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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SSM Health Care St Louis

Doing business as
See Schedule O

Number and street (or P O box if mail is not delivered to street address) | Room/suite
10101 Woodfield Lane

City or town, state or province, country, and ZIP or foreign postal code
St Louis, MO 63132

D Employer identification number
43-1343281

E Telephone number
(314) 994-7800

G Gross receipts $ 1,616,720,495

F Name and address of principal officer
Laura Kaiser
10101 Woodfield Lane
St Louis, MO 63132

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0928

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www ssmhealth com

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2000

M State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
OPERATES SEVEN HOSPITALS AND HEALTH CARE CENTERS UNDER SIX SEPARATE HOSPITAL LICENSES IN THE GREATER ST LOUIS METROPOLITAN AREA

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	5
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	11,522
6	Total number of volunteers (estimate if necessary)	**6**	1,345
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	10,529,758
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,800,157	1,086,157
9	Program service revenue (Part VIII, line 2g)	1,501,069,993	1,598,605,230
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	562,474	2,911,591
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,268,227	12,786,337
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,514,700,851	1,615,389,315
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	348,466	458,989
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	616,588,539	607,365,749
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	814,725,092	846,988,201
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,431,662,097	1,454,812,939
19	Revenue less expenses Subtract line 18 from line 12	83,038,754	160,576,376

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,089,475,557	1,255,842,672
21	Total liabilities (Part X, line 26)	689,036,192	781,284,676
22	Net assets or fund balances Subtract line 21 from line 20	400,439,365	474,557,996

Part II Signature Block

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

Sign Here

****** 2019-11-11
Signature of officer Date

Doug Long Secretary
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,258,618,203 including grants of $ 458,989) (Revenue $ 1,598,605,230)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 1,258,618,203

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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	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? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	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**	11,522		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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	**1a**	8		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	**4**		Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**			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*	**9**			No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 ▶Bonnie Thorn 1195 Corporate Lake Drive St Louis, MO 63132 (314) 989-3640

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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) ▶								7,159,841	11,262,185	4,054,789

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 ▶ 506

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ST LOUIS UNIVERSITY 1402 S GRAND BLVD ST LOUIS, MO 63104	MEDICAL SERVICES	33,435,395
ALBERICI CONSTRUCTORS INC 8800 PAGE AVE ST LOUIS, MO 63114	CONSTRUCTION SERVICES	10,102,554
SOUND PHYSICIANS OF ILLINOIS LLC 1498 PACIFIC AVE SUITE 400 TACOMA, WA 98402	PHYSICIAN SERVICES	9,719,886
INTERFACE CONSTRUCTION GROUP 8401 WABASH BERKELEY, MO 63134	CONSTRUCTION SERVICES	9,677,695
SSM SELECT REHAB OF ST LOUIS LLC 4714 GETTYSBURG ROAD MECHANICSBURG, PA 17055	MEDICAL SERVICES	9,107,310

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 ▶ 104

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	720,120			
	e Government grants (contributions)	1e	147,474			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	218,563			
	g Noncash contributions included in lines 1a - 1f $ 40,408					
	h Total. Add lines 1a-1f		1,086,157			
Program Service Revenue		Business Code				
	2a NET PATIENT SERVICE REVENUE	621110	1,598,605,230	1,598,605,230		
	b					
	c					
	d					
	e					
	f All other program service revenue		0	0	0	0
	g Total. Add lines 2a–2f		1,598,605,230			
	3 Investment income (including dividends, interest, and other similar amounts)		2,606,566			2,606,566
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	3,224,256				
	b Less rental expenses	1,331,180				
	c Rental income or (loss)	1,893,076	0			
	d Net rental income or (loss)			1,893,076		1,893,076
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	268,315	36,710			
	b Less cost or other basis and sales expenses					
	c Gain or (loss)	268,315	36,710			
	d Net gain or (loss)			305,025		305,025
Other Revenue	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 PHARMACY	446110	5,162,098		5,162,098	
	b LABORATORY SERVICES	621500	3,001,839		3,001,839	
	c LTACH/SELECT REHAB	622310	2,289,200		2,289,200	
	d All other revenue		440,124	0	76,621	363,503
	e Total. Add lines 11a–11d		10,893,261			
	12 Total revenue. See Instructions		1,615,389,315	1,598,605,230	10,529,758	5,168,170

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	326,548	326,548		
2 Grants and other assistance to domestic individuals See Part IV, line 22	132,441	132,441		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,952,969	5,487,741	465,228	
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	454,026,542	418,544,114	35,482,428	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	40,696,484	31,180,873	9,515,611	
9 Other employee benefits	69,334,544	63,916,011	5,418,533	
10 Payroll taxes	37,355,210	27,631,229	9,723,981	
11 Fees for services (non-employees)				
a Management	16,282,353	16,202,147	80,206	
b Legal	2,000,230		2,000,230	
c Accounting	491,941		491,941	
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)	173,211,150	118,066,547	55,144,603	0
12 Advertising and promotion	83,358		83,358	
13 Office expenses	55,089,625	48,997,110	6,092,515	
14 Information technology	78,394,104	59,711,420	18,682,684	
15 Royalties . .				
16 Occupancy	34,287,420	28,896,344	5,391,076	
17 Travel	1,825,647	463,337	1,362,310	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	497,095	360,642	136,453	
20 Interest	11,526,168	11,526,168		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	56,126,999	56,126,999		
23 Insurance . . .	10,091,031	10,091,031		
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	281,682,397	281,682,397		
b MEDICAID PROVIDER TAX	78,136,012	78,136,012		
c MANAGEMENT FEES - AFFILIATES	46,014,690		46,014,690	
d LICENSES AND TAXES	1,136,217	1,136,217		
e All other expenses	111,764	2,875	108,889	0
25 **Total functional expenses.** Add lines 1 through 24e	1,454,812,939	1,258,618,203	196,194,736	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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1	837,206
	2	Savings and temporary cash investments	51,492,626	2	157,213,694
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	180,903,834	4	212,970,320
	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	30,875,614	8	33,250,903
	9	Prepaid expenses and deferred charges	10,167,700	9	10,635,664
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,389,762,596			
	b	Less accumulated depreciation — 10b: 760,394,382	615,213,343	10c	629,368,214
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	56,049,760	12	28,321,547
	13	Investments—program-related See Part IV, line 11	39,960,359	13	18,600,167
	14	Intangible assets	17,070,502	14	16,567,899
	15	Other assets See Part IV, line 11	87,741,819	15	148,077,058
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,089,475,557	16	1,255,842,672
Liabilities	17	Accounts payable and accrued expenses	170,790,256	17	145,728,852
	18	Grants payable		18	
	19	Deferred revenue	716,742	19	693,742
	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		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	517,529,194	25	634,862,082
	26	**Total liabilities.** Add lines 17 through 25	689,036,192	26	781,284,676
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	387,821,322	27	461,681,134
	28	Temporarily restricted net assets	10,103,721	28	
	29	Permanently restricted net assets	2,514,322	29	12,876,862
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	400,439,365	33	474,557,996
	34	Total liabilities and net assets/fund balances	1,089,475,557	34	1,255,842,672

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,615,389,315
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,454,812,939
3	Revenue less expenses Subtract line 2 from line 1	3	160,576,376
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	400,439,365
5	Net unrealized gains (losses) on investments	5	1,102,516
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	-87,560,261
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	474,557,996

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		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	3b		

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 43-1343281
Name: SSM Health Care St Louis

Form 990 (2018)

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			
Candace Jennings Chair, President, Regional President-St Louis	40 0 ..... 4 0	X		X				753,824	0	275,821
Laura Kaiser Vice Chair, President/CEO at SSM Health	1 0 ..... 48 0	X		X				0	1,891,562	841,443
Christopher Howard Pt Yr Director, Pt Yr Chair, Pres-Hospital Operations of SSM Health	1 0 ..... 48 0	X		X				0	2,492,311	144,128
Steve Smoot Director, COO of SSM Health	1 0 ..... 48 0	X						0	420,253	195,902
Kevin E Behrns MD Director	1 0 ..... 2 0	X						0	0	0
Jan Cerny Director	1 0 ..... 2 0	X						0	0	0
Snehal Gandhi MD Director	1 0 ..... 2 0	X						0	0	0
Robert Heaney MD Pt Yr Director	1 0 0	X						0	0	0
Robert Wilmott MD Director	1 0 ..... 2 0	X						0	0	0
Dee A Joyner Director	1 0 0	X						0	0	0

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			
June Pickett Secretary, Asst VP Governance & Archives, SSM Health	1 0 ..... 71 7			X				0	286,530	54,057
Paula Friedman Vice President, Senior VP-Strategic Development SSM Health	1 0 ..... 58 0			X				0	1,545,828	309,578
Kris Zimmer Treasurer, Chief Financial Officer at SSM Health	1 0 ..... 66 0			X				0	1,741,877	376,259
Karen Rewerts System VP, Finance (MO/ILL)	25 0 ..... 15 0			X				0	621,313	130,045
Bryan Rever Pt Yr Asst Secretary	25 0 ..... 15 0			X				70,700	0	8,873
Ellis Hawkins Hospital President - SSM Health DePaul Hospital	40 0 ..... 1 0				X			440,772	0	116,830
Lisle Wescott Hospital President - SSM Health St Joseph - St Charles, SSM Health St Joseph - Lake St Louis	40 0 ..... 1 0				X			418,569	0	118,199
Tina Garrison Hospital President - SSM Health St Clare Hospital	40 0 ..... 1 0				X			238,922	0	56,904
LEE BERNSTEIN Regional VP, Hospital Operations	40 0 0				X			541,669	0	150,686
Michael Bowers Chief Operating Officer - SSM Health Care St Louis	40 0 ..... 1 0				X			534,292	0	149,917

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			
Travis Capers Hospital President - SSM Health St Mary's Hospital	40 0 ..... 1 0				X			479,303	0	135,616
Sean Hogan Pt Yr Hospital President - SSM Health DePaul Hospital	40 0 ..... 1 0				X			0	405,591	56,551
Renee Roach System VP, Human Resources - St Louis	40 0 ..... 0 0				X			0	364,435	119,173
Rachel Donlan System VP - Strategic Development	40 0 ..... 0 0				X			0	208,236	75,986
Dr Hsieng Su Regional VP, Medical Affairs	40 0 0				X			290,626	0	69,528
Kathy Bonser Regional VP, Nursing/CNO	40 0 0				X			329,006	0	87,499
Alexander Garza MD Pt Yr Regional VP, Medical Affairs	40 0 0				X			526,067	0	159,276
Andrew Wheeler Physician	40 0 0					X		483,437	0	30,749
Joseph Attewell Physician	40 0 0					X		554,694	0	24,335
William Holcomb Physician	40 0 0					X		493,685	0	34,833

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			
Andrew Karanas Physician	40 0 0					X		561,431	0	22,660
Thomas Hanley MD Medical Advisor, SSM Health Care St Louis	40 0 0					X		442,845	0	37,983
Lynn F Lenker Former Key Employee	0 0 ..... 40 0						X	0	395,135	109,808
Margaret Fowler Former Key Employee	0 0 ..... 40 0						X	0	510,747	121,348
Kathleen Becker Former Key Employee	0 0 ..... 41 0						X	0	378,366	40,804

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SSM Health Care St Louis

Employer identification number
43-1343281

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____

10 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2017 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** 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? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

- **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)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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*	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? *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*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (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 ☐ 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 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 43-1343281
Name: SSM Health Care St Louis

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

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

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	**Employer identification number**
SSM Health Care St Louis	43-1343281

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		
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-		

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

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)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		137,968
j	Total Add lines 1c through 1i			137,968
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SSM Health Care St Louis

Employer identification number
43-1343281

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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	3,635,052	3,349,246	3,223,619	3,232,137	2,936,398
b Contributions . . .		2,500			
c Net investment earnings, gains, and losses	-283,932	335,306	156,025	-8,233	341,518
d Grants or scholarships . . .					45,779
e Other expenditures for facilities and programs . . .	19,073	52,000	30,398	285	
f Administrative expenses					
g End of year balance	3,332,047	3,635,052	3,349,246	3,223,619	3,232,137

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 75 %
- c Temporarily restricted endowment ▶ 25 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i) Yes	
(ii) related organizations	3a(ii) Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b Yes	

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		55,523,591		55,523,591
b Buildings		874,213,212	440,853,985	433,359,227
c Leasehold improvements		27,173,769	18,374,489	8,799,280
d Equipment		402,346,994	301,165,908	101,181,086
e Other		30,505,030		30,505,030
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				629,368,214

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) DUE FROM AFFILIATES	125,340,525
(2) OTHER NONCURRENT ASSETS	22,736,533
(3) OTHER RECEIVABLES	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	148,077,058

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	634,862,082

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: 18007697
Software Version: 2018v3.1
EIN: 43-1343281
Name: SSM Health Care St Louis

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

1 (a) Description of Liability	(b) Book Value
PAYABLE TO THIRD-PARTY PAYORS	66,423,332
DUE TO AFFILIATES	63,074,156
OTHER LIABILITIES	21,614
ASSET RETIREMENT LIABILITY	2,536,114
PENSION FUNDING LIABILITY	
ALLOCATED TAX-EXEMPT DEBT (ISSUED BY SSM HEALTH CARE)	479,123,559
DEFINED CONTRIBUTION LIABILITY	
CAPITAL LEASE OBLIGATION	348,527
Rabbi Trust Liability	3,790,953
Third-party patient loans	5,843,625

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

1	**(a)** Description of Liability	**(b)** Book Value
	RETIREMENT OBLIGATIONS	13,700,202

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	ALL ENDOWMENT FUNDS WILL BE USED TO SUPPORT HEALTH CARE SERVICES

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	SSM HEALTH CARE ST LOUIS' FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF SSM HEALTH (SSMH), A RELATED ORGANIZATION SSMH EVALUATES ITS UNCERTAIN TAX POSITIONS ON AN ANNUAL BASIS A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZ ED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, I NCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICA L MERITS THERE HAVE BEEN NO UNCERTAIN TAX POSITIONS RECORDED IN 2018 OR 2017

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SSM Health Care St Louis

Employer identification number
43-1343281

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		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 eligibile 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	Yes	
	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)			42,127,667		42,127,667	2 90 %
b Medicaid (from Worksheet 3, column a)			265,920,132	252,476,268	13,443,864	0 92 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			13,914,487	13,009,766	904,721	0 06 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	321,962,286	265,486,034	56,476,252	3 88 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,327,769		2,327,769	0 16 %
f Health professions education (from Worksheet 5)			30,060,678	11,964,366	18,096,312	1 24 %
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)			184,844		184,844	0 01 %
j **Total.** Other Benefits	0	0	32,573,291	11,964,366	20,608,925	1 42 %
k **Total.** Add lines 7d and 7j	0	0	354,535,577	277,450,400	77,085,177	5 30 %

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			764		764	0 %
3 Community support			3,789		3,789	0 %
4 Environmental improvements			25,000		25,000	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building			68,446		68,446	0 %
7 Community health improvement advocacy			130,569		130,569	0 01 %
8 Workforce development			469,316	74,025	395,291	0 03 %
9 Other					0	0 %
10 Total	0	0	697,884	74,025	623,859	0 04 %

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 Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	105,839,691		
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	351,199,615		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	364,971,343		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-13,771,728		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	SSM ST JOSEPH ENDOSCOPY CENTER LLC	OPERATE AN ENDOSCOPY CENTER	50 %	0 %	50 %
2	ST LOUIS CYBERKNIFE LLC	OPERATE A CANCER TREATMENT CENTER	44 %	0 %	56 %
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?

