14</b> |  |
| 15 Public support percentage for 2015 Schedule A, Part II, line 14   | <b>15</b> |  |
| <b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>   |           |  |
| <b>b 33 1/3% support test—2015.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>  |           |  |
| <b>17a 10%-facts-and-circumstances test—2016.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>    |           |  |
| <b>b 10%-facts-and-circumstances test—2015.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> |           |  |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>  |           |  |

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

(Complete only if you checked the box on line 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<br>(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  |         |         |         |         |         |          |
| <b>6 Total.</b> Add lines 1 through 5  |         |         |         |         |         |          |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons   |         |         |         |         |         |          |
| <b>b</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    |         |         |         |         |         |          |
| <b>c</b> Add lines 7a and 7b   |         |         |         |         |         |          |
| <b>8 Public support.</b> (Subtract line 7c from line 6 )   |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►   | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|--|---------|---------|---------|---------|---------|----------|
| 9 Amounts from line 6  |         |         |         |         |         |          |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |         |         |         |         |         |          |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |         |         |         |         |         |          |
| <b>c</b> Add lines 10a and 10b   |         |         |         |         |         |          |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |         |         |         |         |         |          |
| <b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )   |         |         |         |         |         |          |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 )   |         |         |         |         |         |          |
| <b>14 First five years.</b> 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 <b>stop here</b> |         |         |         |         |         |          |

**Section C. Computation of Public Support Percentage**

|   |           |  |
|---|-----------|--|
| 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

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

|  |                          |
|--|--------------------------|
| 19a <b>33 1/3% support tests—2016.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization               | <input type="checkbox"/> |
| <b>b</b> <b>33 1/3% support tests—2015.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization | <input type="checkbox"/> |

|  |                          |
|--|--------------------------|
| 20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | <input type="checkbox"/> |
|--|--------------------------|

**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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain  | 1   |    |
| 2   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)   | 2   |    |
| 3a  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below   | 3a  |    |
| b   | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination   | 3b  |    |
| c   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use  | 3c  |    |
| 4a  | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below   | 4a  |    |
| b   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations  | 4b  |    |
| c   | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes   | 4c  |    |
| 5a  | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) | 5a  |    |
| b   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   | 5b  |    |
| c   | <b>Substitutions only.</b> 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? If "Yes," provide detail in <b>Part VI</b> .  | 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)  | 7   |    |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)   | 8   |    |
| 9a  | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .   | 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? If "Yes," provide detail in <b>Part VI</b> .  | 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? If "Yes," provide detail in <b>Part VI</b> .   | 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)? If "Yes," answer line 10b below   | 10a |    |
| b   | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)  | 10b |    |

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)  |     |    |
| 2  |     |    |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard   |     |    |
| 3  |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

- The organization satisfied the Activities Test. Complete **line 2** below
- The organization is the parent of each of its supported organizations. Complete **line 3** below
- 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.**

- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities

- Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement

**3 Parent of Supported Organizations Answer (a) and (b) below.**

- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard

|    | Yes | No |
|----|-----|----|
| 2a |     |    |
| 2b |     |    |
| 3a |     |    |
| 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

| <b>Section A - Adjusted Net Income</b> |  | (A) Prior Year | (B) Current Year<br>(optional) |
|--|--|----------------|--------------------------------|
| <b>1</b>                               | Net short-term capital gain  | <b>1</b>       |                                |
| <b>2</b>                               | Recoveries of prior-year distributions   | <b>2</b>       |                                |
| <b>3</b>                               | Other gross income (see instructions)  | <b>3</b>       |                                |
| <b>4</b>                               | Add lines 1 through 3  | <b>4</b>       |                                |
| <b>5</b>                               | Depreciation and depletion   | <b>5</b>       |                                |
| <b>6</b>                               | 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) | <b>6</b>       |                                |
| <b>7</b>                               | Other expenses (see instructions)  | <b>7</b>       |                                |
| <b>8</b>                               | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                                |

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

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

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

| <b>Section D - Distributions</b> |  | <b>Current Year</b> |
|----------------------------------|--|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes  |                     |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |                     |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  |                     |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets  |                     |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required)  |                     |
| <b>6</b>                         | Other distributions (describe in Part VI) See instructions   |                     |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6   |                     |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |                     |
| <b>9</b>                         | Distributable amount for 2016 from Section C, line 6   |                     |
| <b>10</b>                        | Line 8 amount divided by Line 9 amount   |                     |

| <b>Section E - Distribution Allocations (see instructions)</b>   | <b>(i) Excess Distributions</b> | <b>(ii) Underdistributions Pre-2016</b> | <b>(iii) Distributable Amount for 2016</b> |
|--|---------------------------------|---|--|
| <b>1</b> Distributable amount for 2016 from Section C, line 6  |                                 |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)   |                                 |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2016   |                                 |   |  |
| <b>a</b>   |                                 |   |  |
| <b>b</b>   |                                 |   |  |
| <b>c</b> From 2013. . . . .  |                                 |   |  |
| <b>d</b> From 2014. . . . .  |                                 |   |  |
| <b>e</b> From 2015. . . . .  |                                 |   |  |
| <b>f Total</b> of lines 3a through e   |                                 |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                 |   |  |
| <b>h</b> Applied to 2016 distributable amount  |                                 |   |  |
| <b>i</b> Carryover from 2011 not applied (see instructions)  |                                 |   |  |
| <b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f   |                                 |   |  |
| <b>4</b> Distributions for 2016 from Section D, line 7<br>\$   |                                 |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                 |   |  |
| <b>b</b> Applied to 2016 distributable amount  |                                 |   |  |
| <b>c</b> Remainder Subtract lines 4a and 4b from 4   |                                 |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                                 |   |  |
| <b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                                 |   |  |
| <b>7</b> <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c  |                                 |   |  |
| <b>8</b> Breakdown of line 7   |                                 |   |  |
| <b>a</b>   |                                 |   |  |
| <b>b</b> Excess from 2013. . . . .   |                                 |   |  |
| <b>c</b> Excess from 2014. . . . .   |                                 |   |  |
| <b>d</b> Excess from 2015. . . . .   |                                 |   |  |
| <b>e</b> 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)**Political Campaign and Lobbying Activities****2016****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990).

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<br>SSM Regional Health Services | Employer identification number<br>44-0579850 |
|--|--|

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

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

► \$ \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

 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- |
|----------|-------------|---------|---|--|
| 1        |             |         |   |  |
| 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.)

**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 |
|--|----------|----------|----------|----------|-----------|
| <b>2a</b> Lobbying nontaxable amount                             |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> 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?   |     | No |        |  |
| 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  | Yes |    | 41,681 |  |
| 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  |     | No |        |  |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     | No |        |  |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     | No |        |  |

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

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

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

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

**Part IV Supplemental Information**

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

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

2016

Open to Public  
InspectionSCHEDULE 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](http://www.irs.gov/form990).

|  |  |
|--|--|
| Name of the organization<br>SSM Regional Health Services | Employer identification number<br>44-0579850 |
|--|--|

**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

|   | Held at the End of the Year |
|---|-----------------------------|
| 2a Total number of conservation easements   |                             |
| 2b Total acreage restricted by conservation easements   |                             |
| 2c Number of conservation easements on a certified historic structure included in (a)   |                             |
| 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register |                             |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

Yes  No

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" 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 . . . . .                     | 111,000          | 111,000        | 111,000            | 111,000              | 111,000             |
| b Contributions . . . . .                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses               | 558              | 9              | 748                | 2,226                | 1,109               |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . | 558              | 9              | 748                | 2,226                | 1,109               |
| f Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| g End of year balance . . . . .                            | 111,000          | 111,000        | 111,000            | 111,000              | 111,000             |

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

a Board designated or quasi-endowment ► 0 %

b Permanent endowment ► 100 %

c Temporarily restricted endowment ► 0 %

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

|        | Yes | No |
|--------|-----|----|
| 3a(i)  | Yes |    |
| 3a(ii) |     | No |
| 3b     |     |    |

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' 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 . . . . .        |                                      | 3,435,864                       |                              | 3,435,864      |
| b Buildings              |                                      | 216,300,119                     | 37,377,660                   | 178,922,459    |
| c Leasehold improvements |                                      | 490,408                         | 202,506                      | 287,902        |
| d Equipment . . . . .    |                                      | 58,298,743                      | 30,564,654                   | 27,734,089     |
| e Other . . . . .        |                                      | 674,501                         |                              | 674,501        |

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ► 211,054,815

**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<br>(including name of security)    | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives  |                |   |
| (2) Closely-held equity interests  |                |   |
| (3) Other  |                |   |
| (A) BENEFICIAL INTEREST IN FOUNDATIONS                                     | 10,156,004     | F   |
| (B) SSM COMPREHENSIVE INVESTMENT PROGRAM                                   | 11,528,409     | F   |
| (C)  |                |   |
| (D)  |                |   |
| (E)  |                |   |
| (F)  |                |   |
| (G)  |                |   |
| (H)  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 ) ► | 21,684,413     |   |

**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<br>Cost or end-of-year market value |
|--|----------------|---|
| (1)  |                |   |
| (2)  |                |   |
| (3)  |                |   |
| (4)  |                |   |
| (5)  |                |   |
| (6)  |                |   |
| (7)  |                |   |
| (8)  |                |   |
| (9)  |                |   |
| <b>Total.</b> (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) THIRD PARTY PAYOR  | 5,799,213      |
| (2) OTHER RECEIVABLES  | 1,611,730      |
| (3) LONG-TERM NOTES RECEIVABLE   |                |
| (4) OTHER NON-CURRENT ASSETS   | 723,791        |
| (5) SOFTWARE   | 154,676        |
| (6) DUE FROM AFFILIATES  | 12,343,188     |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 ) ► | 20,632,598     |

**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   |                |
| PENSION FUNDING LIABILITY  | 803,135        |
| RABBI TRUST LIABILITY  | 1,800,351      |
| THIRD PARTY PAYOR  | 1,134,363      |
| ASSET RETIREMENT LIABILITY   | 95,009         |
| DEFERRED COMPENSATION LIABILITY  | 697,293        |
| DUE TO AFFILIATES  | 10,193,330     |
| ALLOCATED TAX-EXEMPT BOND DEBT (ISSUED BY SSM HEALTH CARE)                 | 196,493,985    |
| DEFINED CONTRIBUTION LIABILITY   | 1,083,000      |
| THIRD-PARTY PATIENT LOANS  | 1,335,631      |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) ► | 213,636,097    |

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:** 44-0579850  
**Name:** SSM Regional Health Services

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

| 1 | (a) Description of Liability                               | (b) Book Value |
|---|--|----------------|
|   | PENSION FUNDING LIABILITY                                  | 803,135        |
|   | RABBI TRUST LIABILITY                                      | 1,800,351      |
|   | THIRD PARTY PAYOR  | 1,134,363      |
|   | ASSET RETIREMENT LIABILITY                                 | 95,009         |
|   | DEFERRED COMPENSATION LIABILITY                            | 697,293        |
|   | DUE TO AFFILIATES  | 10,193,330     |
|   | ALLOCATED TAX-EXEMPT BOND DEBT (ISSUED BY SSM HEALTH CARE) | 196,493,985    |
|   | DEFINED CONTRIBUTION LIABILITY                             | 1,083,000      |
|   | THIRD-PARTY PATIENT LOANS                                  | 1,335,631      |

## Supplemental Information

| Return Reference   | Explanation  |
|--|--|
| Schedule D, Part V, Line 4<br>Intended uses of endowment funds | ENDOWMENT FUNDS ARE USED TO SUPPORT OPERATIONS AND THE MISSION OF SSM HEALTH ST MARY'S HOSPITAL - JEFFERSON CITY |

## Supplemental Information

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

SCHEDULE H  
(Form 990)

## Hospitals

OMB No 1545-0047

Department of the  
Treasury

► 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](http://www.irs.gov/form990).

