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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

2019

Open to Public Inspection

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

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

C Name of organization
SSM Health Care of Wisconsin Inc

Doing business as
See Schedule O

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

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

F Name and address of principal officer:
Damond Boatwright
10101 Woodfield Lane
St Louis, MO 63132

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: www.ssmhealth.com

D Employer identification number
43-0688874

E Telephone number
(314) 994-7800

G Gross receipts \$ 686,586,354

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

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1956

M State of legal domicile:
MO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Part of an integrated network providing health care in south central Wisconsin Operating three hospitals and two skilled nursing facilities.

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

3 Number of voting members of the governing body (Part VI, line 1a)311

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

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)4,104

6 Total number of volunteers (estimate if necessary)1,141

7a Total unrelated business revenue from Part VIII, column (C), line 126,690,347

b Net unrelated business taxable income from Form 990-T, line 390

Revenue

8 Contributions and grants (Part VIII, line 1h)4,776,919

9 Program service revenue (Part VIII, line 2g)604,883,224

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)8,639,611

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)18,846,226

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)637,145,980

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)77,660

14 Benefits paid to or for members (Part IX, column (A), line 4)0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)256,610,825

16a Professional fundraising fees (Part IX, column (A), line 11e)0

b Total fundraising expenses (Part IX, column (D), line 25) ▶914,096

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)296,286,839

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)552,975,324

19 Revenue less expenses. Subtract line 18 from line 1284,170,656

Net Assets or Fund Balances

20 Total assets (Part X, line 16)962,649,145

21 Total liabilities (Part X, line 26)541,091,533

22 Net assets or fund balances. Subtract line 21 from line 20421,557,612

Part II Signature Block

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

Sign Here

Signature of officer
Date 2020-11-04
Doug Long Secretary
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's namePreparer's signatureDateCheck ☐ if self-employedPTIN
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. 11282YForm 990 (2019)

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

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a	(Code:) (Expenses \$ 497,087,093 including grants of \$ 572,571) (Revenue \$ 654,468,250)
	See Additional Data

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

4e	Total program service expenses ▶ 497,087,093
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 Yes	
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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
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	No
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 ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)

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 11		
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 4		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
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:
▶Mary Gigot 1808 West Beltline Highway Madison, WI 53713 (608) 260-3551

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 ☐

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.

See instructions for the order in which to list the persons above.

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

[illegible]

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)								5,994,272	16,482,333	8,000,357

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 ▶ 277

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	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
BOARD OF REGENTS OF THE UNIV OF WI 1100 DELAPLAINE CT MADISON, WI 53715	PHYSICIAN SERVICES	7,146,120
The Boldt Company 2525 North Roemer Road Appleton, WI 54912	Construction services	5,957,281
AMN Healthcare Inc 12400 High Bluff Drive San Diego, CA 92130	Staffing services	4,830,411
University of Wisconsin 1685 Highland Avenue Room 3165 Madison, WI 53705	Medical and physician services	2,246,277
UW Hospital & Clinics Drawer 853 Milwaukee, WI 53278	Medical and ambulance services	2,085,650

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 ▶ 56

Form 990 (2019)										Page 9				
Part VIII Statement of Revenue														
Check if Schedule O contains a response or note to any line in this Part VIII										<input type="checkbox"/>				
										(A)	(B)	(C)	(D)	
										Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .		1a	0										
	b Membership dues . . .		1b	0										
	c Fundraising events . . .		1c	0										
	d Related organizations		1d	1,928,239										
	e Government grants (contributions)		1e	233,284										
	f All other contributions, gifts, grants, and similar amounts not included above		1f	10,153										
	g Noncash contributions included in lines 1a - 1f:\$		1g	5,400										
	h Total. Add lines 1a-1f		2,171,676											
Program Service Revenue	2a NET PATIENT SERVICE REVENUE		Business Code		621110		654,468,250		654,468,250		0		0	
	b						0		0		0		0	
	c						0		0		0		0	
	d						0		0		0		0	
	e						0		0		0		0	
	f All other program service revenue.						0		0		0		0	
	g Total. Add lines 2a-2f.				654,468,250									
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						4,932,094		0		0		4,932,094
4 Income from investment of tax-exempt bond proceeds						0		0		0		0		
5 Royalties						0		0		0		0		
6a Gross rents		6a		(i) Real	1,737,228	(ii) Personal	0							
b Less: rental expenses		6b		803,204										
c Rental income or (loss)		6c		934,024		0								
d Net rental income or (loss)						934,024						934,024		
7a Gross amount from sales of assets other than inventory		7a		(i) Securities	3,668,684	(ii) Other	2,720,988							
b Less: cost or other basis and sales expenses		7b												
c Gain or (loss)		7c		3,668,684		2,720,988								
d Net gain or (loss)						6,389,672						6,389,672		
8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18		8a		0										
b Less: direct expenses		8b		0										
c Net income or (loss) from fundraising events						0						0		
9a Gross income from gaming activities. See Part IV, line 19		9a		0										
b Less: direct expenses		9b		0										
c Net income or (loss) from gaming activities						0						0		
10a Gross sales of inventory, less returns and allowances . . .		10a		71,471										
b Less: cost of goods sold . . .		10b		30,094										
c Net income or (loss) from sales of inventory						41,377						41,377		
Miscellaneous Revenue		Business Code												
11a LABORATORY		621500		6,690,347		0		6,690,347		0				
b SHARED SERVICES/STAFF		561000		5,196,453		0		0		5,196,453				
c CAFETERIA		722210		2,917,086		0		0		2,917,086				
d All other revenue				2,012,077		0		0		2,012,077				
e Total. Add lines 11a-11d				16,815,963										
12 Total revenue. See instructions				685,753,056		654,468,250		6,690,347		22,422,783				

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	562,571	562,571		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	10,000	10,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,829,329	5,516,025	301,280	12,024
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	194,784,262	184,312,952	10,069,547	401,763
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	13,231,298	12,520,168	683,840	27,290
9 Other employee benefits	27,003,161	25,551,846	1,395,618	55,697
10 Payroll taxes	14,493,425	13,714,460	749,071	29,894
11 Fees for services (non-employees):				
a Management	28,109,122	256,253	27,852,869	
b Legal	254,968		254,968	
c Accounting	462,485		462,485	
d Lobbying	40,729		40,729	
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)	70,706,496	45,303,180	25,048,008	355,308
12 Advertising and promotion	146,068		146,068	
13 Office expenses	26,641,181	25,001,780	1,611,322	28,079
14 Information technology	22,339,734	22,321,454	18,280	
15 Royalties				
16 Occupancy	10,727,122	10,461,206	265,676	240
17 Travel	768,739	344,982	420,420	3,337
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	334,406	140,011	194,100	295
20 Interest	7,009,232	7,009,232		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,568,793	30,568,793		
23 Insurance	686,521	686,521		
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	97,679,953	97,679,953		
b Medicaid Provider Tax	14,436,414	14,436,414		
c Internal management fees	655,583	417,080	238,334	169
d Licenses and taxes	272,212	272,212		
e All other expenses	32,267	0	32,267	0
25 Total functional expenses. Add lines 1 through 24e	567,786,071	497,087,093	69,784,882	914,096
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		483,874	1	426,562	
	2	Savings and temporary cash investments		32,521,404	2	18,267,220	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		57,445,552	4	72,751,004	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0	
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		7,301,683	8	7,887,621	
	9	Prepaid expenses and deferred charges		2,590,394	9	1,792,050	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	705,703,012			
	b	Less: accumulated depreciation	10b	455,970,701	256,031,585	10c	249,732,311
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		317,833,904	12	246,701,779	
	13	Investments—program-related. See Part IV, line 11		23,314,180	13	28,100,997	
	14	Intangible assets			14	416,667	
	15	Other assets. See Part IV, line 11		265,126,569	15	279,642,484	
16	Total assets. Add lines 1 through 15 (must equal line 34)		962,649,145	16	905,718,695		
Liabilities	17	Accounts payable and accrued expenses		55,512,467	17	60,103,214	
	18	Grants payable			18		
	19	Deferred revenue		929	19	753	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	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		485,578,137	25	298,294,267	
	26	Total liabilities. Add lines 17 through 25		541,091,533	26	358,398,234	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		410,609,737	27	534,289,676	
	28	Net assets with donor restrictions		10,947,875	28	13,030,785	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		421,557,612	32	547,320,461	
33	Total liabilities and net assets/fund balances		962,649,145	33	905,718,695		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	685,753,056
2	Total expenses (must equal Part IX, column (A), line 25)	2	567,786,071
3	Revenue less expenses. Subtract line 2 from line 1	3	117,966,985
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	421,557,612
5	Net unrealized gains (losses) on investments	5	25,016,980
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	-17,221,116
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	547,320,461