6

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

A

Name of hospital facility or letter of facility reporting group

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 18			
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?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) https //www ssmhealth com/about/community-health-needs-assessments			
b	☑ Other website (list url) https //www ssmhealth com/about/community-health-needs-assessments			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) https //www ssmhealth com/about/community-health-needs-assessments			
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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0 % and FPG family income limit for eligibility for discounted care of 400 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) https //www ssmhealth com/for-patients/financial-assistance			
b	☑ The FAP application form was widely available on a website (list url) https //www ssmhealth com/for-patients/financial-assistance			
c	☑ A plain language summary of the FAP was widely available on a website (list url) https //www ssmhealth com/for-patients/financial-assistance			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

A

Name of hospital facility or letter of facility reporting group

		Yes	No
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? **23**		No
	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? **24**		No
	If "Yes," explain in Section C		

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 SSM Health Rehabilitation Hospital

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 6

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 18			
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?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) HTTPS //WWW SSM-REHAB COM/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/			
b	☑ Other website (list url) HTTPS //WWW SSMHEALTH COM/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) HTTPS //WWW SSMHEALTH COM/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS			
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)

SSM Health Rehabilitation Hospital

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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0 % and FPG family income limit for eligibility for discounted care of 400 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) https //www ssm-rehab com/referral-sources/financial-assistance/			
b	☑ The FAP application form was widely available on a website (list url) https //www ssm-rehab com/referral-sources/financial-assistance/			
c	☑ A plain language summary of the FAP was widely available on a website (list url) https //www ssm-rehab com/referral-sources/financial-assistance/			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

SSM Health Rehabilitation Hospital

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

SSM Health Rehabilitation Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
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? **23**		No
	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? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **44**

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c Discounted Care Exceptions	Patients whose family income exceeds 400% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the hospital, however the discounted rates shall not be greater than the amounts generally billed to commercially insured [or Medicare] patients In such cases, other factors may be considered in determining their eligibility for discounted or free services, including * Bank accounts, investments and other assets * Employment status and earning capacity * Amount and frequency of bills for health care services * Other financial obligations and expenses * Generally, financial responsibility will be no more than 25% of gross family income The hospital may utilize predictive analytical software or other criteria to assist in making a determination of financial assistance eligibility in situations where the patient qualifies for financial assistance but has not provided the necessary documentation to make a determination This process is called "presumptive eligibility "
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	SSM Health Care Corporation, 46-6029223

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	The amounts reported on Form 990, Schedule H, Part I, Line 7a, 7b, and 7c were determined using the cost to charge ratio derived from worksheet 2 in the schedule h instructions Form 990, schedule h, part I, Lines 7e, 7f, 7g, 7h, and 7i are reported at cost as reported in the organization's financial statements The calculation of Schedule H, Part I, Line 7, Column F utilizes 990, Part IX, Line 25, Column A, which does not include Bad Debt Expense
Schedule H, Part II Community Building Activities	SSM Health Care St Louis 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 presidents and leaders serve on a number of Chamber of Commerce board of directors including Greater North County, Northwest County, Clayton, Greater St Charles and Fenton Hospitals also actively support Economic Development Corporation and Partners for Progress Health Committee in St Charles County and North County Incorporated Community support Hospital leaders serve on boards and committees of numerous non-profit social service and civic organizations such as Rotary Clubs, Valley Industries Sheltered Workshop, United Services for Children, Missouri Kids, Generate Health, Crisis Nursery Helping Hand Me Downs, Habitat for Humanity and St Louis Partnership for a Healthy Community Hospitals participate in local community health fairs, distribute bike helmets, partner with schools to provide health education, lead bereavement groups and host community education and advisory board meetings on various health issues and service lines The region also collaborated with the St 's Joachim & Ann Care Services Partnership and Operation Food Search, which included dietary consultations, community garden, and food pantries Coalition building Hospital staff spearheaded AHA Heart Walk Campaign for SSM Health Care St Louis, including fundraising and collecting of donations, Parish Nurse program support which includes education, support, and health services, actively partnered with a local Drug-free coalitions to curb the use of tobacco, alcohol, and illicit drug use in schools Community health improvement advocacy Hospital staff generated community-wide responses from government and private organizations for advocacy on public policy issues, health care, housing, safety, and education to improve the community Participation on various committees and boards also allowed hospital staff and leadership to voice concerns and spur change in the St Louis region Workforce development SSM has invested and supported STL Youth Jobs, an organization focusing on the divide between the region's youth and the growing skills gap in the workforce Hospitals participate in local hiring fairs through organizations such as SLATE, Urban League and specific neighborhoods in which they neighbor

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	THE BAD DEBT EXPENSE REPORTED ON PART III, LINE 2 IS AT CHARGES AS RECORDED IN THE ORGANIZATION'S FINANCIAL STATEMENTS THE ALLOWANCE FOR BAD DEBT IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND GENERAL ECONOMIC CONDITIONS IN ITS SERVICE AREA, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS THE BAD DEBT ALLOWANCE IS CALCULATED AS A PERCENTAGE OF PATIENT RECEIVABLES AFTER DEDUCTIONS FOR ESTIMATED PROVISIONS FOR CONTRACTUAL ADJUSTMENTS (DISCOUNTS) ON SERVICES PROVIDED TO ENROLLEES OF MEDICARE, MEDICAID, THIRD-PARTY PAYOR PROGRAMS, CHARITY CARE, UNINSURED DISCOUNTS, AND OTHER ADMINISTRATIVE ADJUSTMENTS
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	SSM Health Care St Louis did not make an estimate of the organization's bad debt attributable to patients eligible under the organization's financial assistance policy

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	SSM Health Care St Louis is part of the SSM Health consolidated audit The footnote that references the treatment of uncollectible accounts and implicit price concessions in the December 31, 2018 consolidated audit is contained on page 23 and 24 of the attached financial statements
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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	SSM Health Care St Louis has established a written credit and collection policy and procedures The billing and collection policies and practices reflect the mission and values of SSM Health, including our special concern for people who are poor and vulnerable SSM Health Care St Louis embraces its responsibility to serve the communities in which it participates by establishing sound business practices SSM Health Care St Louis' 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 SSMH prior to engaging in ECAs SSMH will review the accounts and verify satisfactory completion of reasonable efforts during the notification and application period A waiver is not considered reasonable efforts Obtaining a signed waiver that an individual does not wish to apply for FAP assistance or receive FAP application information will not meet the requirement to make "reasonable efforts" to determine whether the individual is FAP-eligible before engaging in ECAs All outside collection agencies must comply with state and federal laws, comply with the association of credit and collection professional's code of ethics and professional responsibility and comply with SSM Health Care St Louis' collection and financial assistance policies
Schedule H, Part V, Section B, Line 16a FAP website	A - SSM Health DePaul Hospital - St Louis Line 16a URL https //www ssmhealth com/for-patients/financial-assistance, - SSM Health Rehabilitation Hospital Line 16a URL https //www ssm-rehab com/referral-sources/financial-assistance/,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - SSM Health DePaul Hospital - St Louis Line 16b URL https //www ssmhealth com/for-patients/financial-assistance, - SSM Health Rehabilitation Hospital Line 16b URL https //www ssm-rehab com/referral-sources/financial-assistance/,
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - SSM Health DePaul Hospital - St Louis Line 16c URL https //www ssmhealth com/for-patients/financial-assistance, - SSM Health Rehabilitation Hospital Line 16c URL https //www ssm-rehab com/referral-sources/financial-assistance/,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	SSM Health (SSMH) participates in Community Benefit according to our vision Through our participation in the healing ministry of Jesus Christ, communities, especially those that are economically, physically, and socially marginalized, will experience improved health in mind, body, spirit and environment In the tradition of our founders, the Franciscan Sisters of Mary, caring for those in greatest need remains our organizational priority Today our System Board monitors Community Benefit efforts, and views achievement of our vision as a primary responsibility The purpose of SSM's Community Benefit program is to assess and address community health needs Making our communities healthier in measurable ways is always our goal To fulfill this commitment, SSM's Community Benefit is divided into two parts 1) Community Health Needs Assessment (CHNA), and 2) Community Benefit Inventory for Social Accountability (CBISA) The CHNA is an assessment and prioritization of community health needs and the adoption and implementation of strategies to address those needs A CHNA is conducted every three years by each hospital according to the following steps * Assess and prioritize community health needs Gather CHNA data from secondary sources, obtain input from stakeholders representing the broad interests of the community through interviews and focus groups, use data to select top health priorities, and complete written CHNA * Develop, adopt, and implement strategies to address top-health priorities Establish strategies to address priorities, complete Strategic Implementation Plan, obtain Regional/Divisional Board approval, and integrate strategies into operational plan * Make CHNA widely available to the public Publish CHNA and summary document on hospital's website * Monitor, track, and report progress on top health priorities Collect data and evaluate progress, report to Regional/Divisional Board every six months and System Board every year, share findings with community stakeholders, and send results to finance for submission to the Internal Revenue Service (IRS) System Office staff and leaders oversee and monitor SSMH's Community Benefit Program, and ensure reporting is in compliance with IRS regulations 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
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	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 * 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 The following types of notices to the public are provided * Signs in the emergency department, outpatient and inpatient registration and public waiting areas * Brochures or fliers provided at time of registration and available in the financial counseling areas * Notices sent with or on patient bills or communications sent to patients and guarantors related to medical services * Applications provided to uninsured patients at the time of registration The application for charity care, together with any instructions, must clearly state the policies regarding charity care, including excluded services, eligibility criteria and documentation requirements Information about the entity's charity policies is also provided to public agencies

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	SSM Health Care St Louis defines its primary service area as the St Louis metropolitan statistical area (MSA), which includes the Missouri Counties of St Louis, St Charles, Jefferson, Franklin, Lincoln, and Warren and St Louis City Because we support a wide range of local markets and constituencies, demographics are also evaluated for our individual hospital service areas, service lines and clinical departments to ensure we focus on specific community health needs The total population for the MSA is estimated at 2 8 million, making the area the 21st largest metropolitan area in the United States, and is enjoying consistent population growth Of the total, nearly 30% of individuals are 55 years old or over The poverty rate for the MSA was reported at 11 6% in 2017, while the national rate for the same year was 12 3 percent The median household income continues to steadily rise, too, to $61,751, while income per capita is $33,987 More detailed statistics for each hospital's community is as follows SSM Health St Mary's Hospital is geographically located in mid -St Louis County, however the primary service area and the secondary service area include zip codes in both St Louis County and St Louis City There are 28 zip codes that are contained within or overlap the service area In 2018, the population for St Louis County is estimated at 997,087 persons In St Louis County, the average household income is $42,035, while in St Louis City, the average is $67,173 In the County, over 42% of individuals have at least a Bachelor's degree, compared to 33 8% in the City SSM Health St Joseph - St Charles and SSM Health St Joseph Hospital - Lake Saint Louis hospitals are located in St Charles County, Missouri, and serve that region as well as parts of Lincoln and Warren Counties This tri-county area makes up 80% of the hospitals' patients served In addition to the locations in historic downtown St Charles and Lake Saint Louis, the hospital has a location in Wentzville that provides emergency, outpatient, and behavioral medicine services The service area had an estimated population of 487,000 persons in 2017 The community is largely white, accounting for nearly 88% of the population Nearly 13% of households earned less than $25,000 in 2018 SSM Health St Clare Hospital - Fenton serves Southwest St Louis and Jefferson Counties, which accounts for 85% of their total patients There are 18 zip codes contained within or overlapping the service area In 2017, the primary service area had an estimated population of 483,610 persons Approximately 13 6% of the community population had a household income of less than $25,000 in 2017, and over 31% of the population is over the age of 55 SSM Health DePaul Hospital - St Louis defines its service area as North St Louis County, which accounts for 80% of the total patients served by the hospital There are 20 zip codes within or that overlap the service area In 2017, North St Louis County had an estimated population of 350,000 persons The community served is also very diverse, with over 52% of the population as black/non-Hispanic, and another nearly 9% comprised of other minorities Approximately 22% of the population has at least a Bachelor's Degree
Schedule H, Part VI, Line 5 Promotion of community health	SSM Health Care St Louis participates in a wide array of community programs throughout the area to further its exempt purpose of promoting the health of the community The community initiatives build on the strengths of our communities and systems to improve the quality of life and to create a sense of hope Community Benefit initiatives build community capacity and individual empowerment through community organizing, leadership development, partnerships, and coalition building Our Community Health programs provide compassionate and competent care while they promote health improvement by reaching directly into the community to ensure that low-income and under-served persons can access health care services Focusing on a broad definition of health, SSM Health Care St Louis' hospitals, clinics and programs provide medical and mental health services, health education, health management, prevention, referrals, insurance enrollment and in-home primary care services and support, while fostering collaboration and incorporating Community Benefit strategies SSM Health Care St Louis promotes grassroots advocacy and engages persons of influence to affect social and public policy change in order to promote community health SSM Health Care St Louis also furthers its exempt purpose with the following activities * Operates an emergency room that is open to all persons regardless of ability to pay, * Has an open medical staff with privileges available to all qualified physicians in the area, * Engages in the training and education of health care professionals, * Participates in Medicaid, Medicare, Champus, Tricare, and/or other government-sponsored health care programs * All surplus funds generated by SSMH entities are reinvested in improving our patient care delivery system