2016

Open to Public  
InspectionInternal Revenue Service  
Name of the organization  
SSM Regional Health Services

Employer identification number

44-0579850

## Part I Financial Assistance and Certain Other Community Benefits at Cost

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

## 7 Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs                                   | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1)   |   |                               | 6,577,177                           |                               | 6,577,177                         | 2 79 %                       |
| b Medicaid (from Worksheet 3, column a)   |   |                               | 30,875,197                          | 25,627,504                    | 5,247,693                         | 2 22 %                       |
| c Costs of other means-tested government programs (from Worksheet 3, column b)              |   |                               | 2,853,892                           | 1,577,549                     | 1,276,343                         | 0 54 %                       |
| d <b>Total</b> Financial Assistance and Means-Tested Government Programs                    | 0   | 0                             | 40,306,266                          | 27,205,053                    | 13,101,213                        | 5 55 %                       |
| <b>Other Benefits</b>   |   |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from Worksheet 4) |   |                               | 309,182                             | 11,260                        | 297,922                           | 0 13 %                       |
| f Health professions education (from Worksheet 5)   |   |                               | 30,809                              |                               | 30,809                            | 0 01 %                       |
| g Subsidized health services (from Worksheet 6)   |   |                               |                                     |                               | 0                                 | 0 %                          |
| h Research (from Worksheet 7)   |   |                               |                                     |                               | 0                                 | 0 %                          |
| i Cash and in-kind contributions for community benefit (from Worksheet 8)                   |   |                               | 194,573                             | 38,025                        | 156,548                           | 0 07 %                       |
| j <b>Total</b> Other Benefits   | 0   | 0                             | 534,564                             | 49,285                        | 485,279                           | 0 21 %                       |
| k <b>Total</b> Add lines 7d and 7j  | 0   | 0                             | 40,840,830                          | 27,254,338                    | 13,586,492                        | 5 76 %                       |

**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                         |   |                               | 407                                  |                               | 407                                | 0 %                          |
| 2 Economic development                                      |   |                               | 7,065                                |                               | 7,065                              | 0 %                          |
| 3 Community support   |   |                               | 142,521                              |                               | 142,521                            | 0 06 %                       |
| 4 Environmental improvements                                |   |                               | 21,498                               |                               | 21,498                             | 0 01 %                       |
| 5 Leadership development and training for community members |   |                               |                                      |                               | 0                                  | 0 %                          |
| 6 Coalition building  |   |                               | 41,846                               |                               | 41,846                             | 0 02 %                       |
| 7 Community health improvement advocacy                     |   |                               |                                      |                               | 0                                  | 0 %                          |
| 8 Workforce development                                     |   |                               | 244                                  |                               | 244                                | 0 %                          |
| 9 Other   |   |                               |                                      |                               | 0                                  | 0 %                          |
| <b>10 Total</b>   | 0   | 0                             | 213,581                              | 0                             | 213,581                            | 0 09 %                       |

**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  |                                | No  |    |
| 2 Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount   | 2  | 11,917,145                     |     |    |
| 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  | 46,400,717                     |     |    |
| 6 Enter Medicare allowable costs of care relating to payments on line 5   | 6  | 66,445,058                     |     |    |
| 7 Subtract line 6 from line 5 This is the surplus (or shortfall)  | 7  | -20,044,341                    |     |    |
| 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   |  |                                |     |    |
| <input type="checkbox"/> Cost accounting system   | <input checked="" type="checkbox"/> Cost to charge ratio | <input type="checkbox"/> 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?

2

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

See Additional Data Table

| <b>Section A. Hospital Facilities</b>   |  |                            |  |  |  |  |  |  |  |  |  |
|---|--|----------------------------|--|--|--|--|--|--|--|--|--|
| (list in order of size from largest to smallest—see instructions)   |  |                            |  |  |  |  |  |  |  |  |  |
| How many hospital facilities did the organization operate during the tax year?  |  |                            |  |  |  |  |  |  |  |  |  |
| <u>2</u>  |  |                            |  |  |  |  |  |  |  |  |  |
| 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) |  |                            |  |  |  |  |  |  |  |  |  |
| See Additional Data Table   |  |                            |  |  |  |  |  |  |  |  |  |
|   |  | ER-other                   |  |  |  |  |  |  |  |  |  |
|   |  | ER-24 hours                |  |  |  |  |  |  |  |  |  |
|   |  | Research facility          |  |  |  |  |  |  |  |  |  |
|   |  | Critical access hospital   |  |  |  |  |  |  |  |  |  |
|   |  | Teaching hospital          |  |  |  |  |  |  |  |  |  |
|   |  | Children's hospital        |  |  |  |  |  |  |  |  |  |
|   |  | General medical & surgical |  |  |  |  |  |  |  |  |  |
|   |  | Licensed hospital          |  |  |  |  |  |  |  |  |  |
|   |  | Other (Describe)           |  |  |  |  |  |  |  |  |  |
|   |  | Facility reporting group   |  |  |  |  |  |  |  |  |  |

**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

| <b>Community Health Needs Assessment</b> |  | <b>Yes</b> | <b>No</b> |
|--|--|------------|-----------|
| 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 . . . . .<br>If "Yes," indicate what the CHNA report describes (check all that apply)   | 3          | Yes       |
| a  | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |            |           |
| b  | <input checked="" type="checkbox"/> Demographics of the community  |            |           |
| c  | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community  |            |           |
| d  | <input checked="" type="checkbox"/> How data was obtained  |            |           |
| e  | <input checked="" type="checkbox"/> The significant health needs of the community  |            |           |
| f  | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |            |           |
| g  | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |            |           |
| h  | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests   |            |           |
| i  | <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)  |            |           |
| j  | <input type="checkbox"/> Other (describe in Section C)   |            |           |
| 4  | Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>   | 5          | Yes       |
| 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 . . . . . | 6a         | No        |
| 6a                                       | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .   | 6b         | No        |
| 6b                                       | 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 . . . . .  | 7          | Yes       |
| 7  | Did the hospital facility make its CHNA report widely available to the public? . . . . .<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply)  | 8          | Yes       |
| a  | <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>http://www.ssmhealthmidmo.com/locations/st-marys-jefferson-city</u>  |            |           |
| b  | <input checked="" type="checkbox"/> Other website (list url) <u>https://www.ssmhealth.com/about/community-health-needs-assessments</u>   |            |           |
| c  | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility  |            |           |
| d  | <input type="checkbox"/> Other (describe in Section C)   |            |           |
| 8  | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .  | 10         | Yes       |
| 9  | Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>   | 10b        |           |
| 10                                       | Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .<br>If "Yes" (list url) <u>https://www.ssmhealth.com/about/community-health-needs-assessments</u>   | 12a        | No        |
| a  |  | 12b        |           |
| b  | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .   |            |           |
| 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)? . . . . .  |            |           |
| b  | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .   |            |           |
| 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**

|           | <b>Yes</b> | <b>No</b> |
|-----------|------------|-----------|
| <b>13</b> | Yes        |           |
| <b>14</b> | Yes        |           |
| <b>15</b> | Yes        |           |
| <b>16</b> | Yes        |           |

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

- 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? . . . . .

**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)

- 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)

- 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**

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? . . . . .

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? . . . . .

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? . . . . .

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)

|    | Yes | No |
|----|-----|----|
| 17 | Yes |    |
| 19 | No  |    |
| 21 | Yes |    |
|    |     |    |

**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 |
|-----------|-----|----|
| <b>23</b> |     | No |
| <b>24</b> |     | 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

|   |  | <b>Yes</b> | <b>No</b> |
|---|--|------------|-----------|
| <b>Community Health Needs Assessment</b>  |  |            |           |
| 1   | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .   | 1          | No        |
| 2   | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .  | 2          | No        |
| 3   | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . .   | 3          | Yes       |
| If "Yes," indicate what the CHNA report describes (check all that apply)                      |  |            |           |
| a   | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |            |           |
| b   | <input checked="" type="checkbox"/> Demographics of the community  |            |           |
| c   | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community  |            |           |
| d   | <input checked="" type="checkbox"/> How data was obtained  |            |           |
| e   | <input checked="" type="checkbox"/> The significant health needs of the community  |            |           |
| f   | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |            |           |
| g   | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |            |           |
| h   | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests   |            |           |
| i   | <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)  |            |           |
| j   | <input type="checkbox"/> Other (describe in Section C)   |            |           |
| 4   | Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>   | 5          | Yes       |
| 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 . . . . . | 6a         | No        |
| 6a  | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .   | 6b         | No        |
| 6b  | 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 . . . . .  | 7          | Yes       |
| 7   | Did the hospital facility make its CHNA report widely available to the public? . . . . .   | 8          | Yes       |
| If "Yes," indicate how the CHNA report was made widely available (check all that apply)       |  |            |           |
| a   | <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>http://www.ssmhealthstfrancis.com/</u>   |            |           |
| b   | <input checked="" type="checkbox"/> Other website (list url) <u>https://www.ssmhealth.com/about/community-health-needs-assessments</u>   |            |           |
| c   | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility  |            |           |
| d   | <input type="checkbox"/> Other (describe in Section C)   |            |           |
| 8   | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .  | 10         | Yes       |
| 9   | Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>   | 10a        |           |
| 10  | Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .  | 10b        |           |
| If "Yes" (list url) <u>https://www.ssmhealth.com/about/community-health-needs-assessments</u> |  |            |           |
| a   |  |            |           |
| b   | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .   |            |           |
| 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**

|           | <b>Yes</b> | <b>No</b> |
|-----------|------------|-----------|
| <b>13</b> | Yes        |           |
| <b>14</b> | Yes        |           |
| <b>15</b> | Yes        |           |
| <b>16</b> | Yes        |           |

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

- 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? . . . . .