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

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

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 43-0688874
Name: SSM Health Care of Wisconsin Inc

Form 990 (2019)

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			
Steven Smoot	1.0									
Pt Yr Director, Vice President, COO	..... 50.0	X		X				0	1,066,618	686,232
Albert Musa	1.0									
Director, Physician at Dean Medical Group	..... 40.0	X						0	363,727	40,072
Carter Dredge	1.0									
Pt Yr Director, Chief Transformation Officer	..... 41.0	X						0	761,575	502,807
Gregory Matzke	1.0									
Director	..... 0	X						0	705,281	45,280
Jason Isenberg	1.0									
Director	..... 0	X						0	485,100	44,346
Jennifer Maskel	1.0									
Director, Physician at Dean Medical Group	..... 40.0	X						0	103,604	2,958
John Phelan	1.0									
Director	..... 41.0	X						0	719,811	43,588
Mark Covaleski	1.0									
Director	..... 0	X						0	0	0
Ralph Kauten	1.0									
Director	..... 0	X						0	0	0
Sr Rhea Emmer	1.0									
Director	..... 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			
Stephen Sramek	1.0									
Director	..... 0	X						0	388,586	44,116
Wesley Sparkman	1.0									
Director	..... 0	X						0	0	0
William Ehrhardt	1.0									
Director, Physician at Dean Medical Group	..... 40.0	X						0	547,810	36,562
Damond Boatwright	40.0									
Chair, Regional President - WI	..... 10.0			X				923,465	0	474,323
Doug Long	1.0									
Secretary, General Counsel at SSM Health	..... 65.2			X				0	229,550	471,986
Ed Chadwick	40.0									
Pt Yr Interim System Vice President, Finance	..... 0			X				0	1,291,744	0
Kris Zimmer	1.0									
Treasurer, Chief Financial Officer at SSM Health	..... 67.0			X				0	1,365,634	813,620
Laura Bowers	40.0									
Asst Secretary, SSM Health Care of Wisconsin	..... 0			X				91,576	0	11,842
Laura Kaiser	1.0									
Vice Chair, President/CEO of SSM Health	..... 47.0			X				0	2,153,858	2,027,129
Matthew Kinsella	20.0									
Regional VP Finance-Wisconsin	..... 24.0			X				0	242,954	98,039

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Paula Friedman	1.0									
Pt Yr Vice President, Pt Yr Senior VP-Strategic Development SSM Health	58.0			X				0	1,384,920	282,580
Rosemarie Putman	40.0									
Pt Yr Asst Secretary, SSM Health Care of Wisconsin	0			X				0	71,726	32,808
Ben Layman	40.0									
Pt Yr Hospital President-Janesville	1.0				X			334,964	0	59,883
Christopher Sprowl	40.0									
Pt Yr Regional Clinical Affairs Officer	2.0				X			0	886,378	159,351
Eric Thornton	40.0									
Hospital President-Janesville	1.0				X			0	204,619	58,435
Jennifer Culotta	40.0									
Interim VP Patient Care - St. Clare	0				X			167,577	0	58,578
Jonathan Lewis	40.0									
VP Operations	0				X			256,157	0	51,049
Jonathan Rozenfeld	40.0									
Pt Yr Hospital President - St Mary's	2.0				X			682,772	0	187,993
Kerry Swanson	40.0									
Chief Operating Officer-SSMWI	6.0				X			0	752,292	272,223
Kyle Nondorf	20.0									
Hospital President - St Mary's	21.0				X			0	322,083	137,003

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Laura Walczak	40.0									
Hospital President-St Clare	..... 0.5				X			321,125	0	86,396
Linda Taplin Statz	40.0									
Pt Yr Regional VP - Employee Experience	..... 0				X			0	282,803	18,414
Lon McPherson	40.0									
VP-Medical Affairs	..... 0				X			446,821	0	106,730
Margo Francisco	40.0									
Regional VP - Strategy	..... 1.0				X			0	304,918	117,254
Mark Thompson	40.0									
Regional President-Medical Groups-Wisconsin	..... 4.0				X			575,194	0	219,571
Thomas Ahr	40.0									
Interim Reg VP - Human Resources	..... 0				X			0	292,433	125,262
Thomas Ter Horst	40.0									
Pt Yr System VP - Human Resources	..... 0				X			0	477,895	50,487
Veronica Scott-Fulton	40.0									
Regional CNO	..... 0				X			238,734	0	77,978
Virginia Malone	40.0									
VP Patient Services - St Mary's	..... 0				X			372,236	0	84,365
David Jarvis	40.0									
Physician	..... 0					X		281,414	0	47,084

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David Ottenbaker VP-Primary Care Services	40.0 0					X		419,282	0	106,560
Debra Nyquist Physician	40.0 0					X		284,979	0	36,208
Jennifer Orkfritz Physician	40.0 0					X		275,190	0	15,550
Kansas Dubray Physician	40.0 0					X		322,786	0	33,818
Christopher Howard Former Officer	0.0 0.0						X	0	566,322	218,976
Steven Caldwell Former Officer	..... 1.0						X	0	510,090	12,904

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SSM Health Care of Wisconsin Inc

Employer identification number
43-0688874

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

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

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 43-0688874
Name: SSM Health Care of Wisconsin Inc

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

Name of the organization SSM Health Care of Wisconsin Inc	Employer identification number 43-0688874
--	--

Part I-A

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

- 1
- Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2
- Political campaign activity expenditures (see instructions) ▶ \$
- 3
- Volunteer hours for political campaign activities (see instructions) ▶

Part I-B

Complete if the organization is exempt under section 501(c)(3).

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

Part I-C

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		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		40,729
j	Total. Add lines 1c through 1i			40,729
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 STATE HOSPITAL ASSOCIATIONS AND A PORTION OF THESE DUES WERE 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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SSM Health Care of Wisconsin Inc

Employer identification number
43-0688874

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	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 ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

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
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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	16,330,282	8,752,110	7,830,283	7,283,147	7,033,561
b	Contributions	979,697	8,480,403	167,906	447,278	503,057
c	Net investment earnings, gains, and losses	3,837,617	-713,464	994,144	293,091	-11,394
d	Grants or scholarships	67,394	57,826	129,422	53,069	45,000
e	Other expenditures for facilities and programs	397,451	130,941	110,801	140,164	197,077
f	Administrative expenses					
g	End of year balance	20,682,751	16,330,282	8,752,110	7,830,283	7,283,147

2

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

a

Board designated or quasi-endowment ▶ 44.01 %

b

Permanent endowment ▶ 55.99 %

c

Temporarily restricted endowment ▶ 0 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)	Yes	
3a(ii)	Yes	
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	11,354,574		11,354,574
b	Buildings	380,163,692	226,747,652	153,416,040
c	Leasehold improvements	66,807,310	43,136,628	23,670,682
d	Equipment	231,284,357	184,191,844	47,092,513
e	Other	16,093,079	1,894,577	14,198,502
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			249,732,311

Part VII

Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) SSM COMPREHENSIVE INVESTMENT PROGRAM	192,634,344	F
(B) INVESTMENTS IN OTHER AFFILIATES	54,067,435	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	246,701,779	

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1) Other Receivables	7,798,109
(2) Due from affiliates	265,539,409
(3) Other non-current assets	599,837
(4) Third-party receivable	441,877
(5) Operating right-of-use assets	5,263,252
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	279,642,484

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.) ▶	298,294,267

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 ☒

Schedule D (Form 990) 2019

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: 19010655
Software Version: 2019v5.0
EIN: 43-0688874
Name: SSM Health Care of Wisconsin Inc

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	Endowment funds will be used for the specific purpose identified when the endowment was established. Activities supported by the endowment funds include scholarships, continuing education, and specific department patients.

