

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 81,809,260	including grants of \$	(Revenue \$ 108,722,878)
See Additional Data				









4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)		
	(Expenses \$	including grants of \$	(Revenue \$)

4e	Total program service expenses ▶	81,809,260
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	903
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ▶ Matthew Kinsella 400 N Pleasant Avenue Centralia, IL 62801 (618) 899-1040

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

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

Form **990** (2017)

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,958,104	6,833,238	4,547,598

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 **▶ 30**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ANESTHESIA ASSOCIATES OF SOUTHERN ILLINOIS 2700 TURNBERRY DRIVE MARION, IL 62959	MEDICAL SERVICES	9,365,160
SHORES BUILDERS 1154 SCHWARTZ ROAD CENTRALIA, IL 62801	Construction services	1,980,978
MIDWEST EMERGENCY DEPARTMENT PO BOX 8882 FORT WORTH, TX 76124	MEDICAL SERVICES	893,293
FELICIAN SERVICES 3800 W PETERSON AVE CHICAGO, IL 60659	MANAGEMENT SERVICES	700,350
ADVANCED ICU CARE INC ONE CITY PLACE DRIVE SUITE 570 ST LOUIS, MO 63141	EMERGENCY CARE SERVICES	567,654

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 30**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☒

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	4,237			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	60,096			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶		64,333			
Program Service Revenue		Business Code				
	2a NET PATIENT SERVICE REVENUE	621110	107,095,766	107,095,766		
	b ANESTHESIA SERVICES	621110	1,349,845	1,349,845		
	c _____					
	d _____					
	e _____					
	f All other program service revenue		277,267	277,267	0	0
	g Total. Add lines 2a-2f ▶		108,722,878			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		94,612			94,612
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real (ii) Personal				
		252,138				
	b Less rental expenses	206,448				
	c Rental income or (loss)	45,690 0				
	d Net rental income or (loss) ▶		45,690			45,690
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis and sales expenses	1,093				
	c Gain or (loss)	0 -1,093				
	d Net gain or (loss) ▶		-1,093			-1,093
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events . . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities . . . ▶					
	10a Gross sales of inventory, less returns and allowances . . . a					
	b Less cost of goods sold . . . b					
c Net income or (loss) from sales of inventory . . . ▶						
Miscellaneous Revenue Business Code						
11a CAFETERIA REVENUE	722210	308,814			308,814	
b PRINT SERVICES	561000	7,416			7,416	
c MEDICAL RECORDS	561000	1,404			1,404	
d All other revenue		0	0	0	0	
e Total. Add lines 11a-11d ▶		317,634				
12 Total revenue. See Instructions ▶		109,244,054	108,722,878	0	456,843	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	1,312,808	862,177	450,631	
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.	34,000,989	28,119,083	5,881,906	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,690,996	2,173,183	517,813	
9 Other employee benefits.	8,842,396	7,238,652	1,603,744	
10 Payroll taxes.	2,506,941	2,049,815	457,126	
11 Fees for services (non-employees):				
a Management.	116,845	116,845		
b Legal.	93,492		93,492	
c Accounting.	60,208		60,208	
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).	13,023,833	9,640,061	3,383,772	0
12 Advertising and promotion.	19,987		19,987	
13 Office expenses.	4,811,144	4,671,765	139,379	
14 Information technology.	4,535,049	4,509,749	25,300	
15 Royalties.				
16 Occupancy.	2,042,325	2,030,994	11,331	
17 Travel.	176,699	125,351	51,348	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	47,173	39,323	7,850	
20 Interest.	2,312,166	2,312,166		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	3,844,986	3,535,419	309,567	
23 Insurance.	532,181		532,181	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL SUPPLIES	9,955,501	9,955,501		
b MEDICAID PROVIDER TAX	4,284,662	4,284,662		
c Internal management fees	3,284,004		3,284,004	
d LICENSES AND TAXES	144,529	144,514	15	
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e.	98,638,914	81,809,260	16,829,654	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	263,116	1	1,059,899
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	21,758,923	4	16,152,460
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,186,229	8	2,293,422
	9 Prepaid expenses and deferred charges	214,835	9	480,782
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 67,321,270		
	b Less: accumulated depreciation	10b 33,567,259		
		30,241,567	10c	33,754,011
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	303,581	12	51,376
	13 Investments—program-related. See Part IV, line 11	0	13	1,303,878
	14 Intangible assets	1,471,584	14	1,331,434
15 Other assets. See Part IV, line 11	1,818,567	15	3,361,468	
16 Total assets. Add lines 1 through 15 (must equal line 34)	58,258,402	16	59,788,730	
Liabilities	17 Accounts payable and accrued expenses	20,966,798	17	25,272,035
	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	0
	23 Secured mortgages and notes payable to unrelated third parties	42,935,000	23	43,841,000
	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	18,465,889	25	10,191,313
	26 Total liabilities. Add lines 17 through 25	82,367,687	26	79,304,348
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-24,241,397	27	-19,653,564
	28 Temporarily restricted net assets	132,112	28	137,946
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-24,109,285	33	-19,515,618
	34 Total liabilities and net assets/fund balances	58,258,402	34	59,788,730

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	109,244,054
2	Total expenses (must equal Part IX, column (A), line 25)	2	98,638,914
3	Revenue less expenses Subtract line 2 from line 1	3	10,605,140
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-24,109,285
5	Net unrealized gains (losses) on investments	5	
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	-6,011,473
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-19,515,618

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

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

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 37-0662580
Name: St Mary's Hospital Centralia Illinois

Form 990 (2017)

Form 990, Part III, Line 4a:
PLEASE SEE SCHEDULE O FOR A COMPLETE DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Paula Friedman	10	X		X				0	856,416	891,366
Vice President, Chief Strategy Officer at SSM Health	540									
William Thompson	10	X		X				0	1,280,477	547,089
Pt Yr President, Pt Yr CEO of SSM Health	560									
Laura S Kaiser	10	X		X				0	1,325,216	268,145
Director, President/CEO of SSM Health	550									
Robert Brown	10	X						0	0	0
Director	35									
Sr M Ramona Dombrowski CSSF	10	X						0	0	0
Director	30									
Christopher Howard	10	X						0	985,838	1,036,792
Chief Operations Officer at SSM Health	550									
Rev Ron Johnson	10	X						0	0	0
Director	35									
Kimberly McMillan	10	X						0	0	0
Director	35									
Sajjan K Neman MD	10	X						223,640	11,050	0
Director, Physician with SSM Health	430									
Sr M Clarette Stryzewski CSSF	10	X						0	0	0
Director	30									

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Stacy Tate	1 0									
Director	..... 3 0	X						0	0	0
Elizabeth Franczyk MD	1 0									
Director	..... 3 0	X						0	0	0
Yagnesh Oza MD	1 0									
Director, Medical Director-Hospice, SSM Health of Southern Illinois	..... 43 0	X						247,500	74,001	0
Patricia Williams	1 0									
Director	..... 2 5	X						0	0	0
Ryan Willis MD	1 0									
Director	..... 3 0	X						0	0	0
June Pickett	1 0									
Secretary, Asst VP Governance & Archives, SSM Health	..... 65 1			X				0	262,856	51,074
Kris Zimmer	1 0									
Treasurer, Senior VP-Finance SSM Health	..... 57 0			X				0	973,103	961,176
Rachel Ruettgers	20 0									
Assistant Secretary	..... 22 0			X				31,774	29,142	21,153
John Sigsbury	40 0									
Hospital President, SSM Health St Mary's Hospital - Centralia	..... 0 5			X				321,385	27,646	61,543
Matthew Kinsella	20 0									
Regional CFO	..... 22 0			X				0	164,923	51,586

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kendra Bowen Physician Assistant	40 0 0					X		164,101	0	7,003

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

St Mary's Hospital Centralia Illinois

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

37-0662580

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 (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))					14
15	Public support percentage for 2016 Schedule A, Part II, line 14					15
16a	33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>					
b	33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>					
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>					
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>					
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>					

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test Answer (a) and (b) below.