**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)

- 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)

- 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**

B

**Name of hospital facility or letter of facility reporting group**

**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? . . . . .

**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? . . . . .

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? . . . . .

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)

|           | <b>Yes</b> | <b>No</b> |
|-----------|------------|-----------|
| <b>17</b> | Yes        |           |
| <b>19</b> |            | No        |
|           |            |           |
|           |            |           |

**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 |
|-----------|-----|----|
| <b>23</b> |     | No |
| <b>24</b> |     | No |

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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 |
|-------------------------|-------------|
| See Add'l Data          |             |
|                         |             |
|                         |             |
|                         |             |
|                         |             |
|                         |             |
|                         |             |
|                         |             |
|                         |             |
|                         |             |
|                         |             |
|                         |             |
|                         |             |

**Part V Facility Information (continued)****Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 19

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

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

| Form and Line Reference  | Explanation  |
|--|--|
| Schedule H, Part I, Line 3b<br>ELIGIBILITY FOR DISCOUNTED CARE |  |
| Schedule H, Part I, Line 3c<br>DISCOUNTED CARE EXCEPTIONS      | <p>Patients whose family income exceeds 400% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the hospital, however the discounted rates shall not be greater than the amounts generally billed to commercially insured [or Medicare] patients. In such cases, other factors may be considered in determining their eligibility for discounted or free services, including</p> <ul style="list-style-type: none"> <li>* Bank accounts, investments and other assets</li> <li>* Employment status and earning capacity</li> <li>* Amount and frequency of bills for health care services</li> <li>* Other financial obligations and expenses</li> </ul> <p>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."</p> |

## 990 Schedule H, Supplemental Information

| Form and Line Reference   | Explanation  |
|---|--|
| Schedule H, Part I, Line 6a<br>COMMUNITY BENEFIT ANNUAL<br>REPORT                           |  |
| Schedule H, Part I, Line 7 Costing<br>Methodology used to calculate<br>financial assistance | <p>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</p> |

## 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 | SSM Regional Health Services 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<br>Community benefit & methodology<br>for determining medicare costs       |  |
| Schedule H, Part III, Line 9b<br>Collection practices for patients<br>eligible for financial assistance | <p>SSM Regional Health Services has established a written credit and collection policy and procedures. The billing and collection policies and practices reflect the mission and values of SSM Health, including our special concern for people who are poor and vulnerable. The Health Center embraces its responsibility to serve the communities in which it participates by establishing sound business practices. The Health Center's billing and collection practices will be fairly and consistently applied. All staff and vendors are expected to treat all patients consistently and fairly regardless of their ability to pay. They respond to patients in a prompt and courteous manner regarding any questions about their bills and provide notification of the availability of financial assistance. All uninsured patients will be provided a standard discount for medically necessary inpatient and outpatient services, including services provided at off-campus outpatient sites. The hospital determined the amount of the discount based on the local managed care market, applicable statutory requirements and other relevant local circumstances. The rate must be no less than the lowest effective discount rate and no greater than the highest effective discount rate for the current managed care contracts of the hospital. Uninsured patients may also qualify for an additional discount based upon financial need under the system financial assistance policy. All accounts due from the patient will receive a statement after discharge or after final adjudication from patient's insurance. Generally the patient will receive 4 months (120 days) of in-house collection efforts (including early out vendors) and 12 months of bad debt collection efforts. The hospital will make Reasonable Efforts to determine FAP eligibility including:</p> <ol style="list-style-type: none"> <li>1. The financial assistance summary will be included with each billing statement</li> <li>2. Extraordinary Collection Activity (ECAs) may not occur until bad debt placement and only after the expiration of the notification period</li> <li>3. ECAs must be suspended if a grantor submits a FAP application during the application period</li> <li>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</li> <li>5. Bad Debt vendors will gain written approval from SSM prior to engaging in ECAs. SSM will review the accounts and verify satisfactory completion of reasonable efforts during the notification and application period. A waiver is not considered reasonable efforts. Obtaining a signed waiver that an individual does not wish to apply for FAP assistance or receive FAP application information will not meet the requirement to make "reasonable efforts" to determine whether the individual is FAP-eligible before engaging in ECAs. All outside collection agencies must comply with state and federal laws, comply with the association of credit and collection professional's code of ethics and professional responsibility and comply with SSM Regional Health Services' collection and financial assistance policies.</li> </ol> |

## 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 - Jefferson City Line 16b URL <a href="https://www.ssmhealth.com/for-patients/financial-assistance">https://www.ssmhealth.com/for-patients/financial-assistance</a> , B - SSM Health St. Francis Hospital - Maryville Line 16b URL <a href="https://www.ssmhealth.com/for-patients/financial-assistance">https://www.ssmhealth.com/for-patients/financial-assistance</a> , |

## 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                               | <p>SSM Health (SSM) participates in Community Benefit according to our vision, Through our participation in the healing ministry of Jesus Christ, communities, especially those that are economically, physically, and socially marginalized, will experience improved health in mind, body, spirit and environment In the tradition of our founders, the Franciscan Sisters of Mary, caring for those in greatest need remains our organizational priority Today our System Board monitors Community Benefit efforts, and views achievement of our vision as a primary responsibility The purpose of SSM's Community Benefit program is to assess and address community health needs Making our communities healthier in measurable ways is always our goal To fulfill this commitment, SSM's Community Benefit is divided into two parts 1) Community Health Needs Assessment (CHNA), and 2) Community Benefit Inventory for Social Accountability (CBISA) The CHNA is an assessment and prioritization of community health needs and the adoption and implementation of strategies to address those needs A CHNA is conducted every three years by each hospital according to the following steps * Assesses 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</p> |

## 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                           | <p>SSM Health St Mary's Hospital - Jefferson City SSM Health St Mary's Hospital - Jefferson City defines its primary and secondary service areas as the four counties of Cole, Miller, Moniteau and Osage located in central Missouri. In 2015, this service area had an estimated population of over 171,000 people. The age distribution continues to shift toward a larger population of older adults with estimates suggesting the 65+ cohort is approximately 15% of the total population. The race/ethnicity distribution based on the latest data shows a population that is predominately white/Caucasian (87.7%), with 6.8 percent black/African American. The majority of the adult population in the region has an education level at or above the high school level (87.7%). Lower than average poverty rates provide evidence of a higher level of economic well-being in three of the four counties with only Miller County (20.9%) having a percentage higher than the Missouri average (15.5%). Miller County also reports a higher percentage of children in poverty (31.4%) when compared to 21.6 percent in Missouri. Per capita income ranged from a low \$19,385 in Miller County to a high of \$26,160 in Cole County. Average household incomes ranging from \$35,507 in Miller County to \$53,931 in Cole County. Additional detailed information on the St Mary's Health Center's service area can be found on pages 6 through 9 and 25 of the 2015 CHNA. SSM Health St Mary's Hospital - Jefferson City offers a full range of health care services including Cardiovascular, emergency, orthopedic, cancer, outpatient surgical, and women's health services. In addition St Mary's extends its health care into the region with the following services: Wound Healing Center, Medical clinics, urgent care facilities, retail pharmacies, St Mary's Pediatrics, Health Psychology, Pain management, St Mary's Sleep Center, Women's Imaging Center, Occupation Medicine, outpatient physical rehabilitation and diabetes management and training. SSM Health St Francis Hospital - Maryville SSM Health St Francis Hospital - Maryville is located in Maryville, Missouri, in rural northwest Missouri. The service area for St Francis encompasses Nodaway County, Missouri, a county with an estimated population of 23,000 in 2015. The largest age group in Nodaway County is the 18 - 24 group, which makes up about 27% of the total population. The population of Nodaway County is predominantly White/non-Hispanic (92.6%). The median household income in Nodaway County is \$36,641. This is considerably lower than the Missouri average of \$47,380. In 2015, the poverty rate was 28.4% in Nodaway County, which is almost 2 times the state average. The poverty rate for children was 26.2% in Nodaway County. Most of the adult population (age 25 or older) in Nodaway County have a high school degree or higher. Additional detailed information on the SSM Health St Francis Hospital - Maryville service area can be found on pages 6 through 8 and 17 of the 2015 CHNA. As a rural hospital, St Francis Hospital &amp; Health Services provides emergency treatment, acute care for patients with medical and surgical diagnosis, mental health illnesses, and obstetrical needs.</p> |

## 990 Schedule H, Supplemental Information

| Form and Line Reference                                      | Explanation  |
|--|--|
| Schedule H, Part VI, Line 5<br>Promotion of community health |  |
| Schedule H, Part VI, Line 6 Affiliated<br>health care system | SSM REGIONAL HEALTH SERVICES IS A HEALTH CARE NETWORK THAT OPERATES ST MARY'S HEALTH CENTER IN JEFFERSON CITY, MISSOURI, AND ST FRANCIS HOSPITAL & HEALTH CENTER IN MARYVILLE, MISSOURI. IT IS PART OF THE INTEGRATED HEALTH CARE SYSTEM KNOWN AS SSM HEALTH. SSM HEALTH IS A 501(C)(3) ORGANIZATION HEADQUARTED IN ST LOUIS, MISSOURI |