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	SSM HEALTH CARE OF WISCONSIN'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF A RELATED ORGANIZATION, SSM HEALTH (SSMH). SSMH EVALUATES ITS UNCERTAIN TAX POSITIONS ON AN ANNUAL BASIS. A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION IS RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED UPON THE TECHNICAL MERITS. THERE HAVE BEEN NO UNCERTAIN TAX POSITIONS RECORDED IN 2019 OR 2018.

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

2019

Open to Public Inspection

Name of the organization
SSM Health Care of Wisconsin Inc

Employer identification number
43-0688874

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % 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: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.	3a	Yes
		3b	Yes
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes
b	If "Yes," did the organization make it available to the public?	6b	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)			7,154,687		7,154,687	1.26 %
b Medicaid (from Worksheet 3, column a)			88,608,248	66,101,364	22,506,884	3.96 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			3,777,084	1,504,247	2,272,837	0.40 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	99,540,019	67,605,611	31,934,408	5.62 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,416,585	28,718	1,387,867	0.24 %
f Health professions education (from Worksheet 5)			7,974,504	2,390,533	5,583,971	0.98 %
g Subsidized health services (from Worksheet 6)			1,268,198		1,268,198	0.22 %
h Research (from Worksheet 7)			93,524		93,524	0.02 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			534,902		534,902	0.09 %
j Total. Other Benefits	0	0	11,287,713	2,419,251	8,868,462	1.56 %
k Total. Add lines 7d and 7j	0	0	110,827,732	70,024,862	40,802,870	7.19 %

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			576		576	0 %
3 Community support			13,047		13,047	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building			5,621		5,621	0 %
7 Community health improvement advocacy			3,958		3,958	0 %
8 Workforce development			28,928		28,928	0.01 %
9 Other					0	0 %
10 Total	0	0	52,130	0	52,130	0.01 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	14,872,605	
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	176,702,089
6 Enter Medicare allowable costs of care relating to payments on line 5	6	195,394,962
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-18,692,873
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

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

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

3

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

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

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

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

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

Yes

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/locations/st-marys-hospital-madison>
- b** ☒ Other website (list url): <https://www.ssmhealth.com/about/chna>
- 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 18**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/chna>**10b** If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?**10b****11** Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.**12a** Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?**12a**

No

b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?**12b****c** If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____

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

A

Name of hospital facility or letter of facility reporting group _____

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

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

A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

A

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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

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

B

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

2

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://www.ssmhealth.com/locations/st-clare-hospital-baraboo</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>https://www.ssmhealth.com/about/chna</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>https://www.ssmhealth.com/about/chna</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

B

Name of hospital facility or letter of facility reporting group _____

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

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

B

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

B

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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

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

C

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

3

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://www.ssmhealth.com/locations/st-marys-hospital-janesville</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>https://www.ssmhealth.com/about/chna</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>https://www.ssmhealth.com/about/chna</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

C

Name of hospital facility or letter of facility reporting group _____

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

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

C

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

C

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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? 9

Name and address	Type of Facility (describe)
1 ST CLARE CARDIAC AND PULMONARY REHAB - WISCONSIN DELLS 1306 BROADWAY ROAD WISCONSIN DELLS, WI 53965	REHABILITATION
2 ST MARY'S CARE CENTER 3401 MAPLE GROVE DRIVE MADISON, WI 53719	LONG-TERM CARE
3 ST MARY'S SUN PRAIRIE EMERGENCY CENTER 2840 OKEEFE AVENUE SUN PRAIRIE, WI 53590	EMERGENCY CENTER
4 ST CLARE MEADOWS CARE CENTER 1414 JEFFERSON BARABOO, WI 53913	LONG-TERM CARE
5 ST MARY'S SLEEP CENTER 2844 INDEX ROAD FITCHBURG, WI 53713	SLEEP CENTER
6 ST CLARE URGENT CARE 530 WISCONSIN DELLS PARKWAY LAKE DELTON, WI 53965	URGENT CARE CENTER
7 ST MARY'S CHILD CARE CENTER 723 S ORCHARD STREET MADISON, WI 53715	CHILD CARE CENTER
8 ADULT DAY HEALTH CENTER 2440 ATWOOD AVENUE MADISON, WI 53704	ADULT DAY CARE
9 ST CLARE CHILD CARE CENTER 1605 JEFFERSON STREET BARABOO, WI 53913	CHILD CARE CENTER
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 OF WISCONSIN 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: BOARD INVOLVEMENT WITH FORWARD JANESVILLE, COMMUNITY SUPPORT: SERVICES FOR LOCAL EMS ADVISORY COUNCIL, ADOPT-A-SCHOOL, VARIOUS HEALTH-SPECIFIC SUPPORT GROUPS, EMERGENCY PREPAREDNESS, COALITION BUILDING: ACTIVE SHOOTER AND EXERCISE TRAINING PROGRAMS, COMMUNITY HEALTH IMPROVEMENT ADVOCACY: PARTICIPATION IN THE HEALTHY DANE COLLABORATIVE AND OTHER COMMITTEES FOCUSED ON HEALTH NEEDS, WORKFORCE DEVELOPMENT: PARTICIPATION IN HEALTH CAREER FAIRS AND EDUCATION, JOB SHADOWING PROGRAMS.