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 37-0662580
Name: St Mary's Hospital Centralia Illinois

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	OMB No 1545-0047
	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2017
Department of the Treasury Internal Revenue Service	▶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 <u>www.irs.gov/form990</u>.	Open to Public Inspection

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

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

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

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

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

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

Name of the organization St Mary's Hospital Centralia Illinois	Employer identification number 37-0662580
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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 (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3** Volunteer hours for political campaign activities (see instructions) _____

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.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		4,070
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			4,070
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

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As Filed Data -

DLN: 93493317061688

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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.

Name of the organization
St Mary's Hospital Centralia Illinois

Employer identification number
37-0662580

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.

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

2b

2c

2d

3

Number of conservation easements on a certified historic structure included in (a)

4

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

5

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

6

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

7

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

8

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

9

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

10

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

11

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

1b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2017

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		1,259,000		1,259,000
b Buildings		35,793,478	15,199,785	20,593,693
c Leasehold improvements				
d Equipment		24,128,811	17,699,947	6,428,864
e Other		6,139,981	667,527	5,472,454
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				33,754,011

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	722,345
(2) THIRD-PARTY PAYORS	960,293
(3) Due from Affiliates	1,678,830
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	3,361,468

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		
DUE TO AFFILIATES	82,498	
DEFERRED COMPENSATION	148,842	
ASSET RETIREMENT OBLIGATION	1,087,054	
PENSION FUNDING LIABILITY	7,172,699	
OTHER LONG-TERM LIABILITIES	606,000	
THIRD PARTY PAYORS	605,805	
Third-party patient loans	488,415	
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	10,191,313	

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: 17005876
Software Version: 2017v2.2
EIN: 37-0662580
Name: St Mary's Hospital Centralia Illinois

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	ST MARY'S HOSPITAL, CENTRALIA, ILLINOIS' FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF A RELATED ORGANIZATION, SSM HEALTH (SSMH) SSMH EVALUATES ITS UNCERTAIN TAX POSITIONS ON AN ANNUAL BASIS A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES , BASED ON THE TECHNICAL MERITS THERE HAVE BEEN NO UNCERTAIN TAX POSITIONS RECORDED IN 2017 OR 2016

SCHEDULE H (Form 990) Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Hospitals</h2> <p>► 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.</p>	OMB No 1545-0047 <div style="font-size: 2em; font-weight: bold; text-align: center;">2017</div> Open to Public Inspection
Name of the organization St Mary's Hospital Centralia Illinois		Employer identification number 37-0662580

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 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 free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <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 _____ %	3b	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b If "Yes," did the organization make it available to the public?	6b		No
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,368,554		1,368,554	1 39 %
b Medicaid (from Worksheet 3, column a)			29,633,000	24,446,509	5,186,491	5 26 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			893,397	524,469	368,928	0 37 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	31,894,951	24,970,978	6,923,973	7 02 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			486,278		486,278	0 49 %
f Health professions education (from Worksheet 5)			408,058		408,058	0 41 %
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)			115,963		115,963	0 12 %
j Total. Other Benefits	0	0	1,010,299	0	1,010,299	1 02 %
k Total. Add lines 7d and 7j	0	0	32,905,250	24,970,978	7,934,272	8 04 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0 %
2 Economic development			1,673		1,673	0 %
3 Community support			5,804		5,804	0 01 %
4 Environmental improvements			847		847	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building			799		799	0 %
7 Community health improvement advocacy			3,242		3,242	0 %
8 Workforce development			504		504	0 %
9 Other					0	0 %
10 Total	0	0	12,869	0	12,869	0 01 %

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		
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	29,354,609
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	37,114,483
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-7,759,874
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

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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?

1

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)

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

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

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

Name of hospital facility or letter of facility reporting group _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____**1****Community Health Needs Assessment**

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <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 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https://www.ssmhealth.com/locations/st-marys-hospital-centralia</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	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>https://www.ssmhealth.com/about/community-health-needs-assessments</u>	10 Yes	
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

A

Name of hospital facility or letter of facility reporting group _____

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

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

A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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

A

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

[illegible]

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 5

Name and address	Type of Facility (describe)
1 CENTRALIA WORK SAFETY INSTITUTE 1441 W BROADWAY CENTRALIA, IL 62801	REHABILITATION FACILITY
2 SALEM WORK SAFETY INSTITUTE 1250 W WHITTAKER STREET SALEM, IL 62881	REHABILITATION FACILITY
3 CARLYLE WORK SAFETY INSTITUTE 811 FAIRFAX ST CARLYLE, IL 62231	REHABILITATION FACILITY
4 SSM Health Medical Group 1054 Martin Luther King Suite 125 Centralia, IL 62801	Outpatient clinic
5 SSM Health Express Clinic 1003 E McCord Street Centralia, IL 62801	Express clinic
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 Eligibility for Financial Assistance	Services eligible under the financial assistance policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination. The basis for the amounts the hospital will charge patients qualifying for financial assistance is as follows: Patients whose family income is above 200% but not more than 400% of the FPL are eligible to receive discounted services at amounts no greater than the amounts generally billed to the hospital's commercially insured or Medicare patients.
Schedule H, Part I, Line 3c Discounted Care Exceptions	Patients whose family income exceeds 400% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the hospital, however the discounted rates shall not be greater than the amounts generally billed to commercially insured [or Medicare] patients. In such cases, other factors may be considered in determining their eligibility for discounted or free services, including: <ul style="list-style-type: none"> * Bank accounts, investments and other assets * Employment status and earning capacity * Amount and frequency of bills for health care services * Other financial obligations and expenses * Generally, financial responsibility will be no more than 25% of gross family income. The hospital may utilize predictive analytical software or other criteria to assist in making a determination of financial assistance eligibility in situations where the patient qualifies for financial assistance but has not provided the necessary documentation to make a determination. This process is called "presumptive eligibility."