# 990 Schedule H, Supplemental Information

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

## Additional Data

**Software ID:** 16000421

**Software Version:** 2016v3.0

**EIN:** 44-0579850

**Name:** SSM Regional Health Services

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

| 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? |  |   |   |  |  |                  |   |
| <u>2</u>   |  |   |   |  |  |                  |   |
| Name, address, primary website address, and state license number               |  |   |   |  |  |                  |   |
| Facility reporting group   |  |   |   |  |  |                  |   |
|  |  |   |   |  |  | Other (Describe) |   |
| 1  | SSM Health St Mary's Hospital - Jefferson City<br>100 ST MARYS MEDICAL PLAZA<br>JEFFERSON CITY, MO 65101<br>www.ssmhealthmidmo.com/locations/st-marys-jefferson-city<br>455-14 | X | X |  |  | X                | A |
| 2  | SSM Health St Francis Hospital - Maryville<br>2015 S MAIN<br>MARYVILLE, MO 64468<br>www.ssmhealthstfrancis.com<br>147-55   | X | X |  |  | X                | B |

## 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<br>Facility A, 1 | Facility A, 1 - SSM Health St. Mary's Hospital - Jefferson City SSM Health St. Mary's Hospital - Jefferson City, in partnership with the Central Community Health Assessment Partnership, conducted a comprehensive community health assessment which measured perceptions, health risks, health factors, health outcomes and characteristics specific to the communities in Cole, Miller, Moniteau and Osage counties. Throughout the assessment process, more than 150 individuals participated in 9 different discussion groups and consumer interview sessions. The surveys were made available to physician offices, online and in community health departments, and results were used to prioritize the health needs of the community. The individuals that participated in primary data collection can be found starting on page 33 of the CHNA |

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3, 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<br>Facility A, 1 | Facility A, 1 - SSM Health St. Mary's Hospital - Jefferson City SSM Health Care's mission statement is "Through our exceptional health care services, we reveal the healing presence of God." During 2015, in collaboration with our community partners, SSM Health St. Mary's Hospital - Jefferson City 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 heart disease and cancer. The SSM Health Mid Missouri Regional Board approved this CHNA on November 18, 2015. SSM Health St. Mary's Hospital - Jefferson City last conducted a CHNA in 2012. The SSM Health St. Mary's Hospital - Jefferson City 2016-2018 CHNA identified Heart disease as the leading cause of death in the Central Missouri four-county region of Cole, Miller, Moniteau, and Osage. Rapidly increasing rates of obesity along with heart-disease risk factors such as high blood pressure, diabetes, smoking, inactivity, and poor diet contribute to incidence of heart disease in the service area. SSM Health St. Mary's Hospital - Jefferson City will strive to reduce hospital readmissions by implementing a high-risk screening criteria tool, involving mortality and post-acute committees, provide community heart-risk assessments and screenings, and enhance education and awareness of heart-disease risk factors, signs of early heart attack, and the need for a healthy lifestyle. It is notable that SSM Health St. Mary's Hospital - Jefferson City is the area's only nationally accredited Chest Pain Center, and works closely with American Heart Association and local YMCA to sponsor heart health and wellness programs. The following goals were identified in 2016 to address heart disease - Goal Reduce the age-adjusted death rate due to heart disease in our region from 190.7 deaths per 100,000 persons, as reported in 2015, to 185 deaths per 100,000 persons in 2018 - Goal Decrease percentage of all-cause/all-location congestive heart failure (CHF) 30-day hospital readmission rate from 24.22% in 2015 to 15.3% by 2018, rate fell to 20.2% in 2016. The SSM Health St. Mary's Hospital - Jefferson City 2016-2018 CHNA identified Cancer as second only to heart disease as the leading cause of death in the Central Missouri four-county region of Cole, Miller, Moniteau, and Osage Counties, with breast cancer as most common, increasing 14% in the region between 2008 and 2012. A healthy lifestyle and early screening are the best methods of cancer prevention. In April 2014 SSM Health St. Mary's Hospital - Jefferson City opened the St. Mary's Cancer Center at JCMG and the Richard Wilson Cancer Resource Center. At the Cancer Center, new technologies were added (i.e., Varian 21IX Linear Accelerator and electronic brachytherapy) while the Resource Center focused on providing information about cancer prevention, diagnosis, treatment, healing, and living well. Additional community outreach e |

**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<br>Facility A, 1 | fforts include collaboration with health and wellness providers to create awareness and engage at-risk populations through education, teaching self-exams, and cancer screenings. An other important effort is improving access for and engagement of women by offering preventive cancer screenings, particularly mammograms, in partnership with county health departments, community health centers, and the Samaritan Center. Work is also being done to improve care coordination, create cancer protocols, and enhance palliative care and hospital referral services. The following goals were achieved in 2016 to address cancer - Goal Reduce the age-adjusted death rate due to cancer in the region from 178.4 deaths per 100,000 persons, as reported in 2015, to 175 deaths per 100,000 persons by 2018, death rate fell to 176.4 in 2016 - Goal Increase percentage of stage 1 breast cancer initial diagnosis' from 20% (hospital 5-year 2010-2014 baseline average) to 25% by 2018 - Goal Increase percentage of stage 1 lung cancer initial diagnosis' from 20% (hospital 5-year 2010-2014 baseline average) to 25% by 2018. The hospital continues to work toward the 20% goal for both breast and lung cancer initial diagnoses. |

## 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 Francis Hospital - Maryville SSM Health St Francis Hospital - Maryville took the opportunity to solicit 60 key community stakeholders at an annual meeting of the Maryville Citizens for Community Action. Additionally, St Francis Hospital benefited from the input of Nodaway County residents through a paper survey. A completed survey was received from nearly every zip code in Nodaway County. The results were collected, analyzed and reviewed by hospital leadership and a coalition of community leaders prior to identifying the top priorities to be addressed |

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3, 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<br>Facility B, 1 | Facility B, 1 - SSM Health St. Francis Hospital - Maryville SSM Health Care'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. Francis Hospital - Maryville 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 heart disease and obesity. The SSM Health Maryville Board approved this CHNA on November 19, 2015. SSM Health St. Francis Hospital - Maryville last conducted a CHNA in 2012. The SSM Health St. Francis Hospital - Maryville 2016-2018 CHNA showed a priority in the service area of heart disease. Specific areas of concern included the death rate due to ischemic heart disease, atrial fibrillation and the percentage of the population struggling with unmanaged blood pressure. 34.5% of adults in the service area of Nodaway County has high blood pressure, which is higher than both state and national averages of 32.6% and 30.8%, respectively. The age-adjusted death rate due to heart disease is also higher in the county than the Healthy People 2020 goal. The following goals were identified in 2016 to address heart disease - Goal: Reduce the age-adjusted death rate due to coronary heart disease in Nodaway County from 113.8 deaths per 100,000 persons reported in 2015 to 110 deaths per 100,000 persons by 2018 - Goal: Maintain the SSM Health St. Francis Hospital - Maryville congestive heart failure 30-day readmission threshold at or below 7.41% between 2015 and 2018. 30-day readmission rate was 5.9% in 2016 - Goal: Reduce the percentage of Nodaway County adults who are not taking medication for their high blood pressure from 29.6% in 2015 to 25.7% or better by 2018, measures indicate the percentage of adults with high blood pressure remained steady at 29.6% in 2016. The SSM Health St. Francis Hospital - Maryville 2016-2018 CHNA indicated a major health concern of obesity. 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 complications that lead to increased risk of obesity include physical inactivity combined with unhealthy diet and eating habits, and often affect minorities and those living under financial distress in greater numbers. The following goals were identified in 2016 to address obesity rates - Goal: Reduce the age-adjusted death rate due to diabetes in Nodaway County from 29.5 deaths per 100,000 persons in 2015 to 26.5 deaths per 100,000 persons by 2018 - Goal: Reduce the percentage of Nodaway County adults who are obese from 28% in 2015 to 26% by 2018 - Goal: Reduce the percentage of Nodaway County adults who are overweight from 41.1% in 2015 to 40% by 2018 - Goal: Decrease the percentage of SSM Health St. Francis H |

**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<br>Facility B, 1 | Hospital - Maryville clinic patients who are overweight (BMI greater than 25) or obese (BMI greater than 30) from 43.8% in 2015 to 40% in 2018, the percentage of overweight or obese adults fell to 42.6% in 2016 |

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

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

| Name and address  | Type of Facility (describe) |
|---|-----------------------------|
| 1 SSM HEALTH MEDICAL GROUP<br>2016 S MAIN<br>MARYVILLE, MO 64468  | RURAL HEALTH CLINIC         |
| 1 SSM HEALTH MEDICAL GROUP<br>114 E SOUTH HILLS DR<br>MARYVILLE, MO 64468   | RURAL HEALTH CLINIC         |
| 2 SSM HEALTH MEDICAL GROUP<br>301 E PRICE STREET<br>SAVANNAH, MO 64485  | RURAL HEALTH CLINIC         |
| 3 SSM HEALTH MEDICAL GROUP<br>408 SOUTH DODGE STREET<br>BEDFORD, IA 50833   | RURAL HEALTH CLINIC         |
| 4 SSM HEALTH MEDICAL GROUP - ORTHOPEDIC SURGERY<br>218 S WOODBINE<br>ST JOSEPH, MO 64506                                    | ORTHOPEDIC CLINIC           |
| 5 SSM HEALTH MEDICAL GROUP<br>100 HWY 28 EAST<br>BELLE, MO 65013  | RURAL HEALTH CLINIC         |
| 6 SSM HEALTH SPORTS MEDICINE & REHABILITATION CENTER<br>1225 WEST STADIUM BLVD<br>JEFFERSON CITY, MO 65109                  | OUTPATIENT CLINIC           |
| 7 SSM HEALTH CANCER CENTER<br>1241 WEST STADIUM BLVD<br>JEFFERSON CITY, MO 65109  | OUTPATIENT CLINIC           |
| 8 SSM HEALTH MEDICAL GROUP<br>140 NORTHSTAR DRIVE<br>HOLTS SUMMIT, MO 65043   | FAMILY PRACTICE CLINIC      |
| 9 SSM HEALTH MEDICAL GROUP<br>2265 BAGNELL DAM BLVD SUITE 103<br>LAKE OZARK, MO 65049                                       | RURAL HEALTH CLINIC         |
| 10 SSM HEALTH PHARMACY<br>2505 MISSION DRIVE SUITE 110<br>JEFFERSON CITY, MO 65101  | RETAIL PHARMACY             |
| 11 SSM HEALTH SPINE & PAIN MANAGEMENT CENTER<br>2505 MISSION DRIVE SUITE 200<br>JEFFERSON CITY, MO 65109                    | OUTPATIENT CLINIC           |
| 12 SSM HEALTH WOUND CENTER<br>2505 MISSION DRIVE SUITE 210<br>JEFFERSON CITY, MO 65109                                      | OUTPATIENT CLINIC           |
| 13 SSM Health Medical Group - Cardiovascular & Thoracic Surgery<br>2505 MISSION DRIVE SUITE 310<br>JEFFERSON CITY, MO 65109 | OUTPATIENT CLINIC           |
| 14 SSM HEALTH MEDICAL GROUP - OCCUPATIONAL MEDICINE<br>2511 WEST EDGEWOOD DRIVE SUITE F<br>JEFFERSON CITY, MO 65109         | OUTPATIENT CLINIC           |