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 of Wisconsin, Inc. 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 of Wisconsin, Inc. 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, 2019 consolidated audit is contained on page 11 and 12 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	<p>SSM Health Care of Wisconsin, Inc. has established a written credit and collection policy and procedures. The billing and collection policies and practices reflect the mission and values of SSM Health, including our special concern for people who are poor and vulnerable. SSM Health Care of Wisconsin embraces its responsibility to serve the communities in which it participates by establishing sound business practices. SSM Health Care of Wisconsin's billing and collection practices will be fairly and consistently applied. All staff and vendors are expected to treat all patients consistently and fairly regardless of their ability to pay. They respond to patients in a prompt and courteous manner regarding any questions about their bills and provide notification of the availability of financial assistance. All uninsured patients will be provided a standard discount for medically necessary inpatient and outpatient services, including services provided at off-campus outpatient sites. The hospital determined the amount of the discount based on the local managed care market, applicable statutory requirements and other relevant local circumstances. The rate must be no less than the lowest effective discount rate and no greater than the highest effective discount rate for the current managed care contracts of the hospital. Uninsured patients may also qualify for an additional discount based upon financial need under the system financial assistance policy. All accounts due from the patient will receive a statement after discharge or after final adjudication from patient's insurance. Generally the patient will receive 4 months (120 days) of in-house collection efforts (including early out vendors) and 12 months of bad debt collection efforts. The hospital will make Reasonable Efforts to determine FAP eligibility including: 1. The financial assistance summary will be included with each billing statement 2. Extraordinary Collection Activity (ECAs) may not occur until bad debt placement and only after 120 days. 3. ECAs must be suspended if a guarantor submits a FAP application during the application period. 4. Reasonable measures must be taken to reverse ECAs if the application is approved which may include refunding any payments made in excess of amounts owed as an FAP-eligible individual. 5. Bad Debt vendors will gain written approval from SSM prior to engaging in ECAs. SSM will review the accounts and verify satisfactory completion of reasonable efforts during the notification and application period. A waiver is not considered reasonable efforts. Obtaining a signed waiver that an individual does not wish to apply for FAP assistance or receive FAP application information will not meet the requirement to make "reasonable efforts" to determine whether the individual is FAP-eligible before engaging in ECAs. All outside collection agencies must comply with state and federal laws, comply with the association of credit and collection professional's code of ethics and professional responsibility and comply with SSM Health Care of Wisconsin's collection and financial assistance policies.</p>
Schedule H, Part V, Section B, Line 16a FAP website	<p>A - SSM Health St. Mary's Hospital - Madison: Line 16a URL: https://www.ssmhealth.com/resources/for-patients/financial-assistance; B - SSM Health St. Clare Hospital - Baraboo: Line 16a URL: https://www.ssmhealth.com/resources/for-patients/financial-assistance; C - SSM Health St. Mary's Hospital - Janesville: Line 16a URL: https://www.ssmhealth.com/resources/for-patients/financial-assistance;</p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>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 SSMH'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, SSMH'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.</p>
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>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.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>SSM Health St. Mary's Hospital - Madison St Mary's Hospital serves Dane County in south-central Wisconsin, which is home to Wisconsin's state capitol, Madison, and Wisconsin's flagship public university, the University of Wisconsin-Madison. Dane County is the second most densely populated county in Wisconsin and Madison is the second largest city in the state. The population of Dane County grew 5.5% between 2012 and 2016 bringing the population to 531,273. Dane County's Diversity is concentrated in the City of Madison, but the County as a minority population around 15%. Life expectancy in Dane County is higher than the national average for both men and women; however, the gap in life expectancy between Black and White populations has grown. The percent of the population that has at least a bachelor's degree is much higher in Dane County than in Wisconsin and the US. However, Dane County's current 87.1% high school graduation rate is one of the lowest among Wisconsin counties. The median household income for Dane County is \$64,773, higher than state and national values. Despite the high median household income and second lowest unemployment rate in the state (2.8%), Dane County is faced with a disparity of minorities living in poverty. Additional detailed information on the St Mary's Hospital service area can be found throughout the CHNA. SSM Health St. Clare Hospital - Baraboo St. Clare Hospital serves the primarily serves Sauk County in Wisconsin. There are 16 zip codes in this county, which make up 85% of the hospital's total patients. The hospital, in Baraboo, Wisconsin, has urgent care clinics in Lake Delton and Wisconsin Dells. In 2017, Sauk County had an estimated population of 73,275 persons. The community has a high proportion of residents aged 55 and older at about 35%. Sauk County has seen increasing diversity in the past three years, with nearly 12% of the population a minority. While Sauk County has a lower poverty rate than the state and national averages at 10%, only 20.5% of residents hold at least a Bachelor's degree. Additional detailed information on the St Clare Hospital service area can be found on page 19 through 21 of the CHNA. SSM Health St. Mary's Hospital - Janesville St Mary's Janesville defines its community as Rock County, Wisconsin. There are 22 zip codes that are contained within or overlay the county. The hospital is located in Janesville, Wisconsin. In 2016, Rock County had an estimated population of 161,620 persons. Rock County is seeing increasing race and ethnic diversity, with nearly 17% of the population a minority. The county has a poverty rate for families of 11.2%, which while lower than previously reported, is still higher than the state and national averages. Life expectancy rates are near national averages. Additional detailed information on the St Mary's Janesville Hospital service area can be found on page 13 through 20 of the CHNA.</p>
Schedule H, Part VI, Line 5 Promotion of community health	<p>SSM Health Care of Wisconsin participates in a wide array of community programs throughout the area to further its exempt purpose of promoting the health of the community. The community initiatives build on the strengths of our communities and systems to improve the quality of life and to create a sense of hope. Community Benefit initiatives build community capacity and individual empowerment through community organizing, leadership development, partnerships, and coalition building. Our Community Health programs provide compassionate and competent care while they promote health improvement by reaching directly into the community to ensure that low-income and under-served persons can access health care services. Focusing on a broad definition of health, SSM Health Care of Wisconsin's hospitals, clinics and programs provide medical and mental health services, health education, health management, prevention, referrals, insurance enrollment and in-home primary care services and support, while fostering collaboration and incorporating Community Benefit strategies. SSM Health Care of Wisconsin promotes grassroots advocacy and engages persons of influence to affect social and public policy change in order to promote community health. SSM Health Care of Wisconsin also furthers its exempt purpose with the following activities: * Operates an emergency room that is open to all persons regardless of ability to pay, * Has an open medical staff with privileges available to all qualified physicians in the area, * Engages in the training and education of health care professionals, * Participates in Medicaid, Medicare, Champus, Tricare, and/or other government-sponsored health care programs * All surplus funds generated by SSMH entities are reinvested in improving our patient care delivery system.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	SSM HEALTH CARE OF WISCONSIN (SSMHC/WI) IS A COMPREHENSIVE NOT-FOR- PROFIT CATHOLIC HEALTH CARE ORGANIZATION PROVIDING HEALTH CARE SERVICES TO AN 18- COUNTY AREA IN SOUTH-CENTRAL WISCONSIN. SSMHC/WI, WITH HEADQUARTERS IN MADISON, WI, IS SPONSORED BY SSM HEALTH MINISTRIES AND IS OWNED AND OPERATED BY SSM HEALTH (SSMH) BASED IN ST. LOUIS, MISSOURI. SSMHC/WI PROVIDES HEALTH CARE SERVICES AT THREE WHOLLY-OWNED ACUTE CARE HOSPITALS, SSM HEALTH ST. MARY'S HOSPITAL - MADISON, SSM HEALTH ST. CLARE HOSPITAL - BARABOO AND SSM HEALTH ST. MARY'S HOSPITAL - JANESVILLE, AS WELL AS AT TWO NURSING HOMES - SSM HEALTH ST. MARY'S CARE CENTER IN MADISON AND SSM HEALTH ST. CLARE MEADOWS CARE CENTER IN BARABOO.
Schedule H, Part VI, Line 7 State filing of community benefit report	WI

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 43-0688874
Name: SSM Health Care of Wisconsin Inc

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

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

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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 A, 1	Facility A, 1 - SSM Health St. Mary's Hospital - Madison. THE HOSPITAL, THROUGH THE HEALTHY DANE COLLABORATIVE, ASSESSED INPUT FROM THE COMMUNITY AND DATA RELATED TO HEALTH FACTORS PRESENTED BY THE COUNTY HEALTH RANKINGS TO UNDERSTAND WHAT IMPACTS THE HEALTH OF THE COMMUNITY. PARTICULAR ATTENTION WAS GIVEN TO SOCIAL, ECONOMIC, AND ENVIRONMENTAL DISADVANTAGED POPULATIONS. THE HOSPITAL UTILIZED FOCUS GROUPS AND ENGAGEMENT SESSIONS WITH A DIVERSE VARIETY OF STAKEHOLDERS AND THE PUBLIC AND ANALYZED HOW VARIOUS NEEDS AND FACTORS ARE TRENDING. ADDITIONAL INFORMATION ON HOW THE HOSPITAL TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTEREST OF THE COMMUNITY CAN BE FOUND ON PAGES 12 THROUGH 15 OF THE CHNA.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 1	Facility A, 1 - SSM Health St. Mary's Hospital - Madison. THE 2019-2021 CHNA WAS COLLABORATIVELY COMPLETED IN 2018 WITH THE FOLLOWING OTHER HOSPITALS THROUGH THE HEALTHY DANE COLLABORATIVE: STOUGHTON HOSPITAL, UNITYPOINT HEALTH-MERITER, AND UW HEALTH.

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 6b Facility A, 1	Facility A, 1 - SSM Health St. Mary's Hospital - Madison. THE 2019-2021 CHNA WAS COLLABORATIVELY COMPLETED IN 2018 WITH THE FOLLOWING OTHER COMMUNITY PARTNERS THROUGH THE HEALTHY DANE COLLABORATIVE: GROUP HEALTH COOPERATIVE AND PUBLIC HEALTH MADISON DANE COUNTY.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	Facility A, 1 - SSM Health St. Mary's - Madison. The hospital identified various health ne eds in the 2018 CHNA, which was done in conjunction with the Healthy Dane Collaborative. I n order to make meaningful impact, and to use its finances most effectively and efficiency , the hospital will place primary focus on the following key priorities: - Maternal/child health - Mental Health/Behavioral Health - Chronic conditions (heart & diabetes) Maternal/ child health In Dane County, maternal and child health has continually been identified as a top health priority. Mother and baby wellbeing plays a large role in the health of the n ext generation. There are also significant disparities within the county between races and ethnicities. Data regarding the maternal and child health in Wisconsin shows the followin g: - In Dane County, the infant mortality rate is 13.0 deaths per 1,000 live births and 14 .7 deaths per 1,000 live births for babies born to Black mothers and mothers of two or mor e races respectively. For white mothers, the rate is 4.3 deaths per 1,000 live births - Th e preterm birth rate rose to 9.6%, increasing for the third year in a row - Throughout the state, the preterm birth rate among Black women is 54% higher than the rate among all oth er women The hospital has the following action plan in place to improve maternal and child health: - Continue partnership with the Health Council on disparities in low birth weight -focusing specifically on racial inequities - Enhance collaboration with the Wisconsin Wom en's Health Foundation to increase awareness and educational opportunities around prenatal and preconception care, focusing on smoking cessation - Work with the Health Dane Collabo rative partners on opportunities to collaborate on evidence-based community programs/effor ts to increase access to culturally competent preconception, prenatal and post-partum care with local community partners - Elevate efforts with Safe Communities-Pregnancy to Recove ry program - Pursuit of Baby-Friendly Designation at St. Mary's Madison - Support prenatal care services at Access Community Health Centers - Expand Group Prenatal Care within Dean Medical Group locations - focus on cohorts with increased diversity - Continued growth of post-partum support and education in the hospital and medical group Mental Health Mental health is also a top concern in Dane County. There is a disconnect between the perception of the problem and the true reality of the impact of mental health. Mental health is impor tant at every stage of life, from childhood and adolescence through adulthood. Without tre atment the consequences of mental illness for the individual and society are staggering: d isability, unemployment, substance abuse, homelessness, incarceration, and suicide. The fo llowing data demonstrates the severity of mental health concern in the area: - Among suici des with known circumstances, 51% of decedents had a current mental health problem and 43% were currently receiving ment