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community Benefit Annual Report	SSM Health St Mary's Hospital - Centralia is part of the integrated health system known as SSM Health In an effort to maximize its community impact, the organization prepares a community benefit report that highlights the concerns of the community, how to address them, and the progress made This report, however, is kept internally and is used by the organization to deliver the best care to the community
Schedule H, Part I, Line 7 Costing Methodology used to calculate 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</p> <p>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</p> <p>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</p> <p>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</p> <p>Research costing methodology Research expenses were taken from the income and expense statements for the research departments, derived from the accounting system</p> <p>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	SSM Health St Mary's Hospital - Centralia participates in a wide array of community and civic organizations in the promotion of health care and community building activities Specific activities reported in Part II of Schedule H include the following Economic development Hospital president assisted with the Marion County Chamber of Commerce, hospital staff attended Centralia City Council meetings Community support participation in the Salem Senior Health Fair and various health-related support groups Cardiac rehab provides the community with education and blood pressure screenings once every month Environmental improvements the hospital recycled materials, product, and equipment, where appropriate, throughout the year Coalition building ob/gyn nurse devoted time to the Southern Illinois Breastfeeding Coalition, hospital staff contributed to Marion County, Shawnee Region, and City of Carbondale emergency planning Community health improvement advocacy hospital president is also president of the Centralia Image Committee, a mayor-appointed committee consisting of various community leaders whose purpose is to develop ideas, policies, and activities that contribute to the improvement of the community's socio-economic health Workforce development hospital leadership contributed time to the Illinois Workforce Investment Board, a group that focuses on ensuring the workforce system is job-driven and matches employers to skilled individuals
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	SSM Health St Mary's Hospital - Centralia did not make an estimate of the organization's bad debt attributable to patients eligible under the organization's financial assistance policy
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	SSM Health St Mary's Hospital - Centralia is part of the SSM Health consolidated audit. The footnote that references bad debt expense in the December 31, 2017 consolidated audit is contained on page 19 and 20 of the attached financial statements.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	THE COSTING METHODOLOGY USED TO DETERMINE THE MEDICARE ALLOWABLE COST WAS BASED ON THE MEDICARE PRINCIPLES USED IN COMPLETING THE MEDICARE COST REPORT ALL COST REPORTED CAME FROM THE MEDICARE COST REPORT SSM HEALTH ACCEPTS ALL MEDICARE PATIENTS WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS AND OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY SSM HEALTH BELIEVES THAT ANY MEDICARE SHORTFALL SHOULD BE TREATED AS A COMMUNITY BENEFIT BECAUSE MEDICARE DOES NOT FULLY COMPENSATE HOSPITALS FOR THE COST OF PROVIDING HOSPITAL CARE TO MEDICARE BENEFICIARIES, AS MEDICARE ALLOWED COST IS LESS THAN ACTUAL COST
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	SSM Health St Mary's Hospital - Centralia 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 1 The financial assistance summary will be included with each billing statement 2 Extraordinary Collection Activity (ECAs) may not occur until bad debt placement and only after 120 days 3 ECAs must be suspended if a guarantor submits a FAP application during the application period 4 Reasonable measures must be taken to reverse ECAs if the application is approved which may include refunding any payments made in excess of amounts owed as an FAP-eligible individual 5 Bad Debt vendors will gain written approval from SSM prior to engaging in ECAs SSM will review the accounts and verify satisfactory completion of reasonable efforts during the notification and application period A waiver is not considered reasonable efforts Obtaining a signed waiver that an individual does not wish to apply for FAP assistance or receive FAP application information will not meet the requirement to make "reasonable efforts" to determine whether the individual is FAP-eligible before engaging in ECAs All outside collection agencies must comply with state and federal laws, comply with the association of credit and collection professional's code of ethics and professional responsibility and comply with SSM Health St Mary's Hospital - Centralia's collection and financial assistance policies

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - SSM Health St Mary's Hospital - Centralia Line 16c URL https://www.ssmhealth.com/for-patients/financial-assistance ,
Schedule H, Part VI, Line 2 Needs assessment	<p>SSM Health (SSM) participates in Community Benefit according to our vision, Through our participation in the healing ministry of Jesus Christ, communities, especially those that are economically, physically, and socially marginalized, will experience improved health in mind, body, spirit and environment. In the tradition of our founders, the Franciscan Sisters of Mary, caring for those in greatest need remains our organizational priority. Today our System Board monitors Community Benefit efforts, and views achievement of our vision as a primary responsibility. The purpose of SSM's Community Benefit program is to assess and address community health needs. Making our communities healthier in measurable ways is always our goal. To fulfill this commitment, SSM's Community Benefit is divided into two parts: 1) Community Health Needs Assessment (CHNA), and 2) Community Benefit Inventory for Social Accountability (CBISA). The CHNA is an assessment and prioritization of community health needs and the adoption and implementation of strategies to address those needs. A CHNA is conducted every three years by each hospital according to the following steps:</p> <ul style="list-style-type: none"> * Assess and prioritize community health needs Gather CHNA data from secondary sources, obtain input from stakeholders representing the broad interests of the community through interviews and focus groups, use data to select top health priorities, and complete written CHNA * Develop, adopt, and implement strategies to address top-health priorities Establish strategies to address priorities, complete Strategic Implementation Plan, obtain Regional/Divisional Board approval, and integrate strategies into operational plan * Make CHNA widely available to the public Publish CHNA and summary document on hospital's website * Monitor, track, and report progress on top health priorities Collect data and evaluate progress, report to Regional/Divisional Board every six months and System Board every year, share findings with community stakeholders, and send results to finance for submission to the Internal Revenue Service (IRS) CBISA is the gathering, collecting, and reporting of all data relating to community benefit activities and programs across the System. A CBISA is conducted every year by each hospital according to the following steps: * Collect and enter data Send out emails reminding staff to submit activities, enter data into Lyon, and run reports to share with leaders * Finalize and report on prior year Enter all prior year data into Lyon by January 31, and communicate final prior year figures to IRS, System Board, and the community System Office staff and leaders oversee and monitor SSMH's Community Benefit Program, and ensure reporting is in compliance with IRS regulations <p>In collaboration with community stakeholders and partner organizations, SSM Health Care Corporation also identifies needs based on assessments and research, and SSMH facilities also involve case managers and care team staff to pinpoint critical health issues in the community. All hospital CHNAs are 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	<p>All SSMH facilities will strive to provide exceptional health care services to all persons in need regardless of their ability to pay. All billing and collection policies reflect the mission and values of SSMH, including our special concern for people who are poor and vulnerable. SSMH facilities offer discounts for hospital services to all uninsured persons. Self-pay discounts apply to everyone who does not have health insurance, no matter their ability to pay. SSMH applies its charity care policies fairly and consistently. Each person is treated as an individual with specific needs for assistance without regard to payment. SSMH embraces its responsibility to serve the communities in which we participate by establishing sound business practices. Charity care is provided to patients based on a sliding scale for household income up to four times the federal poverty level. Patients whose household income is no more than two times the federal poverty level are eligible for free hospital services. In addition, an exception to the sliding scale is provided for a patient's balance due if the amount is too large to be reasonably paid through an installment plan over four years given the family income and expenses. Each entity providing medical service shall provide information to the public regarding its charity care policies and the qualification requirements for each of its facilities. When standard system notices and communication regarding charity care are available, these must be used. Modifications to the standard may be made to comply with state and local laws, as well as reflect culturally sensitive terminology for the policy. All notices are easy to understand by the general public, culturally appropriate and available in those languages that are prevalent in the community. They provide information about:</p> <ul style="list-style-type: none"> * The patient's responsibility for payment, * The availability of financial assistance from public programs and entity charity care and payment arrangements, * The entity's charity policy and application process, and * Who to contact to get additional information or financial counseling. <p>The following types of notices to the public are provided:</p> <ul style="list-style-type: none"> * Signs in the emergency department, outpatient and inpatient registration and public waiting areas. * Brochures or fliers provided at time of registration and available in the financial counseling areas. * Notices sent with or on patient bills or communications sent to patients and guarantors related to medical services. * Applications provided to uninsured patients at the time of registration. <p>The application for charity care, together with any instructions, must clearly state the policies regarding charity care, including excluded services, eligibility criteria and documentation requirements. Information about the entity's charity policies is also provided to public agencies.</p>
Schedule H, Part VI, Line 4 Community information	<p>SSM Health St. Mary's Hospital - Centralia defines its primary service area as Marion County Illinois. Within Marion County there are numerous small towns, cities and villages including Alma, Central City, Centralia, Luka, Junction City, Kell, Kimmundy, Odin, Patoka, Salem, Sandova, Vernon, and Walnut Hill. The county covers 576 square miles and has a population of 38,204 in 2011. Of this population, 31.2% have an average household income under \$25,000. Marion County has designated Health Professional Shortages in the areas of mental health, low income dental and low income primary medical care. Marion County has designated five townships to be medically underserved areas. The distribution of race/ethnicity in our community is white/Caucasian 92%, black/African-American 4%, Hispanic 1%, other 3%. The English language is spoken in 98% of the county's households. Approximately 13% of the population has a bachelor's degree or higher. Marion County is ranked 87th among 102 Illinois counties for overall health status. Additional information concerning the Marion County Service area can be found on pages 6 and 14 through 18 of the 2015 CHNA. SSM Health St. Mary's Hospital - Centralia delivers hospital services in inpatient, ambulatory surgery, outpatient, and emergency room settings. Key service lines include cardiology, oncology, behavioral health, psychiatrics, physical therapy, obstetrics, hyperbaric oxygen chamber, wound care, orthopedics, and general surgery. SSM Health St. Mary's Hospital - Centralia's surgery centers are equipped with the latest innovations in technology ensuring our patients have access to the most advanced treatment while staying close to home. To provide complete neurological care, our specialists are supported by board certified neuroradiologists, a full service rehabilitation unit, a home health department, 24-hour MRI service, neurodiagnostic equipment, and cardiac catheterization laboratories.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>SSM Health St Mary's Hospital - Centralia 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, St Mary's Hospital, 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. St Mary's Hospital promotes grassroots advocacy and engages persons of influence to affect social and public policy change in order to promote both community health and healthy communities. SSM Health St Mary's Hospital - Centralia advocates for vulnerable populations by developing relationships with policy makers and through targeted education efforts. All projects include measurable objectives with a specific time frame and have activities that will favorably affect health status indicators. Projects to accomplish health status objectives may include disease prevention programs, health education programs, health care programs for individuals with special health concerns, and other projects that improve community health status. Projects to address the health problems of minorities, the poor, and other medically underserved populations may include improving accessibility and continuity of care, working to reduce disparities in health status, and sponsoring efforts to increase the number of minorities, the poor, and underserved who enter health professions and work in medically underserved communities. Projects designed to contain the growth of community health care costs may include improving efficiency of services, improving case management and continuity of care, sponsoring health promotion, disease prevention, and self-care activities, containing health care costs, and reducing redundancies. St Mary's Hospital, Centralia, Illinois also furthers its exempt purpose with the following activities: * Operates an emergency room that is open to all persons regardless of ability to pay, * Has an open medical staff with privileges available to all qualified physicians in the area, * Has a governing body in which independent persons representative of the community comprise a majority, * Engages in the training and education of health care professionals, * Participates in Medicaid, Medicare, Champus, Tricare, and/or other government-sponsored health care programs, * All surplus funds generated by SSMH entities are reinvested in improving our patient care delivery system.</p>
Schedule H, Part VI, Line 6 Affiliated health care system	<p>St Mary's Hospital, Centralia, Illinois is a 501(c)(3) organization and is a member of the integrated health care system known as SSM Health. Along with Good Samaritan Regional Health Center, it is part of a joint operating agreement between SSM Health Care based in St Louis, Missouri as managing partner, and Felician Sisters, Inc. of Chicago. Together the hospitals are pursuing a vision to create a comprehensive, regional health care enterprise covering a nine county area in South Central Illinois.</p>