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	SSM Health Care St Louis is a 501(c)(3) organization and is a member of the integrated health care system know as SSM Health SSM Health Care St Louis is one of the largest, full-service health care networks in the St Louis, Missouri area SSM Health Care St Louis includes the following operating hospitals SSM Health DePaul Hospital - St Louis SSM Health St Joseph Hospital - St Charles SSM Health St Joseph Hospital - Wentzville (remote location of St Joseph Hospital) SSM Health St Joseph Hospital - Lake Saint Louis SSM Health St Mary's Hospital - St Louis SSM Health St Clare Hospital - Fenton
Schedule H, Part VI, Line 7 State filing of community benefit report	MO

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 43-1343281
Name: SSM Health Care St Louis

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? **6** Name, address, primary website address, and state license number		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 DePaul Hospital - St Louis 12303 DePaul Drive St Louis, MO 63044 https //www ssmhealth com/locations/depaul-hospital-st-louis 414-18	X	X					X			A
2	SSM Health St Mary's Hospital - St Louis 6420 Clayton Road St Louis, MO 63117 https //www ssmhealth com/locations/st-marys-hospital-st-louis 383-21	X	X		X			X			A
3	SSM Health St Joseph Hospital - St Charles 300 First Capitol Drive St Charles, MO 63301 https //www ssmhealth com/locations/st-joseph-hospital-st-charles 494-8	X	X					X			A
4	SSM Health St Clare Hospital - Fenton 1015 Bowles Avenue Fenton, MO 63026 https //www ssmhealth com/locations/st-clare-hospital-fenton 456-14	X	X					X			A
5	SSM Health St Joseph Hospital - Lake Saint Louis 100 Medical Drive Lake St Louis, MO 63367 https //www ssmhealth com/locations/st-joseph-hospital-lake-saint-louis 381-21	X	X					X			A

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? **6** Name, address, primary website address, and state license number		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**
6	SSM Health Rehabilitation Hospital 12380 DePaul Drive Bridgeton, MO 63044 HTTPS //WWW SSM-REHAB COM/ 522-4	X									

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 3E	THE HOSPITAL FACILITIES ANALYZED SEVERAL HEALTH NEEDS OF THE COMMUNITY AND HAVE PRIORITIZED THOSE OF MOST CONCERN THE PRIORITIZATION OF THE TOP SIGNIFICANT COMMUNITY HEALTH NEEDS IS DESCRIBED IN THE CHNA

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	Facility A, 1 - Facility Group A THE PRIMARY DATA CONSISTED OF COMMUNITY FOCUS GROUPS THAT INCLUDED KEY STAKEHOLDERS WITHIN THE HOSPITALS' SERVICE AREAS FOCUS GROUP PARTICIPANTS INCLUDED REPRESENTATION FROM THE ST LOUIS COUNTY AND ST CHARLES COUNTY DEPARTMENTS OF HEALTH, ST LOUIS CITY, ST LOUIS COUNTY, AND ST CHARLES COUNTY COMMUNITIES, COLLABORATING HOSPITALS, AND LOCAL PUBLIC SCHOOL DISTRICTS IN ADDITION TO A REVIEW OF DEMOGRAPHICS, THE HOSPITALS' GATHERED AND REVIEWED DATA FROM BROAD SOURCES THE SECONDARY DATA WAS DERIVED FROM A VARIETY OF SOURCES INCLUDING THINK HEALTH ST LOUIS - ST LOUIS PARTNERSHIP FOR A HEALTH COMMUNITY, WHICH INCLUDES DATA PULLS FROM HEALTH COMMUNITIES INSTITUTE COVERING TOPICS IN AREAS OF HEALTH, DETERMINANTS OF HEALTH AND QUALITY OF LIFE, AS WELL AS COUNTY HEALTH RANKINGS

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 DePaul Hospital - St Louis THE HOSPITAL CONDUCTED AND COMPLETED ITS 2018 CHNA JOINTLY WITH SSM HEALTH REHABILITATION NETWORK THE HOSPITAL ALSO COLLABORATED WITH BJC HEALTHCARE'S CHRISTIAN HOSPITAL

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, 2	Facility A, 2 - SSM Health St Mary's Hospital - St Louis THE HOSPITAL CONDUCTED AND COMPLETED ITS 2018 CHNA JOINTLY WITH SSM HEALTH CARDINAL GLENNON CHILDREN'S HOSPITAL AND SSM HEALTH SAINT LOUIS UNIVERSITY HOSPITAL THE HOSPITAL ALSO COLLABORATED WITH MEMBERS OF BJC HEALTHCARE, ST LOUIS CHILDREN'S HOSPITAL AND BARNES JEWISH HOSPITAL, AND SHRINER'S CHILDREN'S HOSPITAL

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, 3	Facility A, 3 - SSM Health St Joseph Hospital - St Charles and SSM Health St Joseph Hospital - Lake Saint Louis BOTH HOSPITALS CONDUCTED AND COMPLETED A JOINT 2018 CHNA THE HOSPITALS ALSO COLLABORATED WITH MEMBER HOSPITALS OF BJC HEALTHCARE

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, 4	Facility A, 4 - SSM Health St Clare Hospital - Fenton SSM HEALTH ST CLARE HOSPITAL - FENTON DID NOT COLLABORATE WITH OTHER HOSPITAL FACILITIES TO COMPLETE THEIR 2018 CHNA

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 DePaul Hospital - St Louis The hospital identified various he alth needs in the 2018 CHNA In order to make meaningful impact, and to use its finances m ost effectively and efficiency, the hospital will place primary focus on the following key priorities - Substance abuse/mental health - Access to care - Chronic disease-Hepatitis C Substance abuse/mental health Substance abuse is a major public health issue in the comm unity, having a strong impact on individuals, families, and communities The use of illici t drugs, abuse of alcohol, and addiction to pharmaceuticals is linked to serious health co nditions such as heart disease, cancer, and liver diseases Substance abuse also contribut es to a wide range of social, physical, mental, and public health problems Because of the se far-reaching consequences of substance abuse, treatment programs have been developed to counter addiction Additional facts and figures that relate to substance abuse and mental health show - ER visits related to substance abuse per 10,000 persons over 18 years is 1 7 9 in St Louis County - Nationally, the incidence of drug-poisoning deaths involving nat ural and semisynthetic opioids, which include drugs such as oxycodone and hydrocodone, inc reased from 1 0 in 1999 to 4 4 in 2016 - The incidence of drug-poisoning deaths involving methadone increased from 0 3 in 1999 to 1 8 in 2006, then declined to 1 0 in 2016 - The in cidence of drug-poisoning deaths involving heroin increased from 0 7 in 1999, to 1 0 in 20 10, to 4 9 in 2016 - Missouri is statistically higher than the US average of 19 8 drug-poi soning deaths per 100,000 people (age-adjusted) In 2017, Missouri averaged 23 4 drug-pois oning deaths per 100,000 people - In 2017, the peak age group in Missouri for heroin and n on-heroin opioid deaths is 25-34 The hospital is involved in the following initiatives to improve substance abuse and mental health in the community served - Provide education to physicians for opioid tapering, monitor to ensure a decrease in the opioid/opiate prescrib ing rates within SSM Health DePaul Hospital - Advocate for a state-wide Prescription Drug Monitoring Program in Missouri - Increase the number of North St Louis County residents a ble to access appropriate, quality substance use treatment - Prescription Take Back Day(s) -in collaboration with local law enforcement, establish/support programs that accept expi red, unwanted, or unused medicines from designated users and dispose of them responsibly - Expand SSM Health DePaul Hospital's LAI (long-acting injection) clinic to treat 300 patie nts per month with readmissions for these under 10% - Partner with local civic and social organizations to educate the community on LAI options for treatment - In partnership with Behavioral Health Network and other non-profit organizations, address the social determina nts of health and develop a behavioral health walk-in clinic Access to Care Access to prim ary care providers is a key pr

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	iority for the hospital Improvements will increase the likelihood that community members will have routine check-ups and screenings Moreover, those with access to primary care ar e more likely to know where to go for treatment in acute situations Communities that lack sufficient access to primary care, regardless of insurance, typically have members who de lay necessary care until they are more ill than those that have greater access Statistica l data on access to care shows the following - Per 100,000 persons, there are 123 provide rs in St Louis County - St Louis County ranks number 11 in the morbidity ranking This i ndicator shows the ranking of the county in overall quality of life according to the Count y Health Rankings The ranking is based on a summary composite score calculated from the f ollowing measures poor or fair health, poor physical health days, poor mental health days , and low birthweight - 43% of St Louis County residents have a bachelor's degree or grea ter 21% of St Louis County residents have a high school graduation degree - Approximately 10% of St Louis County residents don't have health insurance - 6 7% of St Louis County families live below the poverty line - 82 5% of St Louis County expecting mothers receive prenatal care and the infant mortality rate for St Louis County is 7 7 out of 1,000 live births The hospital is implementing the following measures to improve access to care - I n partnership with the Integrated Health Network, utilize community referral coordinators to ensure continuity of care for patients and timely access to primary care follow-up - Ev aluate opportunities to provide mobile health services through partnerships with philanthr opic groups, local school districts, local municipalities, and Just Moms STL - Evaluate op portunity to partner with PattonvilleFire Protection District to provide community paramed icine / mobile integrated health program - Increase patients' health-related knowledge via efforts to simplify health education materials, improve patient-provider communication, a nd increase overall literacy - Provide health insurance outreach and support to assist ind ividuals whose employers do not offer affordable coverage, who are self-employed, or who a re unemployed - Partner with community groups to educate residents regarding the importanc e of prenatal care and the services available regardless of health insurance at OB Care Ce nter at SSM Health DePaul Hospital - Expand the capacity of the Transitional Care Clinic, with the goal of reducing readmissions of participants by 40% Chronic disease-Hepatitis C Hepatitis C is a major concern in the hospital's service area Chronic forms can cause lif elong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death Certain types of hepatitis are extremely contagious, some are spread via blood or sexual contact, while others are spread via fecal-oral contact Additional data on hepatitis C r eport that - Per 10,000 St L

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	ouis adults ages 45-64, 3 6 will be hospitalized for Hepatitis C - St Louis County and St Louis City have the highest rates of Hepatitis C in the state - Once diagnosed, highly e ffective treatment options are now available for Hepatitis C that have fewer side effects than earlier treatments These new medication options have 95% cure rates and reduce the r isk of death from liver cancer and cirrhosis The hospital has the following action plan in place to improve the community measures on Hepatitis C - Evaluate partnership opportunit ies within the community to serve as referral and educational resources to residents that could benefit from the SSM Health DePaul Hospital Hepatitis C clinic - Partner with SUD (s ubstance abuse disorder) treatment centers to provide screenings for at-risk patients - In crease clinic capacity by 33% (to 16 patients per month) The hospital has no plans to disc ontinue other community benefit efforts addressing the remaining CHNA-identified needs and address additional community needs within its efforts The following community needs were identified but have not been prioritized due to the hospital's limited resources at this time - Obesity, inactivity and nutrition - Medication management - Economic issues, pover ty, unemployment - Violence - Smoking and tobacco use - Cerebrovascular disease

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, 2	Facility A, 2 - SSM Health St Mary's Hospital - St Louis The hospital identified variou s health needs in the 2018 CHNA In order to make meaningful impact, and to use its financ es most effectively and efficiency, the hospital will place primary focus on the following key priorities - Access to care - High risk pregnancy - Chronic disease-diabetes Access to care Access to primary care providers is a key priority for the hospital Improvements will increase the likelihood that community members will have routine check-ups and screen ings Moreover, those with access to primary care are more likely to know where to go for treatment in acute situations Communities that lack sufficient access to primary care, re gardless of insurance, typically have members who delay necessary care until they are more ill than those that have greater access Additional facts and figures on access to care s how - Provider Care Rate-Per 100,000 persons, there are 123 providers in St Louis County and 85 providers in St Louis City Primary care providers include practicing physicians specializing in general practice medicine, family medicine, internal medicine, and pediatr ics - Clinical Care Ranking -The quality and accessibility of clinical care heavily impact s the health of a community Without a sufficient number of providers or adequate insuranc e coverage, people often do not seek care services and are thus at higher risk of developi ng preventable illnesses or chronic conditions People with access to high-quality care ar e more likely to receive effective treatment for their conditions and enjoy better health St Louis County is ranked at 2, St Louis City is ranked at 27 (1-2 is healthiest) The ranking is based on a summary composite score calculated from the following measures unin sured, primary care physicians, mental health providers, dentists, preventable hospital st ays, diabetic monitoring, and mammography screening - 43% of St Louis County residents an d 34% of St Louis City residents have a bachelor's degree or greater 21% of St Louis Co unty residents and 23% of St Louis City residents have a high school graduation degree - Approximately 10% of St Louis County residents and 15% of St Louis City resident don't h ave health insurance - 6 7% of St Louis County families and 19 94% of St Louis City fami lies live below the poverty line The hospital is involved in the following initiatives to improve access to care in the community served - Increase the number of lives cared for i n the Internal Medicine Clinic to 1000 by 2021 through partnering with community agencies to promote the services available to the underserved population of the community - In part nership with the Integrated Health Network, utilize community referral coordinators to ens ure continuity of care for patients and timely access to primary care follow up - Increase patients' health-related knowledge via efforts to simplify health education materials, im prove patient-provider communi