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

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

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| 16 SSM HEALTH MEDICAL GROUP<br>2511 WEST EDGEWOOD DRIVE SUITE G<br>JEFFERSON CITY, MO 65109                        | FAMILY PRACTICE CLINIC      |
| 1 SSM HEALTH URGENT CARE<br>2511 WEST EDGEWOOD SUITE D<br>JEFFERSON CITY, MO 65109                                 | URGENT CARE CLINIC          |
| 2 SSM HEALTH MEDICAL GROUP - BEHAVIORAL MEDICINE<br>2701 WEST EDGEWOOD DRIVE SUITE 101<br>JEFFERSON CITY, MO 65109 | OUTPATIENT CLINIC           |
| 3 SSM HEALTH MEDICAL GROUP - PEDIATRICS<br>3348 AMERICAN AVENUE<br>JEFFERSON CITY, MO 65109                        | PEDIATRIC CLINIC            |
| 4 SSM HEALTH SLEEP CENTER<br>3349 AMERICAN AVENUE SUITE D<br>JEFFERSON CITY, MO 65109                              | OUTPATIENT CLINIC           |
| 5 SSM HEALTH MEDICAL GROUP<br>3527 WEST TRUMAN BLVD SUITE 100<br>JEFFERSON CITY, MO 65109                          | FAMILY PRACTICE CLINIC      |
| 6 SSM HEALTH MEDICAL GROUP<br>801 KIDWELL DRIVE<br>VERSAILLES, MO 65084  | RURAL HEALTH CLINIC         |
| 7 SSM HEALTH MEDICAL GROUP<br>875 STATE ROAD 5 PO BOX 667<br>TIPTON, MO 65081                                      | RURAL HEALTH CLINIC         |

**Schedule I  
(Form 990)**Department of the  
Treasury  
Internal Revenue Service

OMB No 1545-0047

**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](http://www.irs.gov/form990).**2016**Open to Public  
InspectionName of the organization  
SSM Regional Health Services

Employer identification number

44-0579850

**Part I General Information on Grants and Assistance**

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

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" 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 . . . . . ► 4

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

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" 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<br>Procedures for monitoring use of grant funds | THE ORGANIZATION'S GRANTS WERE MADE TO GOVERNMENTAL OR TAX- EXEMPT, UNDER SECTION 501(C)(3), ORGANIZATIONS THESE ORGANIZATIONS HAVE DEVELOPED INTERNAL CONTROL PROCEDURES FOR THE USE OF GRANT FUNDS |

## Additional Data

**Software ID:** 16000421  
**Software Version:** 2016v3.0  
**EIN:** 44-0579850  
**Name:** SSM Regional Health Services

### 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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Lincoln University<br>820 Chestnut<br>Jefferson City, MO 65101                        | 44-6001089 | 501(c)(3)                     | 60,407                   |                                   |   |  | RN training program                |
| Roman Catholic Diocese of Jefferson City<br>PO Box 104900<br>Jefferson City, MO 65110 | 44-0612540 | 501(c)(3)                     | 16,000                   |                                   |   |  | Pastoral care services             |

**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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Jefferson City YMCA<br>505 Ellis Blvd<br>PO Box 104176<br>Jefferson City, MO 65110 | 43-0953286 | 501(c)(3)                     | 6,000                    |                                   |   |  | Livestrong cancer program          |
| Heartland Foundation<br>5325 Faraon<br>St Joseph, MO 64506                         | 43-1262768 | 501(c)(3)                     | 25,200                   |                                   |   |  | General support                    |

2015

Open to Public  
Inspection**Schedule J**  
(Form 990)Department of the  
Treasury  
Internal Revenue  
Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Name of the organization  
SSM Regional Health Services

Employer identification number

44-0579850

**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

|  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**1b** Yes**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**2** Yes**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

|  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> 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**4a** No**a** Receive a severance payment or change-of-control payment?**4b** Yes**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**4c** No**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**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**5a** No**a** The organization?**5b** No**b** Any related organization?

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**6a** No**a** The organization?**6b** No**b** Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

**7** No**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** 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**9** 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.

| <b>(A)</b> Name and Title | <b>(B)</b> Breakdown of W-2 and/or 1099-MISC compensation |   |   | <b>(C)</b> Retirement and other deferred benefits | <b>(D)</b> Nontaxable benefits | <b>(E)</b> Total of columns (B)(i)-(D) | <b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990 |
|---------------------------|---|---|---|---|--------------------------------|--|--|
|                           | <b>(i)</b><br>Base compensation                           | <b>(ii)</b><br>Bonus & incentive compensation | <b>(iii)</b><br>Other reportable compensation |   |                                |  |  |
| See Additional Data Table |   |   |   |   |                                |  |  |

**Part III Supplemental Information**

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

| Return Reference  | Explanation   |
|---|---|
| Schedule J, Part I, Line 1a Tax indemnification and gross-up payments                               | The following individuals listed on Part VII, Section A, received tax indemnification/gross up payments in 2016, which were included in their taxable compensation Scott Holman, DO Stephen Stewart John Clemens Thomas Di Stefano Courtnye Walker Amrit Singh  |
| Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation | The Organization's top management official, President, is compensated by a related organization that utilized the following to determine compensation (1) independent compensation consultant, (2) compensation survey or study, (3) approval by the board or compensation committee  |
| 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 \$294,066 June Pickett \$18,727 During 2016, the following individuals participated in a nonqualified retirement plan from the organization or a related organization. The amounts reported below represent the change in accrued benefit for each individual. Paula Friedman \$276,866 William Thompson \$3,108 Kris Zimmer \$201,583 Christopher Howard \$257,997 Shane Peng, MD \$9,669 June Pickett (\$11,000) Jocelyn Skidmore \$93,903 Jim Stratton \$3,049 Brent Vanconia \$135,176 Michael Baumgartner \$95,522 Scott Holman, DO \$100,772 Susan Mankoski \$51,543 Stephen Stewart \$24,909 Amelia Boyd \$495 John Clemens \$225,481 Thomas Di Stefano \$282,205 Courtnye Walker \$5,458 Stuart Krein \$3,483 Amrit Singh \$91,032 |

**Additional Data**

**Software ID:** 16000421  
**Software Version:** 2016v3.0  
**EIN:** 44-0579850  
**Name:** SSM Regional Health Services

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

|   | (A) Name and Title      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|-------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |                         | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1Paula Friedman<br>Vice President, Senior VP-Strategic Development SSM Health | (i) 0<br>(ii) 705,000   | 0<br>114,197                                       | 0<br>121,493                        | 0<br>368,230                        | 0<br>20,459                                    | 0<br>1,329,379          | 0<br>114,197                    | 0   |
| 2William Thompson<br>President/CEO of SSM Health                              | (i) 0<br>(ii) 1,010,243 | 0<br>384,123                                       | 0<br>338,069                        | 0<br>221,076                        | 0<br>21,526                                    | 0<br>1,975,037          | 0<br>460,221                    | 0   |
| 3Kris Zimmer<br>Treasurer/Asst Sec, Senior VP-Finance SSM Health              | (i) 0<br>(ii) 870,802   | 0<br>148,371                                       | 0<br>86,204                         | 0<br>310,798                        | 0<br>33,312                                    | 0<br>1,449,487          | 0<br>148,371                    | 0   |
| 4Christopher Howard<br>Pres-Hospital Operations of SSM Health                 | (i) 0<br>(ii) 872,531   | 0<br>157,325                                       | 0<br>99,779                         | 0<br>369,852                        | 0<br>34,474                                    | 0<br>1,533,961          | 0<br>157,325                    | 0   |
| 5Shane Peng MD<br>Director  | (i) 0<br>(ii) 767,253   | 0<br>117,512                                       | 0<br>33,983                         | 0<br>108,924                        | 0<br>38,550                                    | 0<br>1,066,222          | 0<br>117,512                    | 0   |
| 6June Pickett<br>Secretary  | (i) 0<br>(ii) 229,851   | 0<br>19,802  | 0<br>31,890                         | 0<br>10,977                         | 0<br>24,587                                    | 0<br>317,107            | 0<br>19,802                     | 0   |
| 7Jocelyn Skidmore<br>Admin Director-Finance                                   | (i) 0<br>(ii) 135,631   | 0<br>0   | 0<br>2,256                          | 0<br>100,651                        | 0<br>9,576                                     | 0<br>248,114            | 0<br>0                          | 0   |
| 8Jim Stratton<br>Regional CFO   | (i) 0<br>(ii) 217,173   | 0<br>1,798   | 0<br>20,996                         | 0<br>15,971                         | 0<br>20,337                                    | 0<br>276,275            | 0<br>1,798                      | 0   |
| 9Brent VanConia<br>Hospital President   | (i) 0<br>(ii) 452,406   | 0<br>6,894   | 0<br>41,858                         | 0<br>194,301                        | 0<br>33,384                                    | 0<br>728,843            | 0<br>6,894                      | 0   |
| 10Michael Baumgartner<br>Hospital President                                   | (i) 0<br>(ii) 296,490   | 0<br>16,875  | 0<br>23,948                         | 0<br>123,497                        | 0<br>14,811                                    | 0<br>475,621            | 0<br>16,875                     | 0   |
| 11Kan Wilson<br>Former Key Employee   | (i) 0<br>(ii) 160,364   | 0<br>6,951   | 0<br>2,144                          | 0<br>9,138                          | 0<br>14,955                                    | 0<br>193,552            | 0<br>2,317                      | 0   |
| 12Scott Holman DO<br>VP-Medical Affairs                                       | (i) 396,318<br>0        | 0<br>0   | 0<br>39,220                         | 0<br>104,747                        | 0<br>27,492                                    | 0<br>567,777            | 0<br>0                          | 0   |
| 13Susan Mankoski<br>VP Human Resources  | (i) 0<br>193,912        | 0<br>3,235   | 0<br>4,739                          | 0<br>69,769                         | 0<br>13,911                                    | 0<br>285,566            | 0<br>3,235                      | 0   |
| 14Stephen Stewart<br>Regional VP-Medical Affairs                              | (i) 254,199<br>0        | 0<br>0   | 0<br>5,588                          | 0<br>48,394                         | 0<br>22,780                                    | 0<br>332,761            | 0<br>0                          | 0   |
| 15Amelia Boyd<br>COO  | (i) 0<br>176,145        | 0<br>0   | 0<br>11,568                         | 0<br>16,794                         | 0<br>28,590                                    | 0<br>233,097            | 0<br>0                          | 0   |
| 16Rebecca Miller<br>Regional VP-Patient Safety and Quality                    | (i) 157,643<br>0        | 0<br>0   | 0<br>2,380                          | 0<br>1,573                          | 0<br>10,218                                    | 0<br>171,814            | 0<br>0                          | 0   |
| 17Kern Jenkins<br>COO-St Mary's Jefferson City                                | (i) 218,197<br>0        | 0<br>0   | 0<br>3,424                          | 0<br>8,972                          | 0<br>11,293                                    | 0<br>241,886            | 0<br>0                          | 0   |
| 18John Clemens<br>Physician   | (i) 413,849<br>0        | 0<br>0   | 0<br>109,084                        | 0<br>229,456                        | 0<br>40,704                                    | 0<br>793,093            | 0<br>0                          | 0   |
| 19Thomas Distefano<br>Physician   | (i) 1,310,983<br>0      | 0<br>0   | 0<br>51,563                         | 0<br>285,715                        | 0<br>15,742                                    | 0<br>1,664,003          | 0<br>0                          | 0   |
| 20Courtnie Walker<br>Physician  | (i) 522,292<br>0        | 0<br>0   | 0<br>10,992                         | 0<br>9,127                          | 0<br>32,601                                    | 0<br>575,012            | 0<br>0                          | 0   |