990 Schedule H, Supplemental Information

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

Schedule H (Form 990) 2017

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 37-0662580

Name: St Mary's Hospital Centralia Illinois

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? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	SSM Health St Mary's Hospital - Centralia 400 N PLEASANT AVENUE CENTRALIA, IL 62801 www.ssmhealthillinois.com/locations/st-marys-hospital-centralia 0002642	X	X						X		A

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	Facility A, 1 - SSM Health St Mary's Hospital - Centralia SSM Health St Mary's Hospital - Centralia considered the Healthy People 2020 categories and participants from the previous CHNA cycle to guide the invitation list of key community stakeholders A community perception survey was administered via mail or discussed in person with 48 leaders within a four-county area who represent organizations that provide services for the community or live within Marion County A list of survey participants can be found on page 21 of the CHNA Results were tabulated and analyzed, at which point the full report was provided to SSM Health local, regional, and corporate staff The top priorities were selected based upon supporting data, community feedback and the resources available for SSM Health St Mary's Hospital - Centralia to make a significant impact Additionally, the hospital directed special attention to health issues that impact a significant portion of the community and for which disparities exist with minorities or the underserved The hospital included voices that represent these groups in their discussions and studies

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 1	Facility A, 1 - SSM Health St Mary's Hospital - Centralia SSM Health St Mary's Hospital - Centralia conducted its 2015 CHNA in cooperation with SSM Health Good Samaritan Hospital - Mt Vernon

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	Facility A, 1 - SSM Health St Mary's Hospital - Centralia SSM Health'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 - Centralia conducted a Community Health Needs Assessment (CHNA) and developed a strategic implementation plan for the 2016-2018 cycle The strategic priorities we will address over the next three years include mental health and substance abuse, heart disease, and obesity The SSM Health Illinois Regional Board approved this CHNA on December 17, 2015 SSM Health St Mary's Hospital - Centralia last conducted a CHNA in 2012 The 2016-2018 SSM Health St Mary's Hospital - Centralia CHNA indicated mental health and substance abuse as a top priority in the community Marion County, the hospital's service area, has a death rate due to drug poisoning almost twice as high as the state average, and residents of the county reported having more poor mental health days per years than the state average, too SSM Health St Mary's Hospital - Centralia is the only facility in the region with inpatient and outpatient mental health services, and in partnership with the Felician Sisters, has a special concern for serving the poor and vulnerable The following goals were targeted in 2017 to address mental health and substance abuse - Goal Reduce the percentage of Marion County Medicare patients who experience depression from 16.4%, as reported in 2015, to the state average of 14.7%, by 2018 - Goal Reduce the adult age-adjusted death rate due to suicide in Marion County from 18.5 deaths per 100,000 persons, as reported in 2015, to less than 16 deaths per 100,000 persons by 2018 - Goal Increase the percentage of SSM Health Medical Group patients screened for clinical depression and participating in the development of a follow up plan from 18.18%, as reported in 2015, to the national average of 46.27%, by 2018 The 2016 -2018 SSM Health St Mary's Hospital - Centralia CHNA showed heart disease as a top health concern for the community Heart disease is affected by numerous lifestyle behaviors including smoking, uncontrolled blood pressure and cholesterol, diabetes, stress and depression, an unhealthy diet and lack of exercise Statistically, heart disease is more prevalent in the area than the state and nation overall, however, SSM Health St Mary's Hospital - Centralia offers a wide scope of programs to create healthier lifestyles and improve outcomes related to this issue The following goals were pursued in 2017 to address heart disease - Goal Reduce the age-adjusted death rate due to coronary heart disease in Marion County from 148.3 deaths per 100,000 persons reported in 2015 to 137.65 deaths per 100,000 persons by 2018, in 2017 the death rate reported was consistent with prior years at 146.4 deaths per 100,000 - Goal Reduce the 30-day all-cause readmission rate for patients with congestive heart failure

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	<p>stive heart failure at SSM Health St Mary's Hospital - Centralia from 16 5% to at least 1 5 3% by 2018, the Hospital is working to reduce the readmission rate in 2018 The 2016 - 2 018 SSM Health St Mary's Hospital - Centralia CHNA showed obesity is prevalent in all age groups and poses a threat to the overall health of service area communities SSM Health S t Mary's Hospital - Centralia will provide education and support to people struggling wit h obesity while working with community partners to prevent obesity in children and young a dults and increase focus on preventing or treating obesity during wellness visits The fol lowing goals were in place in 2017 to address obesity - Goal Reduce the percentage of Ma rion County adults who are considered overweight or obese from 69 7%, as reported in 2015, to the national average of 63 1% or better by 2018, percentage of Marion County adults co nsidered overweight or obese was 64 6% in 2017 - Goal Reduce the percentage of Medicare beneficiaries who were treated for diabetes Marion County from 28 2% to the national avera ge of 27 2% by 2018 - Goal Increase the percentage of SSM Health Medical Group diabetic p atients with controlled hemoglobin A1C levels from 58 6%, reported in 2015, to 66 5% or be tter by 2018, percentage of Medical Group diabetic patients with controlled hemoglobin A1C levels was 65 1% in 2017 The community benefits team reviewed the CHNA data, engaged in discussion, and completed a multi-voting exercise based on the following criteria health issues that impact a significant portion of the population, or for which disparities exist and/or which put a greater burden on some population groups, poor rankings for health iss ues within the service area as compared to other counties, state average, national average , or Healthy People 2020 national health goals, and health issues for which trends are wor sening A list of community needs the hospital could not address and the reasoning why the hospital has not addressed such needs can be found on page 22 of the 2015 CHNA</p>