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, 2	cation, and increase overall literacy - Provide health insurance outreach and support to a ssist individuals whose employers do not offer affordable coverage, who are self-employed, or who are unemployed High Risk Pregnancy High risk pregnancy is a key priority for the h ospital Increasing the number of women who receive prenatal care, and who do so early in their pregnancies, can improve birth outcomes and lower health care costs by reducing the likelihood of complications during pregnancy and childbirth Statistical data on high risk pregnancy shows the following - 82 5% of St Louis County mothers received prenatal care compared to 73 2% of St Louis City mothers Babies born to mothers who do not receive pr enatal care are three times more likely to have a low birth weight and five times more lik ely to die than those born to mothers who do get care - Infant mortality rate continues to be one of the most widely used indicators of the overall health status of a community Th e leading causes of death among infants are birth defects, preterm delivery, low birth wei ght, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy St Louis City has a rate of 11 2 per 1,000 live births compared to St Louis County at 7 7 The Healthy People 2020 national health target is to reduce the infant mortality rate to 6 deaths per 1,000 live births The hospital is implementing the following measures to impro ve high risk pregnancy for the community - Attain a threshold of 50% of patients illicit- drug free, at the time of delivery, for those enrolled in the WISH program Develop outrea ch strategies to community organizations working in the substance abuse space for patient referral to WISH services - Continue to actively participate in the Generate Health Build Grant focusing on improving maternal and infant health outcomes by targeting transportatio n access for pregnant women and new parents in two contiguous zip codes of 63106 and 63107 in the City of St Louis - Work with FLOURISH St Louis, a diverse community partnership designed to work in a new way to achieve large-scale, lasting improvements in the health a nd well-being of St Louis babies and families - Through Thrive St Louis, establish seaml ess referral process for women needing prenatal care Chronic disease-Diabetes Diabetes is the third priority for the hospital and is also a leading cause of death in the United Sta tes This disease can have a harmful effect on most of the organ systems in the human body , it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputat ion, and a leading cause of blindness among working age adults Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke Additional data on diabetes report that - 11 6% of adults (20+ years of age) in St Louis County and 12 6% of adults in St Louis City have been diagnosed with Diabetes - Diabetes is the leading cause of death in United Stat

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, 2	e disproportionately affecting minority populations and the elderly, and its incidence is likely to increase as minority populations grow and the U S population ages - The percent age of obese adults is an indicator of the overall health and lifestyle of a community 31 1% of St Louis City residents and 282% of St Louis County residents are obese based on a BMI greater than or equal to 30 - Age-adjusted death rate due to Diabetes per population of 100,000 persons is 30 3 in St Louis City and 15 7 in St Louis County - Annual age-ad justed emergency room visit rate due to diabetes per 10,000 population aged 18 years and o lder is 35 3 in St Louis City and 17 9 in St Louis County Both Type 1 and Type 2 are in cluded - Grocery store density in is St Louis County is 34 and 18 in St Louis City Th is indicator shows the number of supermarkets and grocery stores per 1,000 population The hospital has the following action plan in place to improve the community measures on diabe tes - Utilize Diabetic Educators in the most optimal manner while meeting the needs of th e inpatient and outpatient services' patients - Determine if there is a way to extend the reach of Diabetic Educators beyond inpatient and outpatient services and into the communit y, including the Internal Medicine Clinic, Wound Clinic and community events - Increase th e number of patients served at the SSM Pharmacy on the hospital's campus by 5% each year m oving forward so that patients are receiving the medications they need to effectively mana ge their diabetes - Engage community agencies and church groups to evaluate partnership op portunities to address diabetes management The hospital has no plans to discontinue other community benefit efforts addressing the remaining CHNA-identified needs and address addit ional community needs within its efforts The following community needs were identified bu t have not been prioritized due to the hospital's limited resources at this time - Contin uity of care - Price/quality transparency - Trauma/stress care - Obesity - Cardiovascular disease - Sexually-transmitted disease - Violence - Pediatric neglect/abuse - Emergency de partment visits/capacity - Cancer - Dental health

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, 3	Facility A, 3 - SSM Health St Joseph Hospital - St Charles and SSM Health St Joseph Hos pital - Lake Saint Louis The hospitals identified various health needs in their jointly-c ompleted 2018 CHNA In order to make meaningful impact, and to use its finances most effec tively and efficiency, the hospitals will place primary focus on the following key priorit ies - Substance abuse - Access to care - Chronic disease-obesity Substance abuse Substanc e abuse is a major public health issue that has a strong impact on individuals, families, and communities The use of illicit drugs, abuse of alcohol, and addiction to pharmaceutic als is linked to serious health conditions such as heart disease, cancer, and liver diseas es, as well as lost work productivity, healthcare, and crime Substance abuse also contrib utes to a wide range of social, physical, mental, and public health problems Because of t hese far-reaching consequences of substance abuse, treatment programs have been developed to counter addiction Additional facts and figures on substance abuse show - Nationally, the incidence of drug-poisoning deaths involving natural and semisynthetic opioids, which include drugs such as oxycodone and hydrocodone, increased from 1 0 in 1999 to 4 4 in 2016 - The incidence of drug-poisoning deaths involving methadone increased from 0 3 in 1999 t o 1 8 in 2006, then declined to 1 0 in 2016 - The incidence of drug-poisoning deaths invol ving heroin increased from 0 7 in 1999, to 1 0 in 2010, to 4 9 in 2016 - Missouri is stati stically higher than the US average of 19 8 drug-poisoning deaths per 100,000 people (age- adjusted) In 2017, Missouri averaged 23 4 drug-poisoning deaths per 100,000 people - In 2 017, the peak age group in Missouri for heroin and non-heroin opioid deaths is 25-34 - 2 8 % of St Charles County emergency room visits are related to substance abuse The hospital s are involved in the following initiatives to improve substance abuse in the community se rved - Provide education to physicians for opioid tapering, monitor to ensure a decrease in the opioid/opiate prescribing rates within SSM Health St Charles hospitals and clinics - Advocate for a state-wide prescription drug monitoring program in Missouri - Increase t he number of St Charles County residents able to access appropriate, quality substance us e treatment - Support educational efforts in our community and schools - Prescription Take Back Day(s) - establish/support programs that accept expired, unwanted, or unused medicin es from designated users and dispose of them responsibly Access to care Access to primary care providers is a key priority for the hospitals Improvements will increase the likelih ood that community members will have routine check-ups and screenings Moreover, those wit h access to primary care are more likely to know where to go for treatment in acute situat ions Communities that lack sufficient access to primary care, regardless of insurance, ty pically have members who delay

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, 3	necessary care until they are more ill than those that have greater access Statistical d ata on access to care shows the following - St Charles County ranks number 1 in the stat e in quality of life - St Charles is the wealthiest county in the state by household inco me standards - Over 30% of residents have a bachelor's degree or greater - Approximately 7 % of St Charles County residents don't have health insurance - 5 3% of St Charles reside nts live below the poverty line - 12% of St Charles County residents are considered to be in fair or poor health - There are 123 primary care providers per 100,000 residents The h ospitals are implementing the following measures to improve access to care in the communit y - Improve access to care in St Charles County by increasing annual utilization of Volu nteers in Medicine clinics - Evaluate opportunities to expand/provide mobile health servic es for patients who live in areas with limited access to care - Establish transportation s ervices for areas with low population densities using publicly funded buses and vans on a set schedule, dial-a-ride transit, volunteer ridesharing, etc - Increase patients' health -related knowledge via efforts to simplify health education materials, improve patient-pro vider communication, and increase overall literacy - Provide health insurance outreach and support to assist individuals whose employers do not offer affordable coverage, who are s elf-employed, or who are unemployed Chronic disease-Obesity Obesity is the third priority for the hospitals The percentage of obese adults is an indicator of the overall health an d lifestyle of a community Obesity increases the risk of many diseases and health conditi ons, including heart disease, type 2 diabetes, cancer, hypertension, stroke, liver and gal lbladder disease, respiratory problems, and osteoarthritis Losing weight and maintaining a healthy weight may help to prevent and control these diseases, as well as reduce economi c costs of increased healthcare spending and lost earnings Additional data on obesity rep ort that - 26% of adults in St Charles County are obese - 24% of residents are physicall y inactive - 12% of residents don't have access to exercise opportunities - In 2017, St C harles had a diabetes rate of 8 4% The hospitals have the following action plan in place t o improve the community measures on obesity - Use educational, environmental, and behavio ral strategies to improve food choices and physical activity opportunities in worksite set tings, also called workplace wellness programs - Deliver educational, behavioral, environm ental, and other obesity prevention efforts (e g , education classes, enhanced physical ed ucation, healthy food promotion, family outreach, etc) in schools - Arrange active transp ortation with a fixed route, designated stops, and pick up times when children can walk to school with adult chaperones - Combine educational, environmental, and behavioral activit ies that increase physical act

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, 3	ivity and improve nutrition (e g , nutrition education, aerobic/strength training, dietary prescriptions, etc) in various settings - Build, strengthen, and maintain social network s that provide supportive relationships for behavior change through walking groups or othe r community-based interventions - Establish and support land that is gardened or cultivate d by community members via community land trusts, gardening education, zoning regulation c hanges, or service provision (e g , water or waste disposal) - Provide prescriptions with healthy eating and exercise plans for patients and families, often accompanied by progress checks at office visits The hospitals have no plans to discontinue other community benefi t efforts addressing the remaining CHNA-identified needs and address additional community needs within its efforts The following community needs were identified but have not been prioritized due to the hospitals' limited resources at this time - Pediatric health - Hea lth literacy - Senior care - Diabetes - Public safety - Cancer - Smoking cessation and res piratory diseases

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, 4	Facility A, 4 - SSM St Clare Hospital - Fenton The hospital identified various health ne eds in the 2018 CHNA In order to make meaningful impact, and to use its finances most eff ectively and efficiency, the hospital will place primary focus on the following key priori ties - Substance abuse - Access to care - Health behavior awareness Substance abuse Subst ance abuse is a key priority for the hospital The Centers for Disease Control and Prevent ion (CDC) ranks drug poisoning as the number one cause of injury-related deaths in the US, with 63,632 deaths in 2016 Rates have more than tripled from 1999-2016 and have increase d for all age groups The rate of drug-poisoning deaths involving synthetic opioids other than methadone, which includes drugs such as fentanyl, fentanyl analogs, and tramadol, dou bled from 2015 to 2016 Additional facts and figures on substance abuse show - Nationally , the rate of drug-poisoning deaths involving natural and semisynthetic opioids, which inc lude drugs such as oxycodone and hydrocodone, increased from 1 0 in 1999 to 4 4 in 2016 - The rate of drug-poisoning deaths involving methadone increased from 0 3 in 1999 to 1 8 in 2006, then declined to 1 0 in 2016 - The rate of drug-poisoning deaths involving heroin i ncreased from 0 7 in 1999, to 1 0 in 2010, to 4 9 in 2016 - Missouri is statistically high er than the US average of 19 8 drug-poisoning deaths per 100,000 people (age-adjusted) - I n 2017, Missouri averaged 23 4 drug-poisoning deaths per 100,000 people - The top 3 counti es in Missouri for opioid-poisoning deaths are all in the St Louis metropolitan region (J efferson, Franklin & St Louis City) - St Louis County had 931 opioid deaths from 2013-20 17 - In the same time span, St Louis County had 481 heroin overdoses - In 2017, the peak age group in Missouri for heroin and non-heroin opioid deaths is 25-34 - The average presc ription of opioids in St Louis County was 15 6 days in 2018 The hospital is involved in t he following initiatives to improve substance abuse in the community served - Reduce the number of drug poisonings in St Louis County through community collaborations - identify and develop partnerships - Achieve medical stabilization goal at hospital by discharging 8 0% of patients that complete the program with a plan for behavioral health and/or substanc e abuse treatment - Provide education to physicians for opioid tapering, monitor to ensure a decrease in the opioid/opiate prescribing rates within SSM Health St Clare hospitals a nd clinics - Advocate for a state-wide Prescription Drug Monitoring Program in Missouri - Prescription Take Back Day(s) -establish/support programs that accept expired, unwanted, o r unused medicines from designated users and dispose of them responsibly - Continue to gro w the stabilization services program This program helps individuals overcome their opiate or alcohol withdrawal symptoms, providing them with the resources to prevent relapse In addition, the hospital plans t

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, 4	o continue partnerships with COMTREA (Community Treatment, Inc) and our first responders in dealing with substance abuse disorders Partners in our school are extremely important and we will work alongside school districts as well as other educational entities to educa te our youth on emotional well-being, mental illness and substance abuse Access to care Ac cess to care is a top community health need for the hospital Improvements will increase t he likelihood that community members will have routine check-ups and screenings Moreover, those with access to primary care are more likely to know where to go for treatment in ac ute situations The hospital will continue to invest in primary and specialty healthcare p roviders in the region We will also continue working on initiatives and partnerships to h elp address the convenience, value and quality of care we provide to the communities we se rve Statistical data on access to care shows the following - Approximately 10% of adults in St Louis County have no health insurance - There are 123 primary care physicians per 100,000 people in St Louis County - St Louis has a 15% food insecurity rate - As of 2017 , there were 258 mental health providers per 100,000 people - There are 84 dentists per 10 0,000 people in St Louis - Median household incomes are higher in St Louis County than i n Missouri or the United States - 7 4% of households live below the poverty level in St L ouis County - Access to Care exercise opportunities are higher in St Louis than in Missou ri or the United States - Farmers Market density is lower, on average, in St Louis than i n the United States - 6 0% of St Louis County residents have no car and low access to a g rocery store - St Louis County has a higher rate of single parent households than the US average - 7 2% of St Louis County households do not have a vehicle The hospital is implem enting the following measures to improve access to care for the community - Improve acces s to care in St Louis County by increasing annual utilization of Volunteers in Medicine c linics - Evaluate opportunity to expand/provide mobile health services for patients who li ve in areas with limited access to care - Establish transportation services for areas with low population densities using publicly funded buses and vans on a set schedule, dial-a-r ide transit, volunteer ridesharing, etc - Increase patients' health-related knowledge via efforts to simplify health education materials, improve patient-provider communication, a nd increase overall literacy - Provide health insurance outreach and support to assist ind ividuals whose employers do not offer affordable coverage, who are self-employed, or who a re unemployed Health behavior awareness Educating the community on healthy behaviors and l ifestyles is a key priority for the hospital Health awareness is a multi-faceted topic th at illustrates the extent to which an individual is aware of what constitutes a healthy li festyle, community resources a