| <b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> |   |   |   |   |                                |                                     |  |
|--|---|---|---|---|--------------------------------|-------------------------------------|--|
| <b>(A) Name and Title</b>  | <b>(B) Breakdown of W-2 and/or 1099-MISC compensation</b> |   |   | <b>(C) Retirement and other deferred compensation</b> | <b>(D) Nontaxable benefits</b> | <b>(E) Total of columns (B)-(D)</b> | <b>(F) Compensation in column (B) reported as deferred on prior Form 990</b> |
|  | <b>(i)</b><br>Base Compensation                           | <b>(ii)</b><br>Bonus & incentive compensation | <b>(iii)</b><br>Other reportable compensation |   |                                |                                     |  |
| <b>21</b> Stuart Krein<br>Physician  | (I) 505,431<br>- - - - -<br>(II) 0                        | 0<br>- - - - -<br>0                           | 19,080<br>- - - - -<br>0                      | 7,152<br>- - - - -<br>0                               | 28,682<br>- - - - -<br>0       | 560,345<br>- - - - -<br>0           | 0<br>- - - - -<br>0  |
| <b>1</b> Amrit Singh<br>Physician  | (I) 449,989<br>- - - - -<br>(II) 0                        | 0<br>- - - - -<br>0                           | 40,488<br>- - - - -<br>0                      | 94,308<br>- - - - -<br>0                              | 25,467<br>- - - - -<br>0       | 610,252<br>- - - - -<br>0           | 0<br>- - - - -<br>0  |

SCHEDULE M  
(Form 990)

## Noncash Contributions

OMB No 1545-0047

2016

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

►Attach to Form 990.

►Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceName of the organization  
SSM Regional Health Services

Employer identification number

44-0579850

## Part I Types of Property

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|---|--|
| 1 Art—Works of art . . . . .   |                               |  |   |  |
| 2 Art—Historical treasures . . . . .   |                               |  |   |  |
| 3 Art—Fractional interests . . . . .   |                               |  |   |  |
| 4 Books and publications . . . . .   |                               |  |   |  |
| 5 Clothing and household<br>goods . . . . .  |                               |  |   |  |
| 6 Cars and other vehicles . . . . .  |                               |  |   |  |
| 7 Boats and planes . . . . .   |                               |  |   |  |
| 8 Intellectual property . . . . .  |                               |  |   |  |
| 9 Securities—Publicly traded . . . . .   |                               |  |   |  |
| 10 Securities—Closely held stock . . . . .   |                               |  |   |  |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .  |                               |  |   |  |
| 12 Securities—Miscellaneous . . . . .  |                               |  |   |  |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . .   |                               |  |   |  |
| 14 Qualified conservation<br>contribution—Other . . . . .  |                               |  |   |  |
| 15 Real estate—Residential . . . . .   |                               |  |   |  |
| 16 Real estate—Commercial . . . . .  |                               |  |   |  |
| 17 Real estate—Other . . . . .   |                               |  |   |  |
| 18 Collectibles . . . . .  |                               |  |   |  |
| 19 Food inventory . . . . .  |                               |  |   |  |
| 20 Drugs and medical supplies . . . . .  |                               |  |   |  |
| 21 Taxidermy . . . . .   |                               |  |   |  |
| 22 Historical artifacts . . . . .  |                               |  |   |  |
| 23 Scientific specimens . . . . .  |                               |  |   |  |
| 24 Archeological artifacts . . . . .   |                               |  |   |  |
| 25 Other ► ( Medical equipment )   | X                             | 3  | 75,032  | Market value   |
| 26 Other ► ( _____ )   |                               |  |   |  |
| 27 Other ► ( _____ )   |                               |  |   |  |
| 28 Other ► ( _____ )   |                               |  |   |  |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions<br>for which the organization completed Form 8283, Part IV, Donee Acknowledgement |                               |  | 29  | 0  |

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

**Part II****Supplemental Information.**

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

| Return Reference  | Explanation   |
|---|---|
| Schedule M, Part I Explanations of reporting method for number of contributions | Other - Medical equipment The number reported in column (B) represents the number of contributors |

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury

~~Internal Revenue Service~~

Name of the organization

SSM Regional Health Services

**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](http://www.irs.gov/form990).

**OMB No 1545-0047****2016****Open to Public  
Inspection****Employer identification number**

44-0579850

## 990 Schedule O, Supplemental Information

| Return Reference  | Explanation   |
|---|---|
| Form 990, Part III, Line 4a<br><br>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 Regional Health Services: SSM Regional Health Services includes SSM Health St. Francis Hospital in Maryville, Missouri, SSM Health St. Mary's Hospital - Jefferson City in Jefferson City, Missouri and a network of primary care medical clinics and specialty offerings serving Jefferson City and surrounding communities. SSM Health St. Francis Hospital is an 81-bed full-service, fully-accredited health-care organization providing medical care to the residents of northwest Missouri. As a rural hospital, St. Francis provides emergency treatment, acute care for patients with medical and surgical diagnosis, mental health illnesses and obstetrical needs. In 2016, an expanded and renovated emergency department was opened, which includes four exam rooms, two trauma rooms, and a triage room. According to the 2014 Hospital Consumer Assessment of Healthcare Providers and Systems, St. Francis scored above both the national average and average for Missouri hospitals in six out of eleven patient satisfaction categories, demonstrating the hospital's continued commitment to high-quality care. SSM Health St. Mary's Health Center - Jefferson City, is a 154-bed, full-service community hospital located in Missouri's state capital. The hospital features a dedicated inpatient pediatric unit, a Wound Center and Outpatient Treatment Center. SSM Health St. Mary's Hospital - Jefferson City is one of only two hospitals in the state and the only one in Jefferson City to receive two patient-focused awards from Healthgrades, a leading online resource for comprehensive information about physicians and hospitals. The hospital earned both the 2016 Patient Safety Excellence Award and the 2016 Healthgrades Out |

## 990 Schedule O, Supplemental Information

| Return Reference  | Explanation   |
|---|---|
| Form 990, Part III, Line 4a<br><br>Description of Program Service | <p>standing Patient Experience Award Outstanding Patient Experience Award recipients were identified through an evaluation of 10 patient experience measures, using data collected from a 32-question HCAHPS survey of the hospital's own patients. The survey questions focus on patients' perspectives of their care during their inpatient hospital stay. In November 2014, the hospital moved to a new, state-of-the-art building. Improvements with the new facility include all private patient rooms, increasing patient comfort, healing, and safety, ease of patient and visitor transportation between inpatient and outpatient areas, sound-absorbing flooring, acoustic ceiling tiles, and limited overhead paging that will reduce noise and promote recovery, and outdoor gardens for patients to relax and recuperate. SSM Health St. Mary's Hospital - Jefferson City offers a full range of health care services including Cardiovascular, emergency, orthopedic, cancer, outpatient surgical, and women's health services. In addition St. Mary's extends its health care into the region with the following services: Wound care, Medical clinics, urgent care facilities, retail pharmacies, Pain management, sleep medicine, Women's Imaging Center, Occupation Medicine, outpatient physical rehabilitation and diabetes management and training. Describe the organization's approach to providing community benefit. SSM Health (SSM) participates in Community Benefit according to our vision. Through our participation in the healing ministry of Jesus Christ, communities, especially those that are economically, physically, and socially marginalized, will experience improved health in mind, body, spirit and environment. In the tradition of our founders, the Franciscan Sisters of Mary, caring for those in greatest need remains our organizational priority. Today our System Board monitors Community Benefit efforts, and views achievement of our vision as a primary responsibility. The purpose of SSM's Community Benefit program is to assess and address community health needs. Making our communities healthier in measurable ways is always the goal. To fulfill this commitment, SSM's Community Benefit is divided into two parts: 1) Community Health Needs Assessment (CHNA), and 2) Community Benefit Inventory for Social Accountability (CBISA). First, CHNA is the assessment and prioritization of community health needs and the adoption and implementation of strategies to address those needs. A CHNA is conducted every three years by each hospital according to the following steps: * Assess and prioritize community health needs. Gather CHNA data from secondary sources, obtain input from stakeholders representing the broad interests of the community through interviews and focus groups, use data to select top health priorities, and complete written CHNA. * Develop, adopt, and implement strategies to address top health priorities. Establish strategies to address priorities, complete Strategic Implementation Plan, obtain Reg</p> |

**990 Schedule O, Supplemental Information**

| Return Reference  | Explanation   |
|---|---|
| Form 990, Part III, Line 4a<br><br>Description of Program Service | ional/Divisional Board approval, and integrate strategies into operational plan * Make CH NA 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 |