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.</div>	OMB No 1545-0047
		2017
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization St Mary's Hospital Centralia Illinois	Employer identification number 37-0662580
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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	
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	
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:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	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.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

See Additional Data Table

Schedule J (Form 990) 2017

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 3 Arrangement used to establish the top management official's compensation	The organization's top management official, hospital president, is compensated by a related organization that utilized the following to determine compensation: (1) independent compensation consultant, (2) compensation survey or study, (3) approval by the SSM Health Board of Directors.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	<p>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 the SSMH 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 the plan in 2017.</p> <p>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 2017: All distributions received from the plan in the current year were included in the individual's taxable compensation. June Pickett \$18,727; William Thompson \$516,375. During 2017, 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 and also include amounts accrued under the pension restoration plan: William Thompson \$542,525; Paula Friedman \$329,953; June Pickett \$12,318; Kris Zimmer \$221,291; Christopher Howard \$294,342; John Sigsbury \$2,639; Rachel Ruettgers \$237; Matthew Kinsella \$4,185; Tracy Fiscus \$37,704; Mark Clark \$111,898; Julie Long \$59,841; Michelle Darnell \$63,260; Brenda Alexander \$8,614; Matthew Sojka, MD \$1,072; James Rueter \$11,459; Mary Piper \$22,289; Monica Heinzman \$43,779; Kendra Bowen \$4,291; Tammy Foltz \$23,565.</p>

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 37-0662580
Name: St Mary's Hospital Centralia Illinois

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	(i)	0	0	0	0	0	0	0
Vice President, Chief Strategy Officer at SSM Health	(ii)	706,550	0	149,866	871,392	19,974	1,747,782	0
1William Thompson	(i)	0	0	0	0	0	0	0
Pt Yr President, Pt Yr CEO of SSM Health	(ii)	661,230	0	619,247	542,525	4,564	1,827,566	562,455
2Laura S Kaiser	(i)	0	0	0	0	0	0	0
Director, President/CEO of SSM Health	(ii)	1,076,161	200,000	49,055	252,000	16,145	1,593,361	0
3Christopher Howard	(i)	0	0	0	0	0	0	0
Chief Operations Officer at SSM Health	(ii)	873,028	0	112,810	1,006,272	30,520	2,022,630	0
4Sajjan K Nemani MD	(i)	223,640	0	0	0	0	223,640	0
Director, Physician with SSM Health	(ii)	11,050	0	0	0	0	11,050	0
5Yagnesh Oza MD	(i)	247,500	0	0	0	0	247,500	0
Director, Medical Director-Hospice, SSM Health of Southern Illinois	(ii)	73,961	0	40	0	0	74,001	0
6June Pickett	(i)	0	0	0	0	0	0	0
Secretary, Asst VP Governance & Archives, SSM Health	(ii)	229,924	0	32,932	34,295	16,779	313,930	0
7Kris Zimmer	(i)	0	0	0	0	0	0	0
Treasurer, Senior VP-Finance SSM Health	(ii)	870,069	0	103,034	930,581	30,595	1,934,279	0
8John Sigsbury	(i)	310,315	0	11,070	0	0	321,385	0
Hospital President, SSM Health St Mary's Hospital - Centralia	(ii)	3,267	0	24,379	33,809	27,734	89,189	0
9Matthew Kinsella	(i)	0	0	0	0	0	0	0
Regional CFO	(ii)	158,886	0	6,037	19,990	31,596	216,509	0
10Mark Clark	(i)	65,583	0	10,291	113,876	19,013	208,763	0
Pt Yr VP Operations	(ii)	62,099	0	350	0	0	62,449	0
11Michelle Darnell	(i)	75,839	0	480	0	0	76,319	0
VP Systems Improvement	(ii)	89,779	0	2,963	72,308	30,094	195,144	0
12Julie Long	(i)	0	0	0	0	0	0	0
System VP - Strategic Development	(ii)	181,211	0	2,797	77,157	3,410	264,575	0
13Brenda Alexander	(i)	0	0	0	0	0	0	0
System VP - Human Resources	(ii)	139,452	0	1,508	22,021	12,940	175,921	0
14Matthew Sojka MD	(i)	0	0	0	0	0	0	0
Reg Medical Group President - SSM Health of Southern Illinois	(ii)	330,595	0	31,816	26,050	21,843	410,304	0
15Tracy Fiscus	(i)	116,609	0	2,181	39,555	23,929	182,274	0
Interim VP Nursing	(ii)	0	0	0	0	0	0	0
16Monica Heinzman	(i)	165,276	0	1,480	46,378	31,734	244,868	0
Regional Director Ancillary Services - Pharmacy	(ii)	0	0	0	0	0	0	0
17James Rueter	(i)	187,422	0	25,577	14,604	16,850	244,453	0
CRNA	(ii)	0	0	0	0	0	0	0
18Tammy Foltz	(i)	154,364	0	1,454	25,495	2,085	183,398	0
Advanced Practice Nurse	(ii)	0	0	0	0	0	0	0
19Mary Piper	(i)	161,353	0	1,795	24,073	27,256	214,477	0
Advanced Practice Nurse	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21Kendra Bowen	(i)	163,047	0	1,054	6,022	981	171,104	0
Physician Assistant	(ii)	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
		0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493317061688
SCHEDULE O (Form 990 or 990-EZ) <div>Department of the Treasury Internal Revenue Service Name of the organization St Mary's Hospital Centralia Illinois</div>	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047	
		2017 Open to Public Inspection	
		Employer identification number 37-0662580	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Description of Program Service	<p>Briefly describe the organization's mission. Since it was founded in 1872 by Catholic sisters, SSM Health (SSMH) has existed to meet the health needs of the communities it serves. SSMH is a Catholic, not-for-profit health system serving the comprehensive health needs of communities across the Midwest through one of the largest integrated delivery systems in the nation. With care delivery sites in Illinois, Missouri, Oklahoma, and Wisconsin, SSMH includes 19 acute care hospitals, one children's hospital, more than 60 outpatient care sites, a pharmacy benefit company, an insurance company, two long-term care facilities, comprehensive home care and hospice services, a technology company, and two Accountable Care Organizations. The health system employs more than 31,000 people and is affiliated with more than 8,500 physicians making it one of the largest employers in every community it serves. SSMH is sponsored by SSM Health Ministries, an independent 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.</p> <p>About St. Mary's Hospital, Centralia, Illinois: St. Mary's Hospital, Centralia, Illinois, operating in partnership with the Felician Sisters, is a 124-bed hospital specializing in cancer care and treatment. St. Mary's Hospital, Centralia, Illinois delivers hospital services in inpatient, ambulatory surgery, outpatient, and emergency room settings. Key service lines include cardiology, oncology, behavioral health, psychiatrics, physical therapy, obstetrics, hyperbaric oxygen chamber, wound care, orthopedics, and general surgery. St. Mary's Hospital, Centralia, Illinois' surgery centers are equipped with the latest innovations in technology ensuring our patients have access to the most advanced treatment while staying close to home. To provide complete neurological care, our specialists are supported by board certified neuroradiologists, a full service rehabilitation unit, a home health department, 24-hour MRI service, neurodiagnostic equipment, and cardiac catheterization laboratories. For six consecutive years, Healthgrades has presented St. Mary's Hospital-Centralia with the Outstanding Patient Experience Award and with the Critical Care Excellence Award. In 2014, Quest by Premier Inc. recognized St. Mary's Hospital-Centralia with the Citation of Merit Award for High-Value Healthcare. In 2016, SSM Health announced a \$20 million renovation plan for St. Mary's Hospital-Centralia, which will include interior and exterior upgrades, including expansion of the surgery department and improvements to the emergency department.</p> <p>Describe the organization's approach to providing community benefit. SSM Health (SSMH) participates in Community Benefit according to our vision, Through our partici</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Description of Program Service	<p>pation 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 SSMH'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, SSMH'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</p> <ul style="list-style-type: none"> * Assess and prioritize community health needs Gather CHNA data from secondary sources, obtain input from stakeholders representing the broad interests of the community through interviews and focus groups, use data to select top health priorities, and complete written CHNA * Develop, adopt, and implement strategies to address top-health priorities Establish strategies to address priorities, complete Strategic Implementation Plan, obtain Regional/Divisional Board approval, and integrate strategies into operational plan * Make CHNA widely available to the public Publish CHNA and summary document on hospital's website * Monitor, track, and report progress on top health priorities 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) <p>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</p> <ul style="list-style-type: none"> * 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 SSMH's Community Benefit Program, and ensure reporting is in compliance with IRS regulations In coll