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, 4	vailable to increase their health knowledge and the avoidance of risky behaviors that can lead to chronic disease development and/or premature death SSM Health will continue to of fer a wide scope of resource to help individuals understand how to maintain a healthy life style, ultimately reducing the risk of chronic disease in our communities Additional data on health behavior awareness is as follows - St Louis County ranks 2ndin Missouri in he alth behaviors - St Louis County ranks 112 out of 114 counties in physical environment ra nkings - 11 7% of adults in St Louis County have diabetes - 13 3% of adults in St Louis County regularly consume fruits and vegetables - 28 2% of adults in St Louis County are o bese - In the US, 38% of adults lack sufficient sleep - Deaths due to stroke are higher in St Louis County than the United States, on average - 8 3% of adults smoked during pregna ncy in St Louis County - Premature deaths are higher than the U S average but lower than the Missouri average in the County - As of 2016, 18 4% of adults in St Louis County smok e - St Louis County has higher access to recreation and fitness facilities than Missouri or the US, on average The hospital has the following action plan in place to improve the c ommunity awareness of healthy behaviors - Partner with local St Louis County and Jeffers on County schools to increase awareness of healthy lifestyles - Partner with health-relate d community organizations - Decrease the readmission rate through health education with pa tients and families The hospital has no plans to discontinue other community benefit effor ts addressing the remaining CHNA-identified needs and address additional community needs w ithin its efforts The following community needs were identified but have not been priorit ized due to the hospital's limited resources at this time - Cancer - Motor vehicle accide nts

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 3E	THE HOSPITAL FACILITY ANALYZED SEVERAL HEALTH NEEDS OF THE COMMUNITY AND HAS PRIORITIZED THOSE OF MOST CONCERN THE PRIORITIZATION OF THE TOP SIGNIFICANT COMMUNITY HEALTH NEEDS IS DESCRIBED IN THE CHNA

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - SSM Health Rehabilitation Hospital THE PRIMARY DATA CONSISTED OF COMMUNITY FOCUS GROUPS THAT INCLUDED KEY STAKEHOLDERS WITHIN THE HOSPITALS' SERVICE AREAS FOCUS GROUP PARTICIPANTS INCLUDED REPRESENTATION FROM THE ST LOUIS COUNTY DEPARTMENT OF HEALTH, THE NORTH ST LOUIS COUNTY COMMUNITY, AND COLLABORATING HOSPITALS THE SECONDARY DATA WAS DERIVED FROM A VARIETY OF SOURCES INCLUDING THINK HEALTH ST LOUIS - ST LOUIS PARTNERSHIP FOR A HEALTH COMMUNITY, WHICH INCLUDES DATA PULLS FROM HEALTH COMMUNITIES INSTITUTE COVERING TOPICS IN AREAS OF HEALTH, DETERMINANTS OF HEALTH AND QUALITY OF LIFE

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - SSM Health Rehabilitation Hospital THE HOSPITAL CONDUCTED AND COMPLETED ITS 2018 CHNA JOINTLY WITH SSM HEALTH DEPAUL HOSPITAL - ST LOUIS THE HOSPITAL ALSO COLLABORATED WITH BJC HEALTHCARE'S CHRISTIAN HOSPITAL

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - SSM Health Rehabilitation Hospital The hospital identified various health needs in the 2018 CHNA In order to make meaningful impact, and to use its finances most e ffectively and efficiency, the hospital will place primary focus on the following key prio rities - Access to care - Chronic disease - Heart and Vascular disease - Chronic disease - Cerebrovascular disease Access to care Access to primary care providers is a key priorit y for the hospital Improvements will increase the likelihood that community members will have routine check-ups and screenings Moreover, those with access to primary care are mor e likely to know where to go for treatment in acute situations Communities that lack a su fficient number of primary care providers typically have members who delay necessary care when sick and conditions can become more severe and complicated Additional facts and figu res that relate to access to care show - Per 100,000 persons, there are 123 providers in St Louis County - Clinical Care Ranking - the quality and accessibility of clinical care heavily impacts the health of a community Without a sufficient number of providers or ade quate insurance coverage, people often do not seek care services and are thus at higher ri sk of developing preventable illnesses or chronic conditions People with access to high-q uality care are more likely to receive effective treatment for their conditions and enjoy better health St Louis County is ranked at 2 (1-2 is healthiest) The ranking is based o n a summary composite score calculated from the following measures uninsured, primary car e physicians, mental health providers, dentists, preventable hospital stays, diabetic moni toring, and mammography screening - 43% of St Louis County residents have a bachelor's de gree or greater 21% of St Louis County residents have a high school graduation degree - A pproximately 10% of St Louis County residents don't have health insurance - 6 7% of St L ouis County families live below the poverty line - 82 5% of St Louis County expecting mot hers receive prenatal care and the infant mortality rate for St Louis County is 7 7 out o f 1,000 live births The hospital is involved in the following initiatives to improve acces s to care in the community served - Partner with SSM Health Care St Louis ministries and community collaborators to address access to care barriers, provide screenings and health education materials - Monitor durability of outcomes post-discharge through IT HealthTrac k and create action plans, if appropriate - Utilize Care Partner Program to increase commu nity discharges from 70 6% in 2018 to 73 6% by 2021 - Partner with Emergency rooms at othe r SSM Health hospitals to prevent unnecessary admissions to acute care from the hospital - Transition to Medical Model at the hospital in 2019 to enhance medical management coverag e and increase in-house physician presence - Develop Meds to Beds Program to increase acce ss to prescribed medications a

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	t time of patients' discharge from inpatient rehabilitation stay Chronic disease - Heart a nd Vascular disease Heart and vascular disease is a key priority for the hospital Heart d isease is a term that encompasses a variety of different diseases affecting the heart and is the leading cause of death in the United States, accounting for 25 4% of total deaths The most common type in the US is coronary artery disease, which can cause heart attack, a ngina, heart failure, and arrhythmias Coronary artery disease occurs when plaque builds u p in the arteries that supply blood to the heart and the arteries narrow (atherosclerosis) There are many modifiable risk factors for atherosclerosis, including tobacco smoking, o besity, and a sedentary lifestyle Heart disease is the number one killer of women in the United States Statistical data on heart and vascular disease shows the following - Accor ding to the Centers for Disease Control and Prevention, approximately round 5 7 million pe ople in the United States have heart failure, and about half of people who develop heart f ailure will die within five years of diagnosis - Age-adjusted ER rate due to heart failure is 3 5 per 10,000 persons in St Louis County compared to 5 9 in St Louis City - The per centage of overweight adults is an indicator of the overall health and lifestyle of a comm unity Being overweight affects quality of life and puts individuals at risk for developin g many diseases, especially heart disease, stroke, diabetes, and cancer 32 6% of St Loui s County adults are overweight - High blood pressure is the number one modifiable risk fac tor for stroke In addition to stroke, high blood pressure also contributes to heart attac ks, heart failure, kidney failure, and atherosclerosis The higher your blood pressure, th e greater your risk of heart attack, heart failure, stroke, and kidney disease In the Uni ted States, one in three adults has high blood pressure, and nearly one-third of these peo ple are not aware that they have it 31 9% of St Louis County adults have high blood pres sure The hospital is implementing the following measures to improve Heart and vascular di sease - Partner with SSM Health Care St Louis ministries and community collaborators to provide screenings and health education materials - Reduce cardiac-related acute care tran sfers from 12 5% in 2018 to 10% in 2021 - Monitor durability of outcomes post-discharge th rough IT HealthTrack and create action plans, if appropriate - Utilize Care Partner Progra m to increase community discharges from 70 6% in 2018 to 73 6% by 2021 - Partner with Emer gency rooms at other SSM Health hospitals to prevent unnecessary admissions to acute care from the hospital - Transition to Medical Model at the hospital in 2019 to enhance medical management coverage and increase in-house physician presence - Develop Meds to Beds Progr am to increase access to prescribed medications at time of patients' discharge from inpati ent rehabilitation stay Chroni

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	c disease - Cerebrovascular disease Cerebrovascular disease is a major concern in the hosp ital's service area Cerebrovascular disease refers to conditions, including stroke, cause d by problems with the blood vessels supplying the brain with blood A stroke occurs when blood vessels carrying oxygen to the brain burst or become blocked, thereby cutting off th e brain's supply of oxygen and other nutrients Cerebrovascular disease is a leading cause of death in the United States and can also lead to brain damage and disability The most important modifiable risk factor for cerebrovascular disease and stroke is high blood pres sure Other risk factors include high cholesterol, heart disease, diabetes mellitus, physi cal inactivity, obesity, excessive alcohol use, and tobacco use Additional data on cerebr ovascular disease report that - The age-adjusted death rate due to Cerebrovascular Diseas e is 38 adults out of 100,000 persons in St Louis County - 32 6% of St Louis County adul ts are overweight - In the United States, one in three adults has high blood pressure, and nearly one-third of these people are not aware that they have it 31 9% of St Louis Coun ty adults have high blood pressure - Nearly three-quarters of all strokes occur in people over the age of 65 The Centers for Disease Control and Prevention (CDC) states that strok e is the fourth leading cause of death in the United States, is a leading cause of long-te rm disability, and is the cause of almost 133,000 deaths annually According to the CDC, s trokes cost the United States an estimated $38 6 billion each year 4 4% of the Medicare p opulation in St Louis County were treated for a stroke The hospital has the following act ion plan in place to improve the community measures on cerebrovascular disease - Partner with SSM Health Care St Louis ministries and community collaborators to provide screening s and health education materials - Increase stroke community discharges from 67% in 2018 t o 70% in 2021 - Utilize the Stroke Program Team to monitor durability of outcomes post-dis charge through IT HealthTrack and create action plans, if appropriate - Decrease stroke fa ll rate per 1000 patient days by 10% - Participate in community events - Improve stroke pa tients' self-care and mobility activities from admission to discharge change to meet natio nal average - Host stroke support group monthly The hospital has no plans to discontinue o ther community benefit efforts addressing the remaining CHNA-identified needs and address additional community needs within its efforts The following community needs were identifi ed but have not been prioritized due to the hospital's limited resources at this time - M ental health/geriatric psychology and substance abuse - Smoking and tobacco use - Obesity - Care coordination - Health literacy

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

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

	Name and address	Type of Facility (describe)
1	SSM Health Medical Group 1011 Bowles Avenue Fenton, MO 63026	Outpatient clinic
1	SSM Health Medical Group 1035 Bellevue St Louis, MO 63117	Outpatient clinic
2	SSM Health Medical Group 12266 DePaul Drive Bridgeton, MO 63044	Outpatient clinic
3	SSM Health Medical Group 12277 DePaul Drive Bridgeton, MO 63044	Outpatient clinic
4	SSM Health Medical Group 1475 Kisker Road St Charles, MO 63304	Outpatient clinic
5	SSM Health Medical Group 400 First Capitol Drive St Charles, MO 63301	Outpatient clinic
6	SSM Health Medical Group 6400 Clayton Road St Louis, MO 63117	Outpatient clinic
7	SSM Health Express Clinic 2 Cottonwood Rd Glen Carbon, IL 62034	Express clinic
8	SSM Health Medical Group 30 Ronnies Plaza Sappington, MO 63126	Outpatient clinic
9	SSM Health Medical Group 100 N Kingshighway St Charles, MO 63301	Outpatient clinic
10	SSM Health Express Clinic 441 N Kirkwood Rd Kirkwood, MO 63122	Express clinic
11	SSM Health Express Clinic 500 Howdershell Rd St Louis, MO 63031	Express clinic
12	SSM Health Medical Group 816 S Kirkwood Rd Kirkwood, MO 63122	Outpatient clinic
13	SSM Health Medical Group 900 East Walnut Carbondale, IL 62901	Outpatient clinic
14	SSM Health Express Clinic 917 Chesterfield Pkwy E Chesterfield, MO 63017	Express clinic

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

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

	Name and address	Type of Facility (describe)
16	SSM Health Express Clinic 920 N Main St Louis, MO 63044	Express clinic
1	SSM Health Express Clinic 1000 Crossroads Place High Ridge, MO 63049	Express clinic
2	SSM Health Express Clinic 1001 Bowles St Louis, MO 63026	Express clinic
3	SSM Health Medical Group 1034 South Brentwood St Louis, MO 63117	Outpatient clinic
4	SSM Health Medical Group 1185 Fortune Blvd Shiloh, IL 62269	Outpatient clinic
5	SSM Health Medical Group 1345 Smizer Mill Road Fenton, MO 63026	Outpatient clinic
6	SSM Health Express Clinic 1650 Washington Alton, IL 62002	Express clinic
7	SSM Health Express Clinic 1718 Catlin Road Barnhart, MO 63012	Express clinic
8	SSM Health Medical Group 1821 Sherman St Charles, MO 63303	Outpatient clinic
9	SSM Health Express Clinic 1993 Wentzville Parkway Wentzville, MO 63385	Express clinic
10	SSM Health Medical Group 2133 Vadalabene Drive Maryville, IL 62062	Outpatient clinic
11	SSM Health Express Clinic 2310 S Old Highway 94 St Charles, MO 63303	Express clinic
12	SSM Health Express Clinic 2401 S Brentwood Blvd Brentwood, MO 63144	Express clinic
13	SSM Health Express Clinic 2920 Highway K OFallon, MO 63368	Express clinic
14	SSM Health Medical Group 3555 Sunset Office Drive Sunset Hills, MO 63127	Outpatient clinic