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	<p>al health treatment - Approximately \$92 million spent annually on inpatient hospitalizations due to self-inflicted injury - Approximately 1 in 8 adults screened positive for major depression within Dane County, while 1 in 5 adults screened positive for moderate or severe anxiety The hospital has implemented the following steps to address mental health in the community: - Increase Telehealth opportunities with our medical group partners to allow for more timely access to care - Partner with Safe Communities Coalition on the Recovery Coach program at St. Mary's ED as well as the Pregnancy to Recovery program within OB - Work with Healthy Dane partners on opportunities to collaborate to create, enhance, or sustain evidence-based community programs/efforts to reduce the incidence of suicide in Dane County - Collaborate with Zero-Suicide Initiative partners to sustain community efforts across Dane County - Explore expansion of the Community Paramedic program to include Mental Health - System change in approach to measuring Mental Health needs using Columbia Tool - Continued efforts in county-wide initiative on patient safety plans following discharge - Explore options for more follow-up and controlling day-to-day needs as well as transportation concerns for patients Chronic conditions (heart & diabetes) Chronic conditions account for the greatest number of poor health outcomes and increasing health care costs in Wisconsin . Currently, the state spends an estimated \$3.9 billion and \$4.1 billion in health care and lost productivity costs annually on diabetes and heart disease alone. For many individuals suffering from chronic conditions, associated risk factors can be addressed and treated . By focusing on risk factors for chronic conditions, complications and comorbidities can be prevented. Statistics on chronic conditions in Wisconsin show: - 7 out of 10 leading causes of death in Wisconsin are due to chronic conditions accounting for two out of every three deaths annually - More than 1,300 Wisconsin residents die from diabetes and many more suffer disabling complications such as heart disease, kidney disease, blindness, and amputations. This burden is higher among minority populations - Heart disease is the second leading cause of death overall, and the leading cause for those over the age of 65.2 The hospital's action plan on chronic disease involves: - Increase support of Rebalanced Life Wellness Association-Men's Health Center and Wellness Center - Engage with the Foundation for Black Women's Wellness -working specifically on Black Women's Heart Health - Support Edge wood students at Triangle (Diabetic Clinic) and support at RLW - Pulse Point partner-educate the community on importance of early intervention of CPR - Further explore Healthy Dane Funders /AHA-food deserts - Explore expansion of Community Paramedic Program - Continue supporting Double Dollars Program-access to local / fresh produce for underserved populations - On-going partnership with</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	<p>REAP-kids education and nutrition support in the schools - Explore Primary Care Provider education options (vs. coming to ED) The hospital has no plans to discontinue 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: - Substance ab use, tobacco, drug and alcohol use - Obesity, diet, and exercise - Sexually-transmitted di seases - Access to and quality of care - Community safety - Pollution and housing During 2 019, the following activities were performed to help address the issues identified in the CHNA: Maternal/child health - Continued collaboration with the Dane County Health Council (partnership across health systems as well as Public health and non-profit partners) to wo rk on disparities in low birthweight in Dane County. THE DCHC is working in partnership wi th the Foundation for Black Women's Wellness and EQT by Design Consulting to engage more f ully in the Black community. Future plans include a Black Maternal Child Health Alliance (supported by the DCHC but facilitated by the community as well as a Black maternal child h ealth summit. - At the end of 2019 we began our first 4th Trimester care support group cal led " New Beginnings". This program, offered to anyone in the community that had a baby in the last 12 months, meets weekly and offers support and guidance for new moms. Mental Hea lth - Safe Communities Coalition - this year providing support specifically to the ED to R ecovery Program as well as the Pregnancy to Recovery program. Both programs offer one-on-o ne support to patients when they present at SSM Health. - Zero-Suicide Initiative - Staff and Providers from SSM Health participate on the zero-suicide task force for Dane County. The group focuses on collaborative ways to reduce suicide in our community. Chronic Condit ions - Continued partnership with Rebalanced Life Wellness Center - helped expand programi ng/ support with funding for a conversion van to transport senior population as well as yo uth to health education and wellness opportunities. - New twist on Adopt a School partners hip with Lincoln Elementary - revised 4th grade activity into a fun run that allowed kids to be active and support local non-profits. Students heard presentations from Ronald McDon ald House and Make-A-Wish and then did laps on an obstacle course running track. Each comp leted lap earned \$1 from St. Mary's to the charities. Students and teachers ran for 30 min utes and raised nearly \$1,000 while being physically active. - SSM Health continued their partnership with Second Harvest Food Bank and the Triangle Neighborhood Mobile Food Pantry . Together we served more than 100 households each month - providing food and fellowship f or a high-risk population adjacent to the hospital.</p>

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 B, 1	Facility B, 1 - SSM Health St. Clare Hospital - Baraboo. THE HOSPITAL UTILIZED A COMMUNITY PERCEPTION SURVEY TO GATHER PRIMARY DATA ON AREA HEALTH NEEDS. IT ALSO CONDUCTED NUMEROUS FOCUS GROUPS WITH KEY STAKEHOLDERS IN SAUK COUNTY COMMUNITIES. THE SURVEY WAS PROVIDED TO DIVERSE GROUPS WITH ACCESS TO TRANSLATORS WHEN NEEDED AND WAS AVAILABLE ONLINE AND IN WRITTEN FORMAT. ADDITIONALLY, THE HOSPITAL RESEARCHED AND REVIEWED DATA FROM COUNTY HEALTH RANKINGS AND STATE AND NATIONAL HEALTH ASSOCIATIONS. ADDITIONAL DETAIL ON HOW THE HOSPITAL TOOK INTO ACCOUNT PERSONS WHO REPRESENT THE BROAD INTEREST OF THE COMMUNITY CAN BE FOUND ON PAGES 12 THROUGH 14 OF THE CHNA.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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 B, 1	Facility B, 1 - SSM Health St. Clare Hospital - Baraboo. THE HOSPITAL, THROUGH THE SAUK COUNTY HEALTH & WELLNESS COALITION, CONDUCTED ITS MOST RECENT CHNA IN COLLABORATION WITH THE FOLLOWING HOSPITALS: REEDSBURG AREA MEDICAL CENTER AND SAUK PRAIRIE HEALTH CARE.

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 6b Facility B, 1	Facility B, 1 - SSM Health St. Clare Hospital - Baraboo. THE HOSPITAL, THROUGH THE SAUK COUNTY HEALTH & WELLNESS COALITION, CONDUCTED ITS MOST RECENT CHNA IN COLLABORATION WITH THE SAUK COUNTY HEALTH DEPARTMENT.