## 990 Schedule O, Supplemental Information

| Return Reference  | Explanation   |                          |              |                         |               |                         |              |  |              |                  |              |                           |  |
|---|---|--------------------------|--------------|-------------------------|---------------|-------------------------|--------------|--|--------------|------------------|--------------|---------------------------|--|
| Form 990, Part III, Line 4b<br>Description of Program Service (Continued) | <p>Description of CHNA community benefit programs For information on CHNA Community Benefit Programs provided by SSM Health St Mary's Hospital - Jefferson City, Missouri, and SSM Health St Francis Hospital - Maryville, Missouri, please see Schedule H, Part V for each facility. Organizational description for tax exemption SSM Regional Health Services participates in a wide array of community programs throughout the area to further its exempt purpose of promoting the health of the community. The community initiatives build on the strengths of our communities and systems to improve the quality of life and to create a sense of hope. Community Benefit initiatives build community capacity and individual empowerment through community organizing, leadership development, partnerships, and coalition building. Our Community Health programs provide compassionate and competent care while they promote health improvement by reaching directly into the community to ensure that low-income and under-served persons can access health care services. Focusing on a broad definition of health, SSM Regional Health Services' hospitals, clinics and programs provide medical and mental health services, health education, health management, prevention, referrals, insurance enrollment and in-home primary care services and support, while fostering collaboration and incorporating Community Benefit strategies. SSM Regional Health Services promotes grassroots advocacy and engages persons of influence to affect social and public policy change in order to promote both community health and healthy communities. SSM Regional Health Services also furthers its exempt purpose with the following activities:</p> <ul style="list-style-type: none"> <li>* Operates an emergency room that is open to all persons regardless of ability to pay,</li> <li>* Has an open medical staff with privileges available to all qualified physicians in the area,</li> <li>* Has a governing body in which independent persons representative of the community comprise a majority</li> <li>* Engages in the training and education of health care professionals,</li> <li>* Participates in Medicaid, Medicare, Campus, Tricare, and/or other government-sponsored health care programs</li> <li>* All surplus funds generated by SSMH entities are reinvested in improving our patient care delivery system</li> </ul> <p>Describe the organization's financial assistance policies or programs (e.g., charity care, discounting) for low-income persons and how they are communicated to the public. For information on the financial assistance policies provided by SSM Health St Mary's Hospital - Jefferson City, Missouri, and SSM Health St Francis Hospital - Maryville, Missouri, please see Schedule H.</p> <p>Quantifiable Uncompensated Care</p> <p>The following is a list of the types of programs and services that could be included as uncompensated care:</p> <table> <tr> <td>Traditional Charity Care</td> <td>\$ 6,577,177</td> </tr> <tr> <td>Unpaid Cost of Medicare</td> <td>\$ 20,044,341</td> </tr> <tr> <td>Unpaid Cost of Medicaid</td> <td>\$ 5,247,693</td> </tr> <tr> <td>Unpaid Cost of Other Means-Tested Programs</td> <td>\$ 1,276,343</td> </tr> <tr> <td>Cost of Bad Debt</td> <td>\$ 5,371,367</td> </tr> <tr> <td><b>Total Quantifiable</b></td> <td></td> </tr> </table> | Traditional Charity Care | \$ 6,577,177 | Unpaid Cost of Medicare | \$ 20,044,341 | Unpaid Cost of Medicaid | \$ 5,247,693 | Unpaid Cost of Other Means-Tested Programs | \$ 1,276,343 | Cost of Bad Debt | \$ 5,371,367 | <b>Total Quantifiable</b> |  |
| Traditional Charity Care  | \$ 6,577,177  |                          |              |                         |               |                         |              |  |              |                  |              |                           |  |
| Unpaid Cost of Medicare   | \$ 20,044,341   |                          |              |                         |               |                         |              |  |              |                  |              |                           |  |
| Unpaid Cost of Medicaid   | \$ 5,247,693  |                          |              |                         |               |                         |              |  |              |                  |              |                           |  |
| Unpaid Cost of Other Means-Tested Programs                                | \$ 1,276,343  |                          |              |                         |               |                         |              |  |              |                  |              |                           |  |
| Cost of Bad Debt  | \$ 5,371,367  |                          |              |                         |               |                         |              |  |              |                  |              |                           |  |
| <b>Total Quantifiable</b>   |   |                          |              |                         |               |                         |              |  |              |                  |              |                           |  |

## 990 Schedule O, Supplemental Information

| Return<br>Reference  | Explanation                      |
|--|----------------------------------|
| Form 990,<br>Part III, Line<br>4b<br><br>Description<br>of Program<br>Service<br>(Continued) | Uncompensated Care \$ 38,516,921 |

# 990 Schedule O, Supplemental Information

| Return Reference                                    | Explanation  |
|---|--|
| Form 990,<br>Part V, Line<br>1a Common<br>Paymaster | SSM HEALTH CARE CORPORATION, EIN 46-6029223, SERVES AS THE COMMON PAYING AGENT FOR THE FILING<br>ORGANIZATION, SSM REGIONAL HEALTH SERVICES, EIN 44-0579850 THEREFORE, ALL APPLICABLE 1099 AND 1096<br>IRS TAX FILINGS ARE REPORTED BY SSM HEALTH CARE CORPORATION |

# 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

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

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

## 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 on line. Periodically through the year, the entity's corporate responsibility contact person (with the help of the entity's learning management system coordinator) sends department managers a list of employees who have not yet completed their COI so they can remind the employees and ensure the employees have time in their schedule to complete the required course. Resolution of any conflicts that are disclosed must be documented and kept on file at the entity. Supervisors verify required course completion prior to year end. |

## 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 financial statements and unaudited quarterly consolidated financial statement for the SSM Health System are made available to the public on SSM Health's website. The organization's articles of incorporation are available on the Missouri Secretary of State's website. Copies of the Form 990 and the organization's conflict of interest policy are available upon request. |

## 990 Schedule O, Supplemental Information

| Return Reference  | Explanation  |
|---|--|
| Form 990,<br>Part VII,<br>Section A<br>Compensation<br>of Former Key<br>Employees | COMPENSATION OF FORMER KEY EMPLOYEES REPORTED ON FORM 990, Part VII, SECTION A, REPRESENTS AMOUNTS PAID FROM A RELATED ORGANIZATION FOR CONTINUED SERVICE TO THAT RELATED ORGANIZATION |

# 990 Schedule O, Supplemental Information

| Return Reference  | Explanation   |
|---|---|
| Form 990,<br>Part VIII, Line<br>11d Other<br>Miscellaneous<br>Revenue | All other revenue - Total Revenue 395240, Related or Exempt Function Revenue , Unrelated Business Revenue 30605,<br>Revenue Excluded from Tax Under Sections 512, 513, or 514 364635, |

# 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 9533883, Program Service Expense 9501472, Management and General Expenses 32411, Fundraising Expenses , Recruitment, Consulting, Administrative, and PBS Fees - Total Expense 10671245, Program Service Expense 6995862, Management and General Expenses 3669447, Fundraising Expenses 5936, Medical Lab, Radiology, Transportation - Total Expense 4337575, Program Service Expense 4337575, Management and General Expenses , Fundraising Expenses , |

## 990 Schedule O, Supplemental Information

| Return<br>Reference  | Explanation   |
|--|---|
| Form 990,<br>Part XI, Line<br>9 Other<br>changes in<br>net assets or<br>fund<br>balances | Change in beneficial interest in foundation - 159742, Transfers from affiliates - 51067608, |

## 990 Schedule O, Supplemental Information

| Return Reference                               | Explanation  |
|--|--|
| FORM 990,<br>PART I<br>DOING<br>BUSINESS<br>AS | SSM Regional Health Services currently conducts business under the following names SSM Health Behavioral Health SSM Health Cancer Center SSM Health Medical Group SSM Health Medical Group - Behavioral Health SSM Health Medical Group - Behavioral Medicine SSM Health Medical Group - Cardiothoracic Surgery SSM Health Medical Group - Cardiovascular & Thoracic Surgery SSM Health Medical Group - Family Medicine SSM Health Medical Group - Occupational Medicine SSM Health Medical Group - Ophthalmology SSM Health Medical Group - Orthopedic Surgery SSM Health Medical Group - Pediatrics SSM Health Pharmacy SSM Health Preschool & Child Care Center SSM Health Sleep Center SSM Health Spine & Pain Management Center SSM Health Spine Surgery & Interventional Pain Center SSM Health Sports Medicine & Rehabilitation Center SSM Health St Francis Hospital - Maryville SSM Health St Francis Hospital Auxiliary SSM Health St Mary's Hospital - Jefferson City SSM Health Urgent Care SSM Health Vascular Center SSM Health Wound Center St Francis Family Eye Clinic St Francis Family Eye Clinic - Albany St Francis Family Health Care - East St Francis Family Health Care - West St Francis Family Life Services St Francis Hardin Medical Clinic St Francis Hospital & Health Services St Francis Orthopedic & Sports Medicine Clinic St Francis Preschool & Child Care St Mary's Cancer Center at JCMG St Mary's Comprehensive Spine & Pain Management Center St Mary's Holts Summit Pharmacy St Mary's Tipton Medical Clinic The Vascular Institute at St Mary's |

**SCHEDULE R  
(Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

Module R (Form 990) and its instructions is at [www.irs.gov](http://www.irs.gov).