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

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

	Name and address	Type of Facility (describe)
31	SSM Health Express Clinic 3732 Nameoki Granite City, IL 62040	Express clinic
1	SSM Health Express Clinic 3920 Hampton Ave St Louis, MO 63109	Express clinic
2	SSM Health Express Clinic 3937 Vogel Rd Arnold, MO 63010	Express clinic
3	SSM Health Express Clinic 6505 N Illinois Fairview Heights, IL 62208	Express clinic
4	SSM Health Medical Group 8086 Natural Bridge Road Bel Nor, MO 63121	Outpatient clinic
5	SSM Health Express Clinic 8571 Watson Rd Webster Groves, MO 63119	Express clinic
6	SSM Health Express Clinic 12098 Lusher Rd St Louis, MO 63138	Express clinic
7	SSM Health Express Clinic 12345 St Charles Rock Rd Bridgeton, MO 63044	Express clinic
8	SSM Health Express Clinic 12509 Dorsett Rd Maryland Heights, MO 63043	Express clinic
9	SSM Health Medical Group 13303 Tesson Ferry Road St Louis, MO 63128	Outpatient clinic
10	SSM Health Express Clinic 13992 Manchester Rd Manchester, MO 63011	Express clinic
11	SSM Health Medical Group 14309 Manchester Rd Ballwin, MO 63011	Outpatient clinic
12	SSM Health Express Clinic 16105 Manchester Rd St Louis, MO 63011	Express clinic
13	SSM Health Express Clinic 6071 Telegraph Rd St Louis, MO 63129	Express Clinic

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SSM Health Care St Louis

Employer identification number
43-1343281

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 7

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 4

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) MEDICAL SUPPLIES ASSISTANCE	4825		55,012	BOOK	MEDICAL SUPPLIES ASSISTANCE
(2) PRESCRIPTION ASSISTANCE	655	16,251		Book	Prescription assistance
(3) BUS PASSES FOR PATIENTS	46	7,032			
(4) BLANKETS FOR ORTHOPEDIC PATIENTS	1000		8,329	BOOK	BLANKETS FOR ORTHOPEDIC PATIENTS
(5) PATIENT ACCOUNT ASSISTANCE	29	31,394			
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	THE PROCEDURES USED TO MONITOR THE USE OF GRANT FUNDING VARIES BASED ON THE GRANT RECIPIENT GRANTS TO RELATED ENTITIES ARE MONITORED DIRECTLY BY THE ORGANIZATION WHEREBY THE RECIPIENT REPORTS ON THE SPECIFIC USE OF THE FUNDING FOR GRANTS TO UNRELATED ENTITIES, THE ORGANIZATION UTILIZES THE COMMUNITY BENEFIT INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA) TO TRACK, STORE AND REPORT A WIDE RANGE OF INFORMATION RELATED TO GRANTS AND OVERALL COMMUNITY IMPACT IN CERTAIN CIRCUMSTANCES, QUALIFYING EXPENSES MAY BE PAID ON BEHALF OF SYSTEM EMPLOYEES BASED UPON DEMONSTRATED FINANCIAL HARDSHIP CAUSED BY NATURAL DISASTERS, ILLNESS, OR OTHER UNFORESEEN TRAGEDY

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 43-1343281
Name: SSM Health Care St Louis

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Archdiocese of St Louis 20 Archbishop May Drive St Louis, MO 63119	43-0653244	501(c)(3)	25,627				Support for Priest Wellness Program
St Charles County Economic Development Council 5988 Mid Rivers Mall Drive St Peters, MO 63304	43-1545618	501(c)(4)	52,500				Support economic growth in the community

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Greater North County Chamber of Commerce 420 West Washington Florissant, MO 63031	43-0787393	501(C)(6)	6,740				Support economic growth in the North St Louis County area
Missouri State Medical Association Physicians Health Program PO Box 1028 Jefferson City, MO 65102	43-1572458	501(c)(3)	5,750				Support programs for physician wellness

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St Charles City-County Library Foundation 77 Boone Hills Drive St Peters, MO 63376	43-1860793	501(c)(3)	10,000				Support operations of the public library
St Charles Community College 4601 Mid Rivers Mall Drive St Peters, MO 63376	43-1591959	501(c)(3)	6,000				Support education programs

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
City of St Charles School District 400 N 6th Street St Charles, MO 63301	43-6003128	GOVERNMENT	15,000				Support educational programs
St Louis Community Foundation 319 North Fourth Street Suite 300 St Louis, MO 63102	43-6023126	501(c)(3)	30,000				Support charitable programs around the St Louis area

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St Louis Regional Chamber & Growth Association One Metropolitan Square Suite 1300 St Louis, MO 63102	43-0975222	501(c)(6)	72,070				Support business and economic growth in the region
St Louis Sports Commission 308 North 21st Street No 500 St Louis, MO 63103	43-1646221	501(c)(6)	7,500				Support operations and programs

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Youth In Need 1815 Boones Lick Road St Charles, MO 63301	43-1033862	501(c)(3)	5,800				Support youth outreach programs

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SSM Health Care St Louis

Employer identification number
43-1343281

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ 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**	Yes	
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 accured 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**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	The following individuals listed on Part VII, Section A received a tax indemnification/gross up payment in 2018 These payments were included in their taxable compensation Michael Bowers Lisle Wescott Ellis Hawkins Lee Bernstein Kathy Bonser Andrew Wheeler Joseph Attewell William Holcomb Andrew Karanas

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

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	SSM Health has adopted a severance policy to provide a financial transition in the event of involuntary termination without cause for executive level positions The amount of the compensation is based on the position held and length of service with SSMH The following individuals listed in Part VII of the Form 990 received payments under the plan in the current year Christopher Howard $352,692 Bryan Rever $5,202 Thomas Hanley, MD $107,799

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Pension Restoration Plan SSM Health (SSMH) provides this supplemental defined benefit nonqualified retirement plan to any employee who is a participant in the SSMH qualified defined benefit plan who earns over the Internal Revenue Service compensation limit The plan "restores" the benefits to these employees that would have been provided under 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 The following individuals listed on Part VII of Form 990 received distributions from the plan in 2018 Kathleen Becker $82,057 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 DEFERRALS FROM THIS PLAN IN 2018 THESE DEFERRALS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C) Christopher Howard $110,040 Steve Smoot $90,000 Laura Kaiser $264,600 Candace Jennings $81,053 Paula Friedman $87,389 Kris Zimmer $105,240 Karen Rewerts $42,840 Michael Bowers $39,048 Sean Hogan $38,000 Lisle Wescott $32,000 Travis Capers $37,600 Ellis Hawkins $29,600 Lee Bernstein $42,000 Renee Roach $28,220 Tina Garrison $7,800 Dr Hsieng Su $37,600 Kathy Bonser $24,113 Rachel Donlan $16,487 Alexander Garza, MD $42,400 Lynn F Lenker $13,692 Margaret Fowler $33,200 The following individuals listed on Part VII of the Form 990 received distributions from this plan in 2018 All distributions received from the plan in the current year were included in the individual's taxable compensation Christopher Howard $685,002 Paula Friedman $100,740 Kris Zimmer $105,454 June Pickett $41,882 Karen Rewerts $54,831 Michael Bowers $40,056 Sean Hogan $54,067 Lisle Wescott $26,598 Ellis Hawkins $30,836 Lee Bernstein $57,379 Tina Garrison $6,963 Kathy Bonser $8,152 Rachel Donlan $5,480 Thomas Hanley, MD $39,095 Lynn Lenker $48,297 Kathleen Becker $36,158 Margaret Fowler $26,069 During 2018, 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 The amounts below are in addition to those reported in Part II, Column C Christopher Howard $399,961 Candace Jennings ($1,172) Paula Friedman $252,107 Kris Zimmer $137,310 June Pickett ($101,871) Karen Rewerts ($6,266) Michael Bowers ($462) Lisle Wescott $7,652 Ellis Hawkins $8,966 Lee Bernstein $52,909 Renee Roach $24 Kathy Bonser $95,655 Rachel Donlan ($4,476) Andrew Wheeler $15,031 William Holcomb $122,027 Andrew Karanas $27,931 Lynn Lenker $33,832 Margaret Fowler $83,482

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 43-1343281
Name: SSM Health Care St Louis

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				
Candace Jennings	(I)	692,132	0	61,692	257,667	18,154	1,029,645	0
Chair, President, Regional President-St Louis	(II)	0	0	0	0	0	0	0
Laura Kaiser	(I)	0	0	0	0	0	0	0
Vice Chair, President/CEO at SSM Health	(II)	1,469,008	400,000	22,554	834,575	6,868	2,733,005	0
Christopher Howard	(I)	0	0	0	0	0	0	0
Pt Yr Director, Pt Yr Chair, Pres-Hospital Operations of SSM Health	(II)	556,972	600,000	1,335,339	123,963	20,165	2,636,440	1,285,002
Steve Smoot	(I)	0	0	0	0	0	0	0
Director, COO of SSM Health	(II)	358,627	0	61,626	189,508	6,394	616,154	0
June Pickett	(I)	0	0	0	0	0	0	0
Secretary, Asst VP Governance & Archives, SSM Health	(II)	229,703	0	56,827	39,862	14,195	340,587	23,155
Paula Friedman	(I)	0	0	0	0	0	0	0
Vice President, Senior VP-Strategic Development SSM Health	(II)	724,285	450,000	371,543	299,866	9,712	1,855,406	550,740
Kris Zimmer	(I)	0	0	0	0	0	0	0
Treasurer, Chief Financial Officer at SSM Health	(II)	870,069	600,000	271,808	356,499	19,760	2,118,136	705,454
Karen Rewerts	(I)	0	0	0	0	0	0	0
System VP, Finance (MO/ILL)	(II)	530,795	0	90,518	112,510	17,535	751,357	54,831
Lynn F Lenker	(I)	0	0	0	0	0	0	0
Former Key Employee	(II)	330,942	0	64,193	88,642	21,166	504,943	48,297
Margaret Fowler	(I)	0	0	0	0	0	0	0
Former Key Employee	(II)	405,691	0	105,057	102,231	19,118	632,096	26,069
Kathleen Becker	(I)	0	0	0	0	0	0	0
Former Key Employee	(II)	283,403	0	94,963	28,955	11,849	419,170	36,158
Ellis Hawkins	(I)	381,098	0	59,674	96,829	20,001	557,602	30,836
Hospital President - SSM Health DePaul Hospital	(II)	0	0	0	0	0	0	0
Lisle Wescott	(I)	374,883	0	43,686	98,017	20,182	536,768	26,598
Hospital President - SSM Health St Joseph - St Charles, SSM Health St Joseph - Lake St Louis	(II)	0	0	0	0	0	0	0
Tina Garrison	(I)	225,866	0	13,056	43,346	13,558	295,826	6,963
Hospital President - SSM Health St Clare Hospital	(II)	0	0	0	0	0	0	0
LEE BERNSTEIN	(I)	440,037	0	101,632	136,025	14,661	692,354	57,379
Regional VP, Hospital Operations	(II)	0	0	0	0	0	0	0
Michael Bowers	(I)	467,864	0	66,428	131,135	18,782	684,209	40,056
Chief Operating Officer - SSM Health Care St Louis	(II)	0	0	0	0	0	0	0
Travis Capers	(I)	468,233	0	11,070	128,118	7,498	614,919	0
Hospital President - SSM Health St Mary's Hospital	(II)	0	0	0	0	0	0	0
Sean Hogan	(I)	0	0	0	0	0	0	0
Pt Yr Hospital President - SSM Health DePaul Hospital	(II)	333,181	0	72,411	41,014	15,537	462,142	54,067
Renee Roach	(I)	0	0	0	0	0	0	0
System VP, Human Resources - St Louis	(II)	353,155	0	11,280	104,035	15,138	483,608	0
Rachel Donlan	(I)	0	0	0	0	0	0	0
System VP - Strategic Development	(II)	200,729	0	7,507	57,801	18,185	284,222	5,480

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				
Dr Hsieng Su	(I)	225,540	0	65,086	67,157	2,371	360,154	0
Regional VP, Medical Affairs	(II)	0	0	0	0	0	0	0
Kathy Bonser	(I)	291,797	0	37,209	65,132	22,367	416,505	8,152
Regional VP, Nursing/CNO	(II)	0	0	0	0	0	0	0
Alexander Garza MD	(I)	523,144	0	2,923	140,101	19,174	685,342	0
Pt Yr Regional VP, Medical Affairs	(II)	0	0	0	0	0	0	0
Andrew Wheeler	(I)	248,731	200,945	33,762	22,068	8,681	514,186	0
Physician	(II)	0	0	0	0	0	0	0
Joseph Attewell	(I)	444,217	16,667	93,811	4,125	20,210	579,029	0
Physician	(II)	0	0	0	0	0	0	0
William Holcomb	(I)	459,335	0	34,349	22,625	12,209	528,518	0
Physician	(II)	0	0	0	0	0	0	0
Andrew Karanas	(I)	492,137	50,000	19,295	3,250	19,410	584,091	0
Physician	(II)	0	0	0	0	0	0	0
Thomas Hanley MD	(I)	257,664	0	185,180	19,056	18,927	480,827	25,081
Medical Advisor, SSM Health Care St Louis	(II)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SSM Health Care St Louis

Employer identification number
43-1343281

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
Total				▶ $								

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KRISTOPHER ZIMMER	FAMILY MEMBER OF KRIS ZIMMER, OFFICER OF ORGANIZATION	28,237	EMPLOYMENT		No

Part V **Supplemental Information**

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

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SSM Health Care St Louis

Employer identification number
43-1343281

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (PATIENT CARE ITEMS)	X	1	40,408	Cost
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 0