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 B, 1	Facility B, 1 - SSM Health St. Clare Hospital - Baraboo. The hospital identified various health needs in the 2018 CHNA. In order to make meaningful impact, and to use its finances most effectively and efficiency, the hospital will place primary focus on the following key priorities: - Mental Health - Obesity - Chronic Disease Mental Health The main concern with mental health in the community is limited access and the lack of mental health facilities. In the past, local law enforcement officials stated they often have had to drive mental health patients hours away for treatment. The 2018 Wisconsin County Health Rankings show that respondents had an average of 3.4 mentally unhealthy days per month in Sauk County. Statistics from the 2018 Sauk County Health & Wellness Coalition Survey show: - 25.3% of respondents reported being treated for, or told by a doctor, that they have a mental health condition - 27.4% of respondents reported feeling sad, blue or depressed at least sometimes in the past month - Nearly 1 in 12 (8.8%) of respondents report they did not receive the mental health care they thought they needed in the last 12 months. Cost and lack of insurance coverage were cited by 2 of 5 (43.6%) of those respondents who did not receive care . One in four (25.5%) respondents said they were unable to get an appointment The hospital has outlined the following action plan to improve community mental health: - Collaborate with Journey Mental Health and Sauk County Health & Wellness Coalition to provide mental health first aid training two times per year in our service area - Enhance county-wide collaborations to increase awareness, education, treatment and pre-event intervention with organizations including Rural Safety Days, Sauk County Partnership for Prevention and Recovery, Region 11 Critical Incident and Stress Management group - Collaborate with hospital foundation on twice-yearly Healthy Community Partnership grants directed to organizations collaborating on health initiatives impacting mental health including Zoo camp, Boys and Girls Clubs programming, community mental health forums and school district mindfulness programming - Collaborate with SSM Health Regional team on Time For Kids Ambassador programming - Collaborate with service area health care providers to collate and share mental health resources for the agricultural community - Expand clinical and hospital-based mental health tools including implementation of Columbia Suicide Screening for high risk patients, addition of licensed clinical social worker, outpatient AODA clinical counselor and ED referral process for suboxone - Conduct an annual Grief Share 15-week mental health support group for individuals who have experienced a life-changing loss - Create community awareness of mental health by participating in St. Clare Hospital radio programs Obesity Obesity continues to be a growing issue in the Sauk and Columbia County communities. Lack of physical activity is one of the main concern

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 B, 1	<p>tributors to obesity. Given the wide variety of venues to be physically active, there may be a lack of interest in utilizing the area's resources that encourage exercise and motion . Statistics from the 2018 Sauk County Health & Wellness Coalition survey show: - Only 31% of respondents reported a healthy BMI - 33% of respondents reported an overweight BMI - 3 5% of respondents reported an obese BMI - Only 20.5% of respondents reported being physically active for five days or more - 34.9% of respondents reported being physically active for one day or less - 23% of Sauk County respondents reported having no leisure-time physical activity The hospital has organized the following activities to improve community obesity measures: - Collaborate with hospital foundation on twice-yearly Healthy Community Partnership grants directed to organizations collaborating on health initiatives impacting obesity including fresh food boxes from local food pantries, Boys and Girls Clubs healthy eating programs for members and senior citizens, community-based nutritional meals, fitness programs - Collaborate with hospital foundation on childhood fitness in local school districts titled "Fun & Fit" program for all 3rd grade fitness classes in the Baraboo and Wisconsin Dells school districts - Partner to enhance farm-to-table options through food courses and cooking classes at local schools and community "tables" - Support partnerships with municipal and health coalition leaders to address population-dense areas of high-risk individuals to promote healthy food access / eating options including community meals and Farmers Markets funding - Collaborate with county resources to build on Sauk County's Healthy Communities designation - Support local activities which promote fitness - Partner with Outlets at the Dells to implement a county-wide Saturday morning fitness program for children incorporating movement, healthy food options and fun - Honor requests from community organizations for speakers at healthy lifestyle presentations - Promote healthy living through community-based, schools and business-specific health fairs and events - Create community awareness of how to live healthy and well in Sauk County through St. Clare Hospital's radio programming Chronic disease burden is more highly concentrated among high-risk populations. The poor are more vulnerable to chronic diseases because of material deprivation and psychological stress, higher levels of risky behavior, unhealthy living conditions and limited access to good-quality healthcare. Statistics from the 2018 Sauk County Health & Wellness Coalition Survey and the County Health Rankings show: - 67.4% of respondents reported receiving a routine checkup in the last year - 58.3% of respondents received cholesterol testing in the last year - 52.5% of respondents reported having an eye exam in the last year - 19.8% of respondents reported being treated for/told by a doctor in the last 3 years that they have</p>

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 B, 1	<p>e high blood pressure - 20.3% of respondents reported that they have been told by a physician that they have high cholesterol, most of whom say it is under control - 4.7% of respondents reported being treated for/told by a doctor in the last 3 years that they have heart disease - 6.1% of respondents reported having been treated or diagnosed by a physician for diabetes - 3.1% of respondents reported being treated for/told by a doctor in the last 3 years that they have cancer - 15% of Sauk County adults are currently smokers. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease The hospital was involved in the following initiatives to improve chronic disease in the community served: - Provide expanded hospital-based palliative intensive education care to outpatients for management of heart failure, COPD and diabetes - Work collaboratively with hospital foundation to expand access to services in Baraboo and Wisconsin Dells to improve follow up care - Collaborate with hospital foundation on twice -yearly Healthy Community Partnership grants directed to organizations collaborating on health initiatives impacting chronic disease and diabetes including fresh food boxes from local food pantries, Boys and Girls Clubs nutritional dietary programming for members and senior citizens, community-based nutritional meals - Enhance partnerships with key city, village, township and health coalition leaders to address population-dense areas of high-risk individuals to promote healthy food access / eating options including community meals and Farmer's Markets funding - Participate in area health fairs and educational seminars to provide education and strategies surrounding obesity, stress, COPD, vaping and the progression of chronic disease - Create community awareness of chronic disease options and proactive programming through St. Clare Hospital's radio show - Improving chronic disease management through personalized telephone follow up programming to heart failure patients after discharge from St. Clare Hospital. - Host monthly diabetes and chronic disease support groups at St. Clare Hospital for population/s and communities served The hospital has no plans to discontinue 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: - Alcohol abuse - Unintentional injury and traffic accidents - Lack of dental care - Cancer</p>

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 11 Facility B, 2	Facility B, 2 - SSM Health St. Clare Hospital - Baraboo (continued). During 2019, the following activities were performed to help address the issues identified in the CHNA: Mental Health - At St. Clare's Hospital in Baraboo, SSM Health staff partnered with academic experts and county agencies to design and fund an educational training program for individuals engaged in Sauk County, Wisconsin's criminal justice system. The intent was to create a pathway out of the criminal justice system and into employment with the intent of reducing trauma on individuals and their families, increasing access to health care (including mental health care), reducing future adverse childhood experiences (ACEs), and breaking cycles of individual and/or family incarceration or engagement with the criminal justice system. In 2019, SSM Health completed a memorandum of understanding (MOU) with the Sauk County Health Department and transferred funding to support an Education Navigator in Sauk County's Criminal Justice Coordinating Council. Obesity - St. Clare Hospital personnel participated in Sauk County's Coalition for Activity and Nutrition. - Heather Alloway, a Chronic Disease Nurse, participated in the Coalition's leadership team and in the planning of events and priorities. Chronic Disease - St. Clare Hospital conducted a diabetes support group that was open to the public and met monthly during 2019. - St. Clare Hospital also conducted the Better Breathers support group for those with Chronic obstructive pulmonary disease (COPD) that met monthly during 2019. - The hospital's chronic disease staff participated in radio program and interviews regarding health disease prevention and control including symptom identification and lifestyle factors. - St. Clare Hospital provided blood pressure screenings for members of the general public as part of education and outreach events.

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 C, 1	Facility C, 1 - SSM Health St. Mary's Hospital - Janesville. THE HOSPITAL, IN COLLABORATION WITH THE ROCK COUNTY PUBLIC HEALTH DEPARTMENT AND HEALTY EQUITY ALLIANCE OF ROCK COUNTY, CREATED A COUNTY HEALTH ASSESSMENT WHICH GATHERED COMMUNITY PERSPECTIVES AND DATA THROUGH A SURVEY, ONE-ON-ONE INTERVIEWS, AND FOCUS GROUPS. ADDITIONALLY, STATISTICAL DATA WAS OBTAINED AND REVIEWED FROM THE HEALTHY COMMUNITIES INSTITUTE. MORE INFORMATION ON THE HOW THE HOSPITAL TOOK INTO ACCOUNT PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY CAN BE FOUND ON PAGES 11 AND 12 OF THE CHNA.