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Description of Program Service	aboration with community stakeholders and partner organizations, all hospital CHNAs were completed, approved, and integrated into the organization's strategic plan We continue to monitor and assess the progress of our local efforts in the spirit of caring for others and improving community health Description of Community Benefit Programs For more information on Community Benefit Programs provided by St Mary's Hospital, Centralia, Illinois, please see Schedule H, Part V

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4b Description of Program Service (Continued)	<p>Organization description for tax exemption In addition to its CHNA community benefit activities, St Mary's Hospital, Centralia, Illinois 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, St Mary's hospital, 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 St Mary's Hospital promotes grassroots advocacy and engages persons of influence to affect social and public policy change in order to promote both community health and healthy communities St Mary's Hospital advocates for vulnerable populations by developing relationships with policy makers and through targeted education efforts All projects include measurable objectives with a specific time frame and have activities that will favorably affect health status indicators Projects to accomplish health status objectives may include disease prevention programs, health education programs, health care programs for individuals with special health concerns, and other projects that improve community health status Projects to address the health problems of minorities, the poor, and other medically underserved populations may include improving accessibility and continuity of care, working to reduce disparities in health status, and sponsoring efforts to increase the number of minorities, the poor, and underserved who enter health professions and work in medically underserved communities Projects designed to contain the growth of community health care costs may include improving efficiency of services, improving case management and continuity of care, sponsoring health promotion, disease prevention, and self-care activities, containing health care costs, and reducing redundancies One of the clearest examples of how St Mary's Hospital meets community need is through our Little Egypt Breast and Cervical Cancer Program Our hospital has been a Lead Agency for this Illinois Public Health Program since 1998 and serves as payer of last resort for breast and cervical cancer screenings and education for women who are uninsured In addition to these breast and cervical cancer screening s, SMH also provides free scre</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 4b</p> <p>Description of Program Service (Continued)</p>	<p>enings for prostate cancer, skin cancer and colorectal cancer at various locations and tim es each year American Cancer Society's Look Good/Feel Better programs are offered quarter ly and cancer support groups are offered at several locations each month St Mary's Hospi tal, Centralia, Illinois also furthers its exempt purpose with the following activities * Operates an emergency room that is open to all persons regardless of ability to pay, * Ha s an open medical staff with privileges available to all qualified physicians in the area, * Has a governing body in which independent persons representative of the community compr ise a majority * Engages in the training and education of health care professionals, * Par ticipates in Medicaid, Medicare, Champus, Tricare, and/or other government-sponsored healt h care programs * All surplus funds generated by SSMH entities are reinvested in improving our patient care delivery system Describe the organization's financial assistance polici es or programs (e g , charity care, discounting) for low-income persons and how they are c ommunicated to the public For information on the financial assistance polices provided by St Mary's Hospital, please see Schedule H Quantifiable Uncompensated Care This section includes a list of the types of programs and services that could be quantified as uncompe nsated care Traditional Charity Care \$ 1,368,554 Cost of Bad Debt \$ 1,050,226 Unpaid Cost of Medicaid Services \$ 5,186,491 Unpaid Cost of Medicare Services \$ 7,759,874 Unpaid Cost of Other Government Programs \$ 368,928 Total Quantifiable Uncompensated Care \$ 15,734,073</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 1a Common Paymaster	SSM HEALTH CARE CORPORATION, EIN 46-6029223, SERVES AS THE COMMON PAYING AGENT FOR THE FILING ORGANIZATION, ST MARY'S HOSPITAL, CENTRALIA, ILLINOIS, EIN 37-0662580 THEREFORE, ALL APPLICABLE 1099 AND 1096 IRS TAX FILINGS ARE REPORTED BY SSM HEALTH CARE CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	THE CORPORATION SHALL HAVE TWO (2) MEMBERS THE CORPORATE MEMBER, WHICH SHALL BE SSM REGIONAL HEALTH SERVICES, A MISSOURI NONPROFIT CORPORATION, AND THE MANAGING MEMBER, WHICH SHALL BE ST MARY'S - GOOD SAMARITAN, INC , AN ILLINOIS NOT-FOR-PROFIT CORPORATION ST MARY'S HOSPITAL, CENTRALIA, ILLINOIS, SSM REGIONAL HEALTH SERVICES, AND ST MARY'S - GOOD SAMARITAN, INC , ARE PART OF THE INTEGRATED HEALTH CARE SYSTEM KNOWN AS SSM HEALTH

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	<p>THE CORPORATE 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 ELECT 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 OF THE CORPORATE 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 OF THE CORPORATE MEMBER, TO THE EXTENT NECESSARY TO ACCOMPLISH THE MISSION, GOALS, AND OBJECTIVE OF THE MEMBER OF THE CORPORATE MEMBER AS DETERMINED BY THE MEMBER OF THE CORPORATE MEMBER Q TO APPROVE THE TRANSFER OF ASSETS BY THE CORPORATION TO ANY ENTITY OTHER THAN THE MEMBER OF THE CORPORATE MEMBER, OTHER THAN TRANSFERS MADE IN THE ORDINARY COURSE OF OPERATIONS OF THE CORPORATION WHICH WILL NOT REQUIRE CORPORATE 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 CORPORATE 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	RESPECT TO ANY CONTROLLED SUBSIDIARY, ANY REMOTELY CONTROLLED SUBSIDIARY OR ANY NON-CONTROLLED SUBSIDIARY THE MANAGING MEMBER HAS THE FOLLOWING POWERS CERTAIN POWERS ARE RESERVED TO THE MANAGING MEMBER, INCLUDING THE AUTHORITY TO TAKE SUCH ACTIONS ON BEHALF OF THE CORPORATION AS ARE VESTED IN THE MANAGING MEMBER UNDER THE JOINT OPERATING AGREEMENT (JOA), SUBJECT TO THE LIMITATIONS OF APPLICABLE LAW THE MANNER TO WHICH THE MANAGING MEMBER EXERCISES SUCH RESERVED POWERS SHALL BE DETERMINED PURSUANT TO THE PROVISIONS OF THE JOA AND THE BYLAWS OF THE MANAGING MEMBERS IN ADDITION, THE MANAGING MEMBER SHALL PARTICIPATE IN THE ELECTION OF THE DIRECTORS TO THE EXTENT OUTLINED IN THE ORGANIZATION'S BYLAWS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 8b Documentation of meetings held by committees of governing body	The organization does not have any committees with authority to act on behalf of the governing body