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

Part II **Supplemental Information.**

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SSM Health Care St Louis

Employer identification number
43-1343281

990 Schedule O, Supplemental Information

Return Reference	Explanation
Doing Business As	SSM Health Care St Louis currently conducts business under the following registered names Clayton Health Services Pharmacy West East Central Missouri Area Health Education Center Maryville Pediatrics SSM Breast Care SSM Breast Care - DePaul Health Center SSM Breast Care - St Clare Health Center SSM Breast Care - St Joseph Health Center SSM Breast Care - St Joseph Hospital West SSM Breast Care - St Joseph Medical Park SSM Breast Care - St Mary's Health Center SSM Cancer Care SSM Cancer Care - DePaul Health Center SSM Cancer Care - St Clare Health Center SSM Cancer Care - St Joseph Health Center SSM Cancer Care - St Joseph Hospital West SSM Cancer Care - St Joseph Medical Park SSM Cancer Care - St Mary's Health Center SSM Care Management Company SSM Center for Sleep Disorders SSM Health Behavioral Health SSM Health DePaul Hospital - Anna House SSM Health DePaul Hospital - St Louis SSM Health DePaul Hospital Surgery Center SSM Health Foundations St Louis SSM Health Imaging Services SSM Health Outpatient Center SSM Health Pain Care SSM Health Sleep Services SSM Health St Clare Hospital - Fenton SSM Health St Joseph Hospital - Lake Saint Louis SSM Health St Joseph Hospital - Lake Saint Louis Physician Billing SSM Health St Joseph Hospital - St Charles SSM Health St Joseph Hospital - St Charles Physician Billing SSM Health St Joseph Hospital - Wentzville SSM Health St Joseph Hospital - Wentzville Physician Billing SSM Health St Mary's Hospital - St Louis SSM Health Treatment & Recovery SSM Health Urgent Care SSM Health Vascular Services SSM Health Weight Management Services SSM Health Women's Health SSM Heart Institute SSM Integrated Distribution & Services Center SSM St Joseph Health Center SSM St Joseph Health Center - Wentzville Outpatient Pharmacy SSM St Joseph Hospital West SSM St Joseph Medical Park

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishments	Briefly describe the corporation's mission Since it was founded in 1872 by Catholic siste rs, SSM Health (SSMH) has existed to meet the health needs of the communities it serves S SMH 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 t he nation With care delivery sites in Illinois, Missouri, Oklahoma, and Wisconsin, SSMH i ncludes 23 acute care hospitals, one children's hospital, more than 300 physician offices and other outpatient and virtual care services, 10 post-acute facilities, comprehensive ho me care and hospice services, a pharmacy benefit company, a health insurance company, and an Accountable Care Organization The health system employs more than 40,000 people and is affiliated with more than 9,900 physicians making it one of the largest employers in ever y community it serves In the tradition of its founding sisters, SSMH strives to fulfill i ts mission by providing exceptional health care to everyone who comes to its hospitals, re gardless of their ability to pay About SSM Health Care St Louis SSM Health Care St Louis provides health care services at six wholly-owned acute care hospitals SSM Health DePaul Hospital-St Louis, SSM Health St Mary's Hospital-St Louis, SSM Health St Joseph Hospital - St Charles, SSM Health St Clare Hospital-Fenton, SSM Health St Joseph Hospital-Lake St L ouis, and SSM Health St Joseph Hospital - Wentzville SSM Health Care St Louis is also the sole corporate member of SSM Health Cardinal Glennon Children's Hospital and SSM Health S aint Louis University Hospital Since SSM Health's founding sisters began their ministry i n St Louis with just $5 among them more than 145 years ago, it has grown into one of the largest integrated delivery systems in the nation In the St Louis region, SSM Health ope rates eight hospitals, as well as numerous urgent care locations, SSM Health Express Clini cs at Walgreens, SSM Health Medical Group offices, pediatric-specific locations, outpatien t rehab centers, occupational health locations and hospice and home health services SSM H ealth Care St Louis also is partial owner of SSM Health Rehabilitation Hospital, a specia lty rehabilitation hospital that offers care and advanced treatment for individuals with s troke, brain injury, spinal cord injury, neurological disorders, amputation, joint replace ment and other orthopedic trauma, as well as general medical rehabilitation needs SSM Hea lth DePaul Hospital-St Louis opened in 1828, was the first hospital west of the Mississipp i River and remains the oldest continuously existing business in St Louis Today SSM Healt h DePaul Hospital-St Louis offers the only Level II Trauma Center in North St Louis Count y and serves patients from across the St Louis metropolitan area, with concentration in t he surrounding communities of Bridgeton, Florissant, Hazelwood, St Ann, St John, Maryland Heights and Overland in Missou

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishments	ri SSM Health DePaul Hospital-St Louis offers a wide range of comprehensive medical care including inpatient and outpatient surgeries using state-of-the-art technology and facilit ies We offer the most advanced technology and procedures available including minimally in vasive heart, spine, knee, hip and weight loss surgery The Joint Commission has also desi gnated the hospital as a Joint Commission Certified Primary Stroke Center, distinguishing it from other stroke centers, for meeting the highest standards of care established by the Joint Commission to receive and treat the most complex stroke cases, as a Certified Hip R eplacement Center, a Certified Knee Replacement Center, and is designated as a Level I Tim e Critical Diagnosis STEMI Center It is also a Bariatric Surgery Center of Excellence as endorsed by the American Society for Metabolic and Bariatric Surgery SSM Health St Mary' s Hospital is a two-time winner of the Premier Award for Quality and a Level II Time Criti cal Diagnosis STEMI Center The Hospital has distinctive capabilities in heart attack care , high-risk pregnancies, and fetal surgery Additionally, the hospital has a chest pain ce nter, advanced stroke care clinic and the latest imaging and outpatient services A teachi ng hospital, SSM Health St Mary's offers an independent, accredited internal medicine res idency program and is the primary location for St Louis University School of Medicine's D epartment of Obstetrics and Gynecology and its Family Practice residency programs SSM Hea lth St Joseph Hospital-St Charles is located in a historic downtown district and has been serving the needs of the community since 1885 SSM St Joseph Hospital-St Charles has gro wn structurally and technologically throughout the past 125 years to meet the needs of an ever-growing and changing population Today, the acute care hospital offers highly-special ized care for critically ill patients The hospital excels in many areas, including open-h eart surgery, cardiac catheterizations, trauma and emergency services, sleep medicine, obs tetrics, surgical services, oncology, vascular surgery, orthopedics and gastroenterology The facility is designated as a Level II Trauma Center, A Joint Commission-certified Prima ry Stroke Center and the only Level I Time Critical Diagnosis STEMI Center in St Charles County SSM Health St Joseph Hospital - Lake Saint Louis is the leading provider of healt h care services for western St Charles, Warren and Lincoln Counties The hospital is a st ate-designated Level III trauma center, a Level II Time Critical Diagnosis STEMI Center an d specializes in obstetric and pediatric care It also offers inpatient and outpatient hea lth care services In 2014 it was named one of the nation's Top 100 Hospitals by Truven He alth Analytics and made Becker's Hospital Review's list of 100 Great Community Hospitals SSM Health St Joseph Hospital - Wentzville has been providing high quality health care to residents in western St Char

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishments	les, Warren, Lincoln, and Montgomery counties since 1987 Operating under the SSM Health S t Joseph Hospital - St Charles hospital license, the facility currently offers patients in Wentzville and surrounding communities a 24-hour emergency department and ambulatory se rvices, as well as convenient access to outpatient programs, including diagnostic, cardiol ogy, pulmonary and rehab services Behavioral health inpatient and outpatient care also is an integral part of the services offered at the hospital The hospital offers inpatient p sychiatric care on campus with close supervision, with the goal of stabilizing patients an d helping them understand their condition and develop coping strategies to manage their em otions and behaviors SSM Health St Clare Hospital-Fenton is a Level I Time Critical Diag nosis STEMI Center and a Level I Stroke Center, serves the medical needs of the expanding community in southwest St Louis County Specializing in heart and vascular, neurosciences , cancer care, maternity and other medical services SSM Health Care St Louis furthers its exempt purpose with the following activities - Operates an emergency room that is open t o all persons regardless of ability to pay, - Has an open medical staff with privileges av ailable to all qualified physicians in the area, - Has a governing body in which independe nt persons representative of the community comprise a majority - Engages in the training a nd education of health care professionals, - Participates in Medicaid, Medicare, Champus, Tricare, and/or other government-sponsored health care programs - All surplus funds genera ted by SSMH entities are reinvested in improving our patient care delivery system Quantif iable Uncompensated Care The following is a list of the types of programs and services th at could be included as uncompensated care Traditional Charity Care $ 42,127,667 Unpaid C ost of Medicaid $ 13,443,864 Unpaid Cost of Medicare $ 13,771,728 Unpaid Cost of Other Mea ns-Tested Programs $ 904,721 Total Quantifiable Uncompensated Care $70,247,980

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 1a	ALL APPLICABLE 1099 AND 1096 IRS TAX FORMS ARE REPORTED AND FILED BY THE PARENT ORGANIZATION, SSM HEALTH CARE CORPORATION, EIN 46-6029223

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process for determining compensation	The organization's top management official, regional president, is compensated by a related organization that utilized the following to determine compensation (1) independent compensation consultant, (2) compensation survey or study, (3) approval by the board or compensation committee

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process for determining compensation	The organization's top management official, regional president, is compensated by a related organization that utilized the following to determine compensation (1) independent compensation consultant, (2) compensation survey or study, (3) approval by the board or compensation committee

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4 Significant changes to organizational documents	The filing organization's bylaws were changed during the year as follows (a) Increasing the maximum number of appointed directors and decreasing the number of ex-officio directors (b) The ex-officio director shall be the Chairperson, with the Chairperson the President of the organization (c) The Vice Chairperson is the Director who is elected by majority vote of the Board and who holds office for a two-year term or until his or her successor is elected (d) The Vice Chairperson may be elected to successive terms, may be removed at any time by SSMHCC or a majority vote of the Board, and will be automatically removed from office if he or she no longer serves as a Director

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	The members of the corporation are SSM Health Care Corporation and Saint Louis University

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	SSM Health Care Corporation (SSMHCC), as one of the members, has the power to appoint additional, successor or replacement members of the Corporation, provided that any appointment or removal requiring the written consent of SLU has received that approval SSMHCC has the power to appoint and remove the individuals serving on the Board, other than the SLU appointed directors SLU retains power to appoint and remove individuals serving on the Board who have been appointed by SLU

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	SSM Health Care Corporation has the following powers (a) to establish and change the miss ion, philosophy and values of the Corporation, (b) to appoint additional, successor or rep lacement members of the Corporation, provided, that any member requiring the approval of S LU receives that approval according to the Bylaws, (c) to appoint and remove the individua ls serving on the Board, other than the SLU Appointed Directors who will be subject to app ointment and removal by SLU, provided, however, that SSMHCC may remove SLU Appointed Direc tors who violate conflict of interest policy and other policies of the Corporation, as the same may be amended from time to time, upon prior written notice to SLU pursuant to the M embers' Agreement, (d) to appoint and remove the President of the Corporation and the chie f executive officer of any Company Subsidiary and any Health Care Operating Division, prov ided, that SSMHCC shall (i) obtain the written consent of SLU before appointing any chief executive officer of SLUH, (ii) consult with the Board and SLU before exercising its reser ved power to remove the chief executive officer of SLUH and (iii) consult with SLU in conn ection with hiring certain senior employees, (e) to approve amendments to the Articles of Incorporation of the Corporation, as provided therein, but subject to SLU's prior written consent, (f) to approve amendments to these Bylaws, but subject to SLU's prior written con sent is not required for (i) non-material changes required by applicable law, regulation o r any applicable accrediting entity, (g) to approve the merger or consolidation of the Cor poration, provided, that (i) SLU's prior written consent shall be required in the event su ch transaction constitutes a Prohibited Change of Control, and (ii) with respect to a Perm itted Change of Control that is a Permitted Affiliate Change of Control, SSMHCC shall prov ide SLU with written notice not less than thirty days prior to the effective date of such change of control, and with respect to any other Permitted Change of Control, SSMHCC shall provide SLU with written notice within thirty (30) days after the signing of a letter of intent, in both cases, with no separate SLU approval right, (h) to approve the dissolution of the Corporation, but subject to SLU's prior written consent, (i) to approve the format ion of a Controlled Subsidiary or a Remotely Controlled Subsidiary, provided that certain deviations from protocol require the approval of SLU, (j) to approve the acquisition or di sposition by the Corporation of another legal entity or an interest in another legal entit y, provided, that the Corporation shall obtain the written consent of SLU before divesting of, or admitting another Person, (k) to authorize or approve the acquisition or disposi ti on by the Corporation of real property or any interest in real property, provided, that th e Corporation shall obtain the written consent of SLU before disposing of any real propert y or any interest in real prop

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	erty comprising a substantial portion of the operating assets, (l) to (i) establish centra lized employee benefit, insurance, investment, financing, corporate responsibility, perfor mance assessment and improvement and other operational and support programs, (ii) require the participation of the Corporation and any Controlled Subsidiary or Remotely Controlled Subsidiary in such programs, and (iii) authorize the opening and closing of bank accounts and investment accounts in the name of the Corporation and any Controlled Subsidiary or Re motely Controlled Subsidiary in connection with such programs, provided that SSMHCC has de termined in its reasonable discretion that such actions are not inconsistent with and do n ot violate the terms of the Members' Agreement, the Master Agreement, the Academic Affilia tion Agreement and the Bylaws, (m) to approve the strategic, financial and human resources plan of the Corporation, subject to SLU's rights set forth in the bylaws and approval of the Academic Program Strategic Plan, (n) to appoint the auditor and corporate counsel for the Corporation, (o) subject to SLU's rights, to authorize and approve borrowing money and entering into financial guaranties by the Corporation and any Controlled Subsidiary or Re motely Controlled Subsidiary, including actions relating to the formation, joining, operat ion, withdrawal from and termination of a credit group or an obligated group and the grant ing of security interests in the property of the Corporation and any Controlled Subsidiary or Remotely Controlled Subsidiary, provided, that SSMHCC has determined in its reasonable discretion that such actions are not inconsistent with and do not violate the terms of th e Members' Agreement, the Master Agreement, the Academic Affiliation Agreement and the Byl aws, (p) to require the Corporation and any Controlled Subsidiary or Remotely Controlled S ubsidiary to transfer assets, including but not limited to cash, to SSMHCC or to any entit y exempt from federal income tax as an organization described in Section 501(c)(3) of the Internal Revenue Code, or the corresponding provision of any future United States Internal Revenue Law, which is controlled by SSMHCC, to the extent necessary to accomplish the mis sion, goals and objectives of SSMHCC as determined by SSMHCC, provided, that SSMHCC has de termined in its reasonable discretion that any such transfer would not reasonably be likel y to result in a failure of the Corporation or such subsidiary to fulfill its commitments under the Members' Agreement, the Master Agreement or the Academic Affiliation Agreement, (q) subject to SLU's rights, to approve the transfer of assets by the Corporation to any e ntity other than SSMHCC (other than transfers made in the ordinary course of operations of the Corporation, which will not require approval by the Members, and (r) to determine the extent to which and the manner in which the powers described in this section which are re served to SSMHCC with respect