Name of the organization  
SSM Regional Health Services

**Employer identification number**

44-0579850

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

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

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### See Additional Data Table

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

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### See Additional Data Table

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

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**See Additional Data Table**

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>entity? |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|
|  |                         |   |                                     |  |                                 |   |                                |   |
|  |                         |   |                                     |  |                                 |   |                                |   |
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|  |                         |   |                                     |  |                                 |   |                                |   |
|  |                         |   |                                     |  |                                 |   |                                |   |

**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 . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

|    | <b>Yes</b> | <b>No</b> |
|----|------------|-----------|
| 1a |            | <b>No</b> |
| 1b | <b>Yes</b> |           |
| 1c | <b>Yes</b> |           |
| 1d |            | <b>No</b> |
| 1e | <b>Yes</b> |           |
| 1f |            | <b>No</b> |
| 1g |            | <b>No</b> |
| 1h |            | <b>No</b> |
| 1i |            | <b>No</b> |
| 1j | <b>Yes</b> |           |
| 1k | <b>Yes</b> |           |
| 1l | <b>Yes</b> |           |
| 1m | <b>Yes</b> |           |
| 1n | <b>Yes</b> |           |
| 1o | <b>Yes</b> |           |
| 1p | <b>Yes</b> |           |
| 1q | <b>Yes</b> |           |
| 1r | <b>Yes</b> |           |
| 1s | <b>Yes</b> |           |

**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

| <b>(a)</b><br>Name of related organization               | <b>(b)</b><br>Transaction type (a-s) | <b>(c)</b><br>Amount involved | <b>(d)</b><br>Method of determining amount involved |
|--|--------------------------------------|-------------------------------|---|
| (1) St Francis Hospital Foundation                       | C                                    | 1,021,562                     | Cash Transfer                                       |
| (2) St Mary's Health Center Jefferson City MO Foundation | C                                    | 138,274                       | Cash Transfer                                       |
| (3) St Mary's Health Center Jefferson City MO Foundation | R                                    | 117,615                       | Cost  |
|  |                                      |                               |   |
|  |                                      |                               |   |
|  |                                      |                               |   |
|  |                                      |                               |   |

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

**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:** 44-0579850  
**Name:** SSM Regional Health Services

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

| (a)<br>Name, address, and EIN of related organization               | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state<br>or foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity         | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|--|-------------------------------|---|---|--|----|
|   |                         |  |                               |   |   | Yes  | No |
| (1)<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>46-6029223     | Health Care             | MO   | 501(c)(3)                     | Type I  | SSM Health Ministries                       |  | No |
| (1)<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>43-6331003     | Insurance               | MO   | 501(c)(3)                     | Type I  | SSM Health Care<br>Corporation              |  | No |
| (2)<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>43-1473657     | Health Care             | MO   | 501(c)(3)                     | Type I  | SSM Health Care<br>Corporation              |  | No |
| (3)<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>43-1788151     | Health Care             | MO   | 501(c)(4)                     |   | SSM Health Care<br>Corporation              |  | No |
| (4)<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>43-1825256     | Management              | MO   | 501(c)(3)                     | Type I  | SSM Health Care<br>Corporation              |  | No |
| (5)<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>43-0738490     | Health Care             | MO   | 501(c)(3)                     | 3   | SSM Health Care St<br>Louis                 |  | No |
| (6)<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>43-1754347     | Fundraising             | MO   | 501(c)(3)                     | 7   | SSM Cardinal Glennon<br>Children's Hospital |  | No |
| (7)<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>43-1776109     | Fundraising             | MO   | 501(c)(3)                     | 7   | SSM Health Care St<br>Louis                 |  | No |
| (8)<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>43-1591556     | Fundraising             | MO   | 501(c)(3)                     | 7   | SSM Health Care St<br>Louis                 |  | No |
| (9)<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>43-1273310     | Fundraising             | MO   | 501(c)(3)                     | 7   | SSM Health Care St<br>Louis                 |  | No |
| (10)<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>43-1552945    | Fundraising             | MO   | 501(c)(3)                     | 7   | SSM Health Care St<br>Louis                 |  | No |
| (11)<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>73-0657693    | Health Care             | OK   | 501(c)(3)                     | 3   | SSM Health Care<br>Corporation              |  | No |
| (12)<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>73-6104300    | Fundraising             | OK   | 501(c)(3)                     | 7   | SSM Health Care of<br>Oklahoma              |  | No |
| (13)<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>43-0688874    | Health Care             | WI   | 501(c)(3)                     | 3   | SSM Health Care<br>Corporation              |  | No |
| (14)<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>39-1613292    | MOB                     | WI   | 501(c)(2)                     |   | SSM Health Care of<br>Wisconsin             |  | No |
| (15)<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>43-1940686    | Fundraising             | WI   | 501(c)(3)                     | 7   | SSM Health Care of<br>Wisconsin             |  | No |
| (16)<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>43-1940683    | Fundraising             | WI   | 501(c)(3)                     | 7   | SSM Health Care of<br>Wisconsin             |  | No |
| (17)<br>2802 Walton Commons Lane<br>Madison, WI 53718<br>39-1539827 | Health Care             | WI   | 501(c)(3)                     | 10  | SSM Health Care of<br>Wisconsin             |  | No |
| (18)<br>2802 Walton Commons Lane<br>Madison, WI 53718<br>39-1776340 | Health Care             | WI   | 501(c)(3)                     | 10  | SSM Health Care of<br>Wisconsin             |  | No |
| (19)<br>2802 Walton Commons Lane<br>Madison, WI 53718<br>39-1705111 | Health Care             | WI   | 501(c)(3)                     | 10  | SSM Health Care of<br>Wisconsin             |  | No |

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

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

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                         |  |                               |   |                                     |  |
|--|-------------------------|--|-------------------------------|---|-------------------------------------|--|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state<br>or foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |
|  |                         |  |                               |   |                                     |  |
| (41)<br><br>620 E Monroe Street<br>Mexico, MO 65265<br>43-1265060                  | Fundraising             | MO   | 501(c)(3)                     | Type I  | SSM Austin Health<br>Care Inc       | No   |
| (1)<br><br>10101 Woodfield Lane<br>St Louis, MO 63132<br>47-4196634                | Health Care             | MO   | 501(c)(3)                     | 3   | SSM Health Care St<br>Louis         | No   |

## Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity         | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Direct Controlling Entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j)<br>General or Managing Partner? | (k)<br>Percentage ownership |
|---|---------------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|-----------------------------|
|   |                                 |  |                                  |  |                              |                                    | Yes                                  | No |  |                                     |                             |
| (1) SSM St Joseph Endoscopy Center LLC<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>27-0046559  | Surgery Services                | MO   | NA                               | N/A  | 0                            | 0                                  |                                      |    | 0  |                                     | 0 %                         |
| (1) St Clare Imaging Services<br>707 14th Street Suite A<br>Baraboo, WI 53913<br>20-0122365   | Diag Services                   | WI   | NA                               | N/A  | 0                            | 0                                  |                                      |    | 0  |                                     | 0 %                         |
| (2) Mt Vernon Radiation Therapy Center LLC<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>20-1382620  | Radiation Therapy               | IL   | NA                               | N/A  | 0                            | 0                                  |                                      |    | 0  |                                     | 0 %                         |
| (3) Sleep & Neurology Center of S Illinois LLC<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>20-8468195                                    | Diag Services                   | IL   | NA                               | N/A  | 0                            | 0                                  |                                      |    | 0  |                                     | 0 %                         |
| (4) ChowSMGSI Office Building LLC<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>37-1383861   | MOB                             | IL   | NA                               | N/A  | 0                            | 0                                  |                                      |    | 0  |                                     | 0 %                         |
| (5) Oza Cancer Center LLC<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>20-1382727   | MOB                             | IL   | NA                               | N/A  | 0                            | 0                                  |                                      |    | 0  |                                     | 0 %                         |
| (6) Shawnee Real Estate Holdings LLC<br>1000 N Lee Ave<br>Oklahoma City, OK 73102<br>45-5458304   | MOB                             | OK   | NA                               | N/A  | 0                            | 0                                  |                                      |    | 0  |                                     | 0 %                         |
| (7) SSM HEALTH PHARMACY LLC<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>26-4031708   | Pharmacy                        | MO   | NA                               | N/A  | 0                            | 0                                  |                                      |    | 0  |                                     | 0 %                         |
| (8) Dean Clinic & St Marys Hospital Accountable Care Organization LLC<br>1808 West Beltline Highway<br>Madison, WI 53713<br>45-2995500        | Accountable Care Organization   | WI   | NA                               | N/A  | 0                            | 0                                  |                                      |    | 0  |                                     | 0 %                         |
| (9) Wisconsin Integrated Information Technology and Telemedicine Systems LLC<br>1808 West Beltline Highway<br>Madison, WI 53713<br>39-2016715 | Information Technology Services | WI   | NA                               | N/A  | 0                            | 0                                  |                                      |    | 0  |                                     | 0 %                         |
| (10) Dean Health Holdings LLC<br>1277 Deming Way<br>Madison, WI 53717<br>26-1594709   | Support Services                | WI   | NA                               | N/A  | 0                            | 0                                  |                                      |    | 0  |                                     | 0 %                         |
| (11) Wingra Building Group<br>1808 West Beltline Highway<br>Madison, WI 53713<br>39-0237060   | MOB                             | WI   | NA                               | N/A  | 0                            | 0                                  |                                      |    | 0  |                                     | 0 %                         |
| (12) Janesville Riverview Clinic Building Partnership<br>1808 West Beltline Highway<br>Madison, WI 53713<br>39-6220698                        | MOB                             | WI   | NA                               | N/A  | 0                            | 0                                  |                                      |    | 0  |                                     | 0 %                         |

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

| (a)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
|  |                         |   |                                     |  |                                 |   |                                | Yes  | No |
| (1) SSM Managed Care Organization LLC<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>43-1708511              | Health Promotion        | MO  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (1) FPP Inc<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>43-1465174  | Health Care             | MO  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (2) Diversified Health Services Corp<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>43-1369305               | Medical Equipment       | MO  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (3) SSM Cardio and Thoracic Services Inc<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>26-0286559           | Health Care             | MO  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (4) SSM Properties Inc<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>43-1462486                             | Property Services       | MO  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (5) SSM Depaul Medical Group Inc<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>43-1715106                   | Health Care             | MO  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (6) SSM St Charles Clinic Med Group Inc<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>43-0626408            | Physician Offices       | MO  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (7) Health First Phys Management<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>73-1534336                   | Medical Services        | OK  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (8) SSMHCS Liability Trust II<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>81-6128118                      | Insurance               | MO  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (9) SSM Neurosciences Inc<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>26-3413981                          | Health Care             | MO  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (10) SSM Medical Group Inc<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>43-1664107                         | Physician Offices       | MO  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (11) SSMHC Insurance Company<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>03-0310431                       | Insurance               | CA  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (12) SSM Orthopedic Inc<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>27-1557033                            | Health Care             | MO  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (13) SSM Cancer Care Inc<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>27-1557324                           | Health Care             | MO  | NA                                  | C Corporation  |                                 |   |                                |  | No |
| (14) Physicians Services Corp of Southern Illinois<br>10101 Woodfield Lane<br>St Louis, MO 63132<br>36-4161526 | Health Care             | IL  | NA                                  | C Corporation  |                                 |   |                                |  | No |

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