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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 C, 1	Facility C, 1 - SSM Health St. Mary's Hospital - Janesville. THE HOSPITAL WORKED CLOSELY WITH THE HEALTH EQUITY ALLIANCE OF ROCK COUNTY, AS WELL AS THE FOLLOWING HOSPITAL FACILITIES: BELOIT HEALTH SYSTEM, CHILDREN'S HOSPITAL - EXCHANGE FAMILY RESOURCE CENTER, COMMUNITY HEALTH SYSTEMS, INC., EDGERTON HOSPITAL, AND MERCY HEALTH.

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 6b Facility C, 1	Facility C, 1 - SSM Health St. Mary's Hospital - Janesville. THE HOSPITAL WORKED CLOSELY WITH THE HEALTH EQUITY ALLIANCE OF ROCK COUNTY, AS WELL AS NUMEROUS OTHER ORGANIZATIONS. A FULL LIST OF THE COLLABORATORS CAN BE FOUND ON PAGE 25 OF THE 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 C, 1	<p>Facility C, 1 - SSM Health St. Mary's Hospital - Janesville. The hospital identified various health needs in the 2018 CHNA. In order to make meaningful impact, and to use its finances most effectively and efficiently, the hospital will place primary focus on the following key priorities:</p> <ul style="list-style-type: none"> - Obesity - Substance abuse - Tobacco use Obesity continues to be a primary community health concern in Rock County. Lifestyle complications that lead to increased risk of obesity include physical inactivity combined with unhealthy diet and eating habits. In some cases, minorities and those living under financial distress are often segments of the population most affected by factors contributing to obesity. Additional facts and figures that relate to obesity show: - Obesity was identified as a community health issue by the Rock County Public Health Department - Obesity was identified as a community health issue by community stakeholders - Adults who are Obese represent 32.1 percent of adults in Rock County, more than 10 percent higher than the overall Wisconsin percentage of 28.5 percent - Families Living Below Poverty Level represent 11.2 percent of households in Rock County, more than 30 percent higher than the overall Wisconsin rate of 8.5 percent - The Child Food Insecurity Rate in Rock County was 18.9 percent, nearly 20 percent higher than the overall Wisconsin rate of 16.0 percent - Adults who are Sedentary are 20.2 percent of adults in Rock County, the same as the overall Wisconsin percentage of 20.2 percent <p>The hospital is involved in the following initiatives to improve obesity measures in the community served:</p> <ul style="list-style-type: none"> - Explore opportunities to collaborate with Rock County public schools on nutrition education - Work with faith community and other community groups on nutrition education and physical fitness - Continue sponsorship of the Janesville Farmer's Market - Partner with hospital cafeteria to ensure healthy offerings are consistently provided at a reasonable cost - Explore options to bring healthy food and opportunities for physical activity into underserved communities - Support organizations which provide healthy food to impoverished members of the community, including Meals on Wheels, ECHO, and food pantries - Partner with community organizations, such as the VeloClub, on providing access to physical fitness programming to underserved youth <p>Substance Abuse Multiple factors contribute to substance abuse, including mental health needs, poor economic conditions, high poverty rates, lower educational attainment levels, higher percentages of individuals living alone, and easy access to alcohol and other substances. Additional facts and figures that relate to substance abuse are below:</p> <ul style="list-style-type: none"> - Drug, alcohol, and substance abuse were identified as a community health issue by community stakeholders - A lack of substance abuse treatment was identified as a community health issue by community stakeholders - The Death Rate due to Drug Poisoning in Rock County is

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 C, 1	<p>s 21.7 deaths per 100,000 population, more than one-third higher than the Wisconsin rate of 16.2. This measure assesses the age-adjusted death rate per 100,000 population due to drug overdose - Alcohol-Impaired Driving Deaths are 43.4 percent of motor-vehicle crash deaths in Rock County, more than one-fifth higher than the overall Wisconsin percentage of 35.7 percent - Depression within the Medicare Population of Rock County is 19.1 percent, more than one-tenth higher than the Wisconsin rate of 17.0 percent - Life Expectancy is lower in Rock County for both males (76.9 years) and females, compared to the overall Wisconsin life expectancy for males (77.7 years) and females (81.9 years) The hospital is implementing the following measures to reduce substance abuse: - Offer education or partner with other organizations regarding the root causes, prevention and/or treatment for opioid abuse - Research establishing an on-site pharmaceuticals disposal site and/or home medication lock boxes - Create community awareness regarding opioid and other drug issues through community activities - Provide community support services for diagnosed patients, and provide immediate support from community organizations for Emergency Department patients wanting assistance with substance abuse - Support organizations which provide substance abuse services, including Rock County One to One - Partner with regional mental health providers on offering patient placement - With partnerships with other organizations, explore establishing additional mental health services and placement opportunities in Rock County - Partner with physicians to increase alternatives to opioid (ALT) medication prescriptions Tobacco Use Tobacco use is a growing concern in the hospital's service area. Tobacco use is responsible for multitudes of avoidable illness and death nationwide, brings about premature death and complications from second-hand smoke. Statistics on tobacco use show: - Cancer, which can be caused by tobacco use, was identified as a community health issue by community stakeholders - Mothers who Smoked During Pregnancy are 15.2 percent of births in Rock County, one-third higher than the overall Wisconsin percentage of 11.4 percent - Adults who Smoke represent 22.4 percent of adults in Rock County, more than one-quarter higher than the overall Wisconsin percentage of 17.9 percent - The Age-Adjusted Death Rate due to Lung Cancer in Rock County is 54.4 deaths per 100,000 population, nearly one-quarter higher than the Wisconsin rate of 44.2 - The Lung and Bronchus Cancer Incidence Rate in Rock County is 73.9 cases per 100,000 population, more than one-fifth higher than the Wisconsin rate of 60.9 - The Age-Adjusted Death Rate due to Cancer in Rock County is 186.6 deaths per 100,000 population, more than one-tenth higher than the Wisconsin rate of 168.1 The hospital will address health implications from tobacco use through the following: - Offer education or partner with other organizations</p>

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 C, 1	<p>regarding the root causes, prevention and/or treatment for tobacco use - Provide prevention education to school-age children through various outreach efforts - Create community awareness regarding the hazards of tobacco use through community activities - Provide smoking cessation survival kits at community events - Continue offering on-site "Freedom from Smoking" smoking cessation program - Explore offering community evidence-based programs regarding tobacco cessation during pregnancy The hospital has no plans to discontinue 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: - Access Issue - Aging Issues - Alcohol Abuse - Asthma - Cancers - Dental Problems - Diabetes - Domestic Violence - Heart Disease - HIV/AIDS - Maternal and Child Health - Mental Health - Rape and Sexual Assault - STDs / STIs - Teen Pregnancy - Violence/Gun Injuries</p>