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	to the Corporation are to be included in the governing documents of any Controlled Subsidi ary, Remotely Controlled Subsidiary or Non-Controlled Subsidiary and exercised with respec t to any Controlled Subsidiary, any Remotely Controlled Subsidiary or any Non- Controlled Subsidiary, provided, that SSMHCC has determined in its reasonable discretion that any suc h determination or action is not inconsistent with and does not violate the terms of the M embers' Agreement or the terms of the Master Agreement or the Academic Affiliation Agreeme nt Saint Louis University (SLU) has the following powers (a) The appointment and removal of the SLU Appointed Directors to the Board consistent with such standards for Board serv ice as appear in the Bylaws, the conflict of interest policy and other Board policies of t he Corporation, as the same may be amended from time to time, upon prior written notice to SLU pursuant to the Members' Agreement, (b) The right to make recommendations and provide meaningful input regarding the strategic, financial and human resources plans for the Cor poration, (c) Approval of any guaranty by SLU of Corporation debt, and (d) In accordance w ith the Master Agreement, establishing payor contracting parameters for SLUCare

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	The Form 990 is prepared by the Tax Department of the parent organization, SSM Health Care Corporation (SSM) The Form 990 is reviewed by certain members of Senior Management Any questions are addressed to the Tax Director of SSM prior to filing the Form 990 with the Internal Revenue Service A copy of the Form 990 is provided to the Board of Directors 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 on line Periodically through the year, the entity's corporate responsibility contact person (with the help of the entity's learning management system coordinator) sends department managers a list of employees who have not yet completed their COI so they can remind the employees and ensure the employees have time in their schedule to complete the required course Resolution of any conflicts that are disclosed must be documented and kept on file at the entity Supervisors verify required course completion prior to year end

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The year-end audited consolidated financial statements and unaudited quarterly consolidated financial statement for the SSM Health are made available to the public on SSM Health's website The organization's articles of incorporation are available on the Missouri Secretary of State's website Copies of the Form 990 and the organization's conflict of interest policy are available upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	ALL OTHER REVENUE - Total Revenue 440124, Related or Exempt Function Revenue , Unrelated Business Revenue 76621, Revenue Excluded from Tax Under Sections 512, 513, or 514 363503,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	MEDICAL AND OTHER PROFESSIONAL FEES - Total Expense 173211150, Program Service Expense 118066547, Management and General Expenses 55144603, Fundraising Expenses ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part X, Line 29 Adoption of ASC 958-205	EFFECTIVE FOR THE 2018 CALENDAR YEAR, THE ORGANIZATION HAS ADOPTED ASC 958-205, WHICH MODIFIES HOW NOT-FOR-PROFIT ENTITIES PRESENT THEIR NET ASSET BALANCES FOR FINANCIAL STATEMENT REPORTING THE ORGANIZATION WILL REPORT ENDING BALANCES ON PART X, BALANCE SHEET, IN ACCORDANCE WITH ASC 958-205 AND INCLUDE ALL AMOUNTS PREVIOUS REPORTED AS TEMPORARILY RESTRICTED NET ASSETS AND PERMANENTLY RESTRICTED NET ASSETS ON LINE 29

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	TRANSFERS TO AFFILIATES - -87786369, BENEFICIAL INTEREST IN FOUNDATION - 226108,

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315014479

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SSM Health Care St Louis

Employer identification number
43-1343281

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
(1) SSM ACO LLC 10101 Woodfield Lane St Louis, MO 63132 90-0986282	HEALTH PROMOTION	MO	14,093	2,761,056	SSM Health Care St Louis

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	(g) Section 512(b)(13) controlled entity? 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) 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	

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

See Additional Data Table

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)SSM Health Foundation - St Louis	C	720,120	CASH
(2)SSM Health Foundation - St Louis	P	2,177,255	CASH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 43-1343281
Name: SSM Health Care St Louis

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	(g) Section 512(b)(13) controlled entity? 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)	10	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	Yes	
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 43-1552945	Fundraising	MO	501(c)(3)	7	SSM Health Care St Louis	Yes	
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	Health Care	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
2802 Walton Commons Lane Madison, WI 53718 39-1839309	Fundraising	WI	501(c)(3)	Type I	Home Health United Inc		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 43-1575307	Fundraising	MO	501(c)(3)	Type I	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
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 37-0662580	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 23-7408025	MOB	IL	501(c)(3)	Type I	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
620 E Monroe St Mexico, MO 65265 43-1265060	Fundraising	MO	501(c)(3)	Type I	NA		No
10101 Woodfield Lane St Louis, MO 63132 47-4196634	Health Care	MO	501(c)(3)	3	SSM Health Care St Louis	Yes	
1277 Deming Way Madison, WI 53717 83-1979548	Insurance	MO	501(c)(4)		SSM Health Businesses		No
430 E Division St Fond du Lac, WI 54935 39-0807236	Health Care	WI	501(c)(3)	3	SSM Health Care of Wisconsin		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
845 Parkside Street Ripon, WI 54971 39-1101287	Health Care	WI	501(c)(3)	3	Agnesian Healthcare Inc		No
620 West Brown Street Waupun, WI 53963 39-0806265	Health Care	WI	501(c)(3)	3	Agnesian Healthcare Inc		No
33 Everett Street Fond du Lac, WI 54935 39-1029998	Health Care	WI	501(c)(3)	10	Agnesian Healthcare Inc		No
N8114 County WW Mount Calvary, WI 53057 39-1022770	Health Care	WI	501(c)(3)	10	Agnesian Healthcare Inc		No
N8120 County WW Mount Calvary, WI 53057 42-1670962	Health Care	WI	501(c)(3)	10	Agnesian Healthcare Inc		No
331 Bly Street Waupun, WI 53963 39-0884514	Health Care	WI	501(c)(3)	10	Agnesian Healthcare Inc		No
515 22nd Avenue Monroe, WI 53566 39-0808509	Health Care	WI	501(c)(3)	3	SSM Health Care of Wisconsin		No
515 22nd Avenue Monroe, WI 53566 20-5769038	Fundraising	WI	501(c)(3)	7	SSM Health Care of Wisconsin		No
430 E Division St Fond du Lac, WI 54935 39-1684956	Fundraising	WI	501(c)(3)	Type I	SSM Health Care of Wisconsin		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	
(1) SSM St Joseph Endoscopy Center LLC 10101 Woodfield Lane St Louis, MO 63132 27-0046559	Surgery Services	MO	NA	Related	2,749,746	1,684,616		No	0		No	50 %
(1) St Clare Imaging Services LLC 707 14th Street Suite A Baraboo, WI 53913 20-0122365	Diag Services	WI	NA	N/A	0	0			0			0 %
(2) Mt Vernon Radiation Therapy Center LLC 10101 Woodfield Lane St Louis, MO 63132 20-1382620	Radiation Therapy	IL	NA	N/A	0	0			0			0 %
(3) Sleep & Neurology Center of Southern Illinois LLC 10101 Woodfield Lane St Louis, MO 63132 20-8468195	Diag Services	IL	NA	N/A	0	0			0			0 %
(4) CHOWSMGSI Office Building LLC 10101 Woodfield Lane St Louis, MO 63132 37-1383861	MOB	IL	NA	N/A	0	0			0			0 %
(5) Oza Cancer Center LLC 10101 Woodfield Lane St Louis, MO 63132 20-1382727	MOB	IL	NA	N/A	0	0			0			0 %
(6) Shawnee Real Estate Holdings LLC 1000 N Lee Ave Oklahoma City, OK 73102 45-5458304	MOB	OK	NA	N/A	0	0			0			0 %
(7) Dean Clinic & St Mary's 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 %
(8) 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 %
(9) Dean Health Holdings LLC 1277 Deming Way Madison, WI 53717 26-1594709	Support Services	WI	NA	N/A	0	0			0			0 %
(10) Wingra Building Group 1808 West Beltline Highway Madison, WI 53713 39-0237060	MOB	WI	NA	N/A	0	0			0			0 %
(11) Janesville Riverview Clinic Building Partnership 1808 West Beltline Highway Madison, WI 53713 39-6220698	MOB	WI	NA	N/A	0	0			0			0 %
(12) 1110 N Classen Blvd LLC 1110 N Classen Boulevard Oklahoma City, OK 73106 73-1158158	MOB	OK	NA	N/A	0	0			0			0 %
(13) SSM St Clare Surgical Center LLC 10101 Woodfield Lane St Louis, MO 63132 26-1439695	Surgery Services	MO	NA	N/A	0	0			0			0 %
(14) Windmill LLP 50 Village View Lane Chesterfield, MO 63017 43-1804651	Investments	MO	NA	N/A	0	0			0			0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) SSM Managed Care Organization LLC 10101 Woodfield Lane St Louis, MO 63132 43-1708511	Health Promotion	MO	SSM Health Care St Louis	C Corporation	-1,042,793	165,759	100 %	Yes	
(1) FPP INC & Subs 10101 Woodfield Lane St Louis, MO 63132 43-1465174	Health Care	MO	NA	C Corporation	0	0	0 %		No
(2) Diversified Health Services Corp 10101 Woodfield Lane St Louis, MO 63132 43-1369305	Medical Equipment	MO	NA	C Corporation	0	0	0 %		No
(3) SSM Cardiovascular and Thoracic Services Inc 10101 Woodfield Lane St Louis, MO 63132 26-0286559	Health Care	MO	NA	C Corporation	0	0	0 %		No
(4) SSM Properties Inc 10101 Woodfield Lane St Louis, MO 63132 43-1462486	Property Services	MO	NA	C Corporation	0	0	0 %		No
(5) SSM DePaul Medical Group Inc 10101 Woodfield Lane St Louis, MO 63132 43-1715106	Health Care	MO	NA	C Corporation	0	0	0 %		No
(6) SSM St Charles Clinic Medical Group Inc 10101 Woodfield Lane St Louis, MO 63132 43-0626408	Physician Offices	MO	NA	C Corporation	0	0	0 %		No
(7) HealthFirst Physician Management Services 10101 Woodfield Lane St Louis, MO 63132 73-1534336	Medical Services	OK	NA	C Corporation	0	0	0 %		No
(8) SSMHC Liability Trust II 10101 Woodfield Lane St Louis, MO 63132 81-6128118	Insurance	MO	NA	C Corporation	0	0	0 %		No
(9) SSM Neurosciences Inc 10101 Woodfield Lane St Louis, MO 63132 26-3413981	Health Care	MO	NA	C Corporation	0	0	0 %		No
(10) SSM Medical Group Inc 10101 Woodfield Lane St Louis, MO 63132 43-1664107	Physician Offices	MO	NA	C Corporation	0	0	0 %		No
(11) SSMHC Insurance Company 10101 Woodfield Lane St Louis, MO 63132 03-0310431	Insurance		NA	C Corporation	0	0	0 %		No
(12) SSM Orthopedic Inc 10101 Woodfield Lane St Louis, MO 63132 27-1557033	Health Care	MO	NA	C Corporation	0	0	0 %		No
(13) SSM Cancer Care Inc 10101 Woodfield Lane St Louis, MO 63132 27-1557324	Health Care	MO	NA	C Corporation	0	0	0 %		No
(14) Physicians Services Corp of Southern Illinois Inc 10101 Woodfield Lane St Louis, MO 63132 36-4161526	Health Care	IL	NA	C Corporation	0	0	0 %		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) Dean Health Systems Inc 1808 West Beltline Highway Madison, WI 53713 39-1128616	Physician Offices	WI	NA	C Corporation	0	0	0 %		No
(1) Dean Health Insurance Inc PO Box 56099 Madison, WI 53705 39-1830837	Insurance	WI	NA	C Corporation	0	0	0 %		No
(2) Dean Health Plan Inc PO Box 56099 Madison, WI 53705 39-1535024	Insurance	WI	NA	C Corporation	0	0	0 %		No
(3) SMDV Office Building 1808 West Beltline Highway Madison, WI 53713 39-1628491	Physician Offices	WI	NA	C Corporation	0	0	0 %		No
(4) Dean Retail Services Inc 1808 West Beltline Highway Madison, WI 53713 39-1717636	Property Services	WI	NA	C Corporation	0	0	0 %		No
(5) Navitus Holdings LLC 1808 West Beltline Highway Madison, WI 53713 80-0968174	Pharmacy Benefits	WI	NA	C Corporation	0	0	0 %		No
(6) Oza Oncology Inc 4117 Veterans Memorial Drive Mt Vernon, IL 62804 37-1343746	Physician Offices	IL	NA	C Corporation	0	0	0 %		No
(7) SSM Health Janesville Campus Condominium Association Inc 1808 West Beltline Highway Madison, WI 53713 83-2038674	Condo association	WI	NA	C Corporation	0	0	0 %		No
(8) SSM Health Pharmacy LLC 10101 Woodfield Lane St Louis, MO 63132 26-4031708	Pharmacy	MO	NA	C Corporation	0	0	0 %		No