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 OF THE BOARD OVERSEE COMPLIANCE WITH THIS REQUIREMENT ALL BOARD MEMBERS WITH AN IDENTIFIED CONFLICT OF INTEREST ABSTAIN FROM BOARD DISCUSSIONS AND VOTES WHEN APPLICABLE EMPLOYEES WITH PURCHASING AUTHORITY AND/OR ABILITY TO INFLUENCE PURCHASING DECISIONS ARE ASSIGNED THE CONFLICT OF INTEREST DISCLOSURE COURSE (COI) WHICH MUST BE COMPLETED ONLINE PERIODICALLY THROUGH THE YEAR, THE ENTITY'S CORPORATE RESPONSIBILITY CONTACT PERSON (WITH THE HELP OF THE ENTITY'S LEARNING MANAGEMENT SYSTEM COORDINATOR) SENDS DEPARTMENT MANAGERS A LIST OF EMPLOYEES WHO HAVE NOT YET COMPLETED THEIR COI SO THEY CAN REMIND THE EMPLOYEES AND ENSURE THE EMPLOYEES HAVE TIME IN THEIR SCHEDULE TO COMPLETE THE REQUIRED COURSE RESOLUTION OF ANY CONFLICTS THAT ARE DISCLOSED MUST BE DOCUMENTED AND KEPT ON FILE AT THE ENTITY SUPERVISORS VERIFY REQUIRED COURSE COMPLETION PRIOR TO YEAR-END

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE YEAR-END AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND UNAUDITED QUARTERLY CONSOLIDATED FINANCIAL STATEMENTS FOR THE SSM HEALTH SYSTEM ARE MADE AVAILABLE TO THE PUBLIC ON SSM HEALTH'S WEBSITE THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE AVAILABLE ON THE ILLINOIS SECRETARY OF STATE'S WEBSITE COPIES OF THE FORM 990 AND THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	All other program service revenue - Total Revenue 277267, Related or Exempt Function Revenue 277267, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

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 6015279, Program Service Expense 6015279, Management and General Expenses , Fundraising Expenses , RECRUITMENT, CONSULTING, ADMINISTRATIVE, AND PBS FEES - Total Expense 4753481, Program Service Expense 1442253, Management and General Expenses 3311228, Fundraising Expenses , MEDICAL LAB, RADIOLOGY, TRANSPORTATION - Total Expense 2255073, Program Service Expense 2182529, Management and General Expenses 72544, Fundraising Expenses ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Change in beneficial interest in foundation - 1046796, Transfers to affiliates - -7058269,

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
St Mary's Hospital Centralia Illinois

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
37-0662580

Part I Identification of Disregarded Entities

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

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

Part II Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

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

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

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

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)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

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

Schedule R (Form 990) 2017

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

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 37-0662580
Name: St Mary's Hospital Centralia Illinois

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
10101 WOODFIELD LANE ST LOUIS, MO 63132 46-6029223	HEALTH CARE	MO	501(c)(3)	Type I	SSM HEALTH MINISTRIES		No
10101 WOODFIELD LANE ST LOUIS, MO 63132 43-6331003	INSURANCE	MO	501(c)(3)	Type I	SSM HEALTH CARE CORPORATION		No
10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1473657	HEALTH CARE	MO	501(c)(3)	Type I	SSM HEALTH CARE CORPORATION		No
10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1788151	HEALTH CARE	MO	501(c)(4)		SSM HEALTH CARE CORPORATION		No
10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1825256	MANAGEMENT	MO	501(c)(3)	Type I	SSM HEALTH CARE CORPORATION		No
10101 WOODFIELD LANE ST LOUIS, MO 63132 43-0738490	HEALTH CARE	MO	501(c)(3)	3	SSM HEALTH CARE ST LOUIS		No
10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1754347	FUNDRAISING	MO	501(c)(3)	7	SSM CARDINAL GLENNON CHILDREN'S HOSPITAL		No
10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1776109	FUNDRAISING	MO	501(c)(3)	7	SSM HEALTH CARE ST LOUIS		No
10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1591556	FUNDRAISING	MO	501(c)(3)	7	SSM HEALTH ST LOUIS		No
10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1273310	FUNDRAISING	MO	501(c)(3)	7	SSM HEALTH CARE ST LOUIS		No
10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1552945	FUNDRAISING	MO	501(c)(3)	7	SSM HEALTH CARE ST LOUIS		No
10101 WOODFIELD LANE ST LOUIS, MO 63132 73-0657693	HEALTH CARE	OK	501(c)(3)	3	SSM HEALTH CARE CORPORATION		No
10101 WOODFIELD LANE ST LOUIS, MO 63132 73-6104300	FUNDRAISING	OK	501(c)(3)	7	SSM HEALTH CARE OF OKLAHOMA		No
10101 WOODFIELD LANE ST LOUIS, MO 63132 43-0688874	HEALTH CARE	WI	501(c)(3)	3	SSM HEALTH CARE CORPORATION		No
10101 WOODFIELD LANE ST LOUIS, MO 63132 39-1613292	MOB	WI	501(c)(2)		SSM HEALTH CARE OF WISCONSIN		No
10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1940686	FUNDRAISING	WI	501(c)(3)	7	SSM HEALTH CARE OF WISCONSIN		No
10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1940683	FUNDRAISING	WI	501(c)(3)	7	SSM HEALTH CARE OF WISCONSIN		No
2802 WALTON COMMONS LANE MADISON, WI 53718 39-1539827	FUNDRAISING	WI	501(c)(3)	10	SSM HEALTH CARE OF WISCONSIN		No
2802 WALTON COMMONS LANE MADISON, WI 53718 39-1776340	HEALTH CARE	WI	501(c)(3)	10	SSM HEALTH CARE OF WISCONSIN		No
2802 WALTON COMMONS LANE MADISON, WI 53718 39-1705111	HEALTH CARE	WI	501(c)(3)	10	SSM HEALTH CARE OF WISCONSIN		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
						YesNo
2802 WALTON COMMONS LANE MADISON, WI 53718 39-1839309	FUNDRAISING	WI	501(c)(3)	Type I	NA	No
10101 WOODFIELD LANE ST LOUIS, MO 63132 44-0579850	HEALTH CARE	MO	501(c)(3)	3	SSM HEALTH CARE CORPORATION	No
10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1099253	FUNDRAISING	MO	501(c)(3)	7	SSM REGIONAL HEALTH SERVICES	No
10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1575307	FUNDRAISING	MO	501(c)(3)	Type II	SSM REGIONAL HEALTH SERVICES	No
10101 WOODFIELD LANE ST LOUIS, MO 63132 43-0653587	HEALTH CARE	IL	501(c)(3)	3	SSM REGIONAL HEALTH SERVICES	No
10101 WOODFIELD LANE ST LOUIS, MO 63132 36-4170833	HEALTH CARE	IL	501(c)(3)	Type I	SSM REGIONAL HEALTH SERVICES	No
10101 WOODFIELD LANE ST LOUIS, MO 63132 26-2884795	FUNDRAISING	IL	501(c)(3)	7	ST MARY'S - GOOD SAMARITAN INC	No
10101 WOODFIELD LANE ST LOUIS, MO 63132 36-4636691	FUNDRAISING	IL	501(c)(3)	7	ST MARY'S - GOOD SAMARITAN INC	No
400 N PLEASANT CENTRALIA, IL 62801 23-7126345	FUNDRAISING	IL	501(c)(3)	10	ST MARY'S HOSPITAL FOUNDATION	No
10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1333488	HEALTH CARE	MO	501(c)(3)	10	SSM HEALTH CARE CORPORATION	No
10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1343281	HEALTH CARE	MO	501(c)(3)	3	SSM HEALTH CARE CORPORATION	No
10101 WOODFIELD LANE ST LOUIS, MO 63132 23-7408025	MOB	IL	501(c)(3)	Type II	SSM REGIONAL HEALTH SERVICES	No
10101 WOODFIELD LANE ST LOUIS, MO 63132 27-3439133	FUNDRAISING	WI	501(c)(3)	7	SSM HEALTH CARE OF WISCONSIN	No
3221 MCKELVEY ROAD SUITE 107 BRIDGETON, MO 63044 43-1012492	RELIGIOUS ORGANIZATION	MO	501(c)(3)	1	NA	No
10101 WOODFIELD LANE ST LOUIS, MO 63132 73-1279603	MOB	OK	501(c)(3)	Type I	SSM HEALTH CARE OF OKLAHOMA	No
10101 WOODFIELD LANE ST LOUIS, MO 63132 30-0012246	FUNDRAISING	MO	501(c)(3)	7	SSM HEALTH BUSINESSES	No
100 ST MARYS MEDICAL PLAZA JEFFERSON CITY, MO 65101 43-6049878	FUNDRAISING	MO	501(c)(3)	Type II	NA	No
1 GOOD SAMARITAN WAY MOUNT VERNON, IL 62864 23-7049599	FUNDRAISING	IL	501(c)(3)	Type III-FI	NA	No
1000 N LEE AVE OKLAHOMA CITY, OK 73102 45-5055149	HEALTH CARE	OK	501(c)(3)	3	SSM HEALTH CARE OF OKLAHOMA	No
10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1550298	HEALTH CARE	MO	501(c)(3)	3	SSM REGIONAL HEALTH SERVICES	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
620 E MONROE ST MEXICO, MO 65265 43-0265060	FUNDRAISING	MO	501(c)(3)	Type I	SSM AUDRAIN HEALTH CARE INC		No
10101 Woodfield Lane St Louis, MO 63132 47-4196634	Health Care	MO	501(c)(3)	3	SSM Health Care St Louis		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SSM ST JOSEPH ENDOSCOPY CENTER LLC 10101 WOODFIELD LANE ST LOUIS, MO 63132 27-0046559	SURGERY SERVICES	MO	NA	N/A	0	0			0			0 %
ST CLARE IMAGING SERVICES 707 14TH STREET SUITE A BARABOO, WI 53913 20-0122365	DIAG SERVICES	WI	NA	N/A	0	0			0			0 %
MT VERNON RADIATION THERAPY CENTER LLC 10101 WOODFIELD LANE ST LOUIS, MO 63132 20-1382620	RADIATION THERAPY	IL	NA	N/A	0	0			0			0 %
SLEEP & NEUROLOGY CENTER OF S ILLINOIS LLC 10101 WOODFIELD LANE ST LOUIS, MO 63132 20-8468195	DIAG SERVICES	IL	NA	N/A	0	0			0			0 %
CHOWSMGSI OFFICE BUILDING LLC 10101 WOODFIELD LANE ST LOUIS, MO 63132 37-1383861	MOB	IL	NA	N/A	0	0			0			0 %
OZA CANCER CENTER LLC 10101 WOODFIELD LANE ST LOUIS, MO 63132 20-1382727	MOB	IL	NA	N/A	0	0			0			0 %
SHAWNEE REAL ESTATE HOLDINGS LLC 1000 N LEE AVE OKLAHOMA CITY, OK 73102 45-5458304	MOB	OK	NA	N/A	0	0			0			0 %
SSM HEALTH PHARMACY LLC 10101 WOODFIELD LANE ST LOUIS, MO 63132 26-4031708	PHARMACY	MO	NA	N/A	0	0			0			0 %
DEAN CLINIC & ST MARYS HOSPITAL ACCOUNTABLE CARE ORGANIZATION LLC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 45-2995500	ACCOUNTABLE CARE ORGANIZATION	WI	NA	N/A	0	0			0			0 %
WISCONSIN INTEGRATED INFORMATION TECHNOLOGY AND TELEMEDICINE SYSTEMS LLC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-2016715	INFORMATION TECHNOLOGY SERVICES	WI	NA	N/A	0	0			0			0 %
DEAN HEALTH HOLDINGS LLC 1277 DEMING WAY MADISON, WI 53717 26-1594709	SUPPORT SERVICES	WI	NA	N/A	0	0			0			0 %
WINGRA BUILDING GROUP 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-0237060	MOB	WI	NA	N/A	0	0			0			0 %
JANESVILLE RIVERVIEW CLINIC BUILDING PARTNERSHIP 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-6220698	MOB	WI	NA	N/A	0	0			0			0 %
WINDMILL LLP 50 VILLAGE VIEW LANE CHESTERFIELD, MO 63017 43-1804651	INVESTMENTS	MO	NA	N/A	0	0			0			0 %
B & J MCBRIDE OFFICE BUILDING LLC 1000 N LEE AVE OKLAHOMA CITY, OK 73102 73-1533449	MOB	OK	NA	N/A	0	0			0			0 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
1110 N CLASSEN BOULEVARD LLC 1110 N CLASSEN BOULEVARD OKLAHOMA CITY, OK 73106 73-1158158	MOB	OK	SSM HEALTH CARE OF OKLAHOMA	N/A	0	0			0			0 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
SSM MANAGED CARE ORGANIZATION LLC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1708511	HEALTH PROMOTION	MO	NA	C Corporation					No
FPP INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1465174	HEALTH CARE	MO	NA	C Corporation					No
DIVERSIFIED HEALTH SERVICES CORP 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1369305	MEDICAL EQUIPMENT	MO	NA	C Corporation					No
SSM CARDIO AND THORACIC SERVICES INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 26-0286559	HEALTH CARE	MO	NA	C Corporation					No
SSM PROPERTIES INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1462486	PROPERTY SERVICES	MO	NA	C Corporation					No
SSM DEPAUL MEDICAL GROUP INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1715106	HEALTH CARE	MO	NA	C Corporation					No
SSM ST CHARLES CLINIC MED GROUP INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-0626408	PHYSICIAN OFFICES	MO	NA	C Corporation					No
HEALTH FIRST PHYS MANAGEMENT 10101 WOODFIELD LANE ST LOUIS, MO 63132 73-1534336	MEDICAL SERVICES	OK	NA	C Corporation					No
SSMHCS LIABILITY TRUST II 10101 WOODFIELD LANE ST LOUIS, MO 63132 81-6128118	INSURANCE	MO	NA	C Corporation					No
SSM NEUROSCIENCES INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 26-3413981	HEALTH CARE	MO	NA	C Corporation					No
SSM MEDICAL GROUP INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1664107	PHYSICIAN OFFICES	MO	NA	C Corporation					No
SSMHC INSURANCE COMPANY 10101 WOODFIELD LANE ST LOUIS, MO 63132 03-0310431	INSURANCE	CA	NA	C Corporation					No
SSM ORTHOPEDIC INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 27-1557033	HEALTH CARE	MO	NA	C Corporation					No
SSM CANCER CARE INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 27-1557324	HEALTH CARE	MO	NA	C Corporation					No
PHYSICIANS SERVICES CORP OF SOUTHERN ILLINOIS 10101 WOODFIELD LANE ST LOUIS, MO 63132 36-4161526	HEALTH CARE	IL	NA	C Corporation					No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
DEAN HEALTH SYSTEMS INC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-1128616	PHYSICIAN OFFICES	WI	NA	C Corporation					No
DEAN HEALTH INSURANCE INC PO BOX 56099 MADISON, WI 53705 39-1830837	INSURANCE	WI	NA	C Corporation					No
DEAN HEALTH PLAN INC PO BOX 56099 MADISON, WI 53705 39-1535024	INSURANCE	WI	NA	C Corporation					No
ST MARYS DEAN VENTURES INC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-1628491	PHYSICIAN OFFICES	WI	NA	C Corporation					No
DEAN RETAIL SERVICES INC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-1717636	PROPERTY SERVICES	WI	NA	C Corporation					No
NAVITUS HOLDINGS LLC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 80-0968174	PHARMACY BENEFITS	WI	NA	C Corporation					No
OZA ONCOLOGY INC 4117 VETERANS MEMORIAL DRIVE MT VERNON, IL 62804	PHYSICIAN OFFICE	IL	NA	C Corporation					No
SSM Health Janesville Campus Condominium Association Inc 1808 West Beltline Highway Madison, WI 53713 83-2038674	Condo association	WI	NA	C Corporation					No