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 C, 2	Facility C, 2 - SSM Health St. Mary's Hospital - Janesville (continued). During 2019, the following activities were performed to help address the issues identified in the CHNA: Obesity - SMHJ sits as a strong partner for the Health Equity Alliance of Rock County (HEAR) team which is the coordinating body for the county CHA/CHIP process. Healthy Weights is also a county priority. - Funded Academy After School Program as a part of the 2019 mini grant program (\$5,000) to provide after school meals for kids in the 4th ward district of Janesville. The area is a known food desert and kids often don't have a meal once school is over each day. The program also offered Sunday afternoon family cooking classes for budget cooking, eating healthy foods and providing support for families. - SMHJ Offered 3 10-week sessions of the "10 in 10" Weight Loss program for adults in Rock County. - SMHJ also offered a Mindful Eating Course in Fall 2019 for members of the weight loss program - the course ran the month of September. - SMHJ and Division of Extension collaborated to provide funds (UW Extension dollars) to 6 Rock County Schools totaling \$11,000. These funds were used for each school to complete a wellness initiative of their choice to get students moving more and eating healthier. Each school also completed a CDC School Health Assessment with the help of staff and created/updated a wellness policy for their schools. - SMHJ sponsors the Strong Bodies program for elders over the age of 65 to exercise 2X/week by a trained facilitator. Substance Abuse - SMHJ sits as a partner for the Substance Abuse Task Force (previously Heroin Task Force), the Behavioral Health Steering Committee (social workers at SMHJ serve on this), Harm Reduction Committee, Opioid related death committee and the Health Equity Alliance of Rock County Behavioral Health workgroup to discuss the current substance abuse issues in Rock County. - Funded BASE and Healthy Edgerton with a \$5,000 mini grant to train staff and offer Living with Chronic Pain course through WIHA as an alternative to managing chronic pain. They offered two classes in 2019 that served over 25 individuals. - Staff from SMHJ attended the Opioid Forum in March 2019 in collaboration with our local prevention coalitions to learn more on how to support efforts in Rock County. Tobacco Use/Vaping - SMHJ sits as a strong partner for the Youth 2 Youth 4 Change prevention coalition which focuses on tobacco prevention in Rock County. Staff serves as the Vice President of the board as well as an active member of the coalition for policy change in Rock County. - Funded the four tobacco prevention coalitions of Rock County: Y2Y, BASE, Healthy Edgerton and JM4C to with a \$5,000 mini grant to purchase educational equipment for vaping education in Rock County. They conducted several county wide educational sessions on vaping in 2019 including SMHJ site for the Great American Smokeout event and the July 2019 Farmers Market. - In Fall 2019, s

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 C, 2	taff, as part of the Youth 2 Youth coalition offered Catch my Breath curriculum in Rock Co unty schools as a part of the vaping prevention education. - SMHJ Family Birth Center is a First Breath Referral program for any women who has delivered her baby and wishes to quit smoking. - SMHJ has trained Freedom from Smoking Facilitators who offered the Freedom fro m Smoking class in 2019 at the SMHJ campus.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
SSM Health Care of Wisconsin Inc

Employer identification number

43-0688874

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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 16

3 Enter total number of other organizations listed in the line 1 table 2

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) Scholarships	17	10,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	THE PROCEDURES USED TO MONITOR THE USE OF GRANT FUNDS VARIES BASED ON THE GRANT RECIPIENT. GRANTS TO RELATED ENTITIES ARE MONITORED DIRECTLY BY THE ORGANIZATION WHEREBY THE RECIPIENT REPORTS ON THE SPECIFIC USE OF THE FUNDING. FOR GRANTS TO UNRELATED ENTITIES, THE ORGANIZATION UTILIZES THE COMMUNITY BENEFIT INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA) TO TRACK, STORE, AND REPORT A WIDE RANGE OF INFORMATION RELATED TO GRANTS AND OVERALL COMMUNITY IMPACT.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 43-0688874
Name: SSM Health Care of Wisconsin Inc

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City of Madison 215 Martin Luther King Jr Blvd Madison, WI 53703	39-6005507	Government	18,333				Support for the Healthy Dane Collaborative
American Heart Association 7272 Greenville Avenue Dallas, TX 75231	13-5613797	501(c)(3)	50,000				General support

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
County of Dane Wisconsin City-County Building Room 426 210 Martin Luther King Jr Blvd Madison, WI 53703	39-6005684	Government	6,500				Funding for Pulse Point Initiative and educational events
Forward Janesville Inc 14 S Jackson Street Janesville, WI 53545	39-0212060	501(c)(6)	10,000				General support

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
Foundation for Black Women's Wellness PO Box 259831 Madison, WI 53725	46-0832901	501(c)(3)	68,853				Support for Foundation's wellness day
Greater Madison Chamber of Commerce Inc 1 S Pinckney Street No 330 Madison, WI 53703	39-0843590	501(c)(6)	5,250				General support

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
Madison Gospel 5K Foundation 4711 Jenewein Road Apt 208 Madison, WI 53711	83-2761410	501(c)(3)	5,035				General support
Reap Food Group 306 E Wilson Street No 2w Madison, WI 53703	39-2043788	501(c)(3)	6,250				Provide healthy food options for 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
Rebalanced Life Wellness Association Inc 143 Marcie Drive Brooklyn, WI 53521	82-4133284	501(c)(3)	35,500				Support for diabetes care and coordination
Safe Community Coalition of Madison and Dane County Inc PO Box 6652 Madison, WI 53701	39-2010839	501(c)(3)	10,000				General support

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
School District Of Janesville 527 S Franklin Street Janesville, WI 53548	39-6002726	Government	10,050				General support
United Way of Dane County Inc 2059 Atwood Avenue Madison, WI 53704	39-0817532	501(c)(3)	25,000				General support

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
Upland Hills Health Inc 800 Compassion Way Dodgeville, WI 53533	42-1017512	501(c)(3)	100,065				General support
Urban League of Greater Madison Inc 2222 S Park Street No 200 Madison, WI 53713	39-1098146	501(c)(3)	16,833				General support

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
Wisconsin Womens Health Foundation Inc 2503 Todd Drive Madison, WI 53713	39-1900678	501(c)(3)	21,200				First breath program support
March of Dimes Inc 1550 Crystal Drive Suite 1300 Arlington, VA 22202	13-1846366	501(c)(3)	7,500				General support

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
Madison Community Health Center 1547 Ohio Avenue Anderson, IN 46016	35-2098820	501(c)(3)	30,000				Support for prenatal program
St Clare Health Care Foundation Inc 10101 Woodfield Ln St Louis, MO 63132	43-1940683	501(c)(3)	41,844				Support Foundation programs

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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.	
Name of the organization SSM Health Care of Wisconsin Inc		Employer identification number 43-0688874

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on 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 on Line 1a?	2	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

[illegible]

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 2019. These payments were included in their taxable compensation. Jonathan Rozenfeld Kansas Dubray
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	The organization's top management official, regional president, is compensated by a related organization that utilized the following to determine compensation: (1) independent compensation consultant; (2) compensation survey or study; (3) approval by the board or compensation committee.
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. Paula Friedman \$470,555 Ben Layman \$34,615 Linda Taplin Statz \$143,386 Christopher Sprowl, MD \$442,308 Thomas Ter Horst \$212,682 Christopher Howard \$564,308 Steven Caldwell \$426,031
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. No individuals listed on Part VII of Form 990 received distributions from the plan in 2019. 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 2019: Steven Smoot \$105,168 Carter Dredge \$74,736 Damond Boatwright \$77,160 Laura Kaiser \$314,000 Kris Zimmer \$105,240 Matthew Kinsella \$14,700 Ben Layman \$20,000 Eric Thornton \$6,538 Jonathan Rozenfeld \$39,710 Kyle Nondorf \$20,237 Virginia Malone \$11,080 Jennifer Culotta \$6,200 Laura Walczak \$20,000 Mark Thompson, MD \$38,000 Jonathan Lewis \$8,621 Margo Francisco \$21,061 Thomas Ahr \$20,300 Lon McPherson \$14,661 Kerry Swanson \$44,000 Veronica Scott-Fulton \$28,000 David Ottenbaker \$15,600 Bradley Schmidt \$16,000 The following individuals listed on Part VII of the Form 990 received distributions from this plan in 2019. All distributions received from the plan in the current year were included in the individual's taxable compensation. Damond Boatwright \$73,235 Paula Friedman \$429,019 Kris Zimmer \$111,962 Ben Layman \$38,997 Eric Thornton \$7,912 Jonathan Rozenfeld \$37,549 Kyle Nondorf \$18,308 Virginia Malone \$33,807 Laura Walczak \$7,804 Linda Taplin Statz \$78,190 Christopher Sprowl, MD \$147,816 Jonathan Lewis \$10,971 Thomas Ter Horst \$89,725 Kerry Swanson \$24,689 During 2019, 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: Paula Friedman \$9,691 Kris Zimmer \$66,609 Jonathan Rozenfeld \$15,852 Kerry Swanson \$14,046 Kansas Dubray \$1,157

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 43-0688874
Name: SSM Health Care of Wisconsin Inc

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				
1Steven Smoot	(i)	0	0	0	0	0	0	0
Pt Yr Director, Vice President, COO	(ii)	882,327	172,763	11,529	667,250	18,983	1,752,851	97,763
1Jason Isenberg	(i)	0	0	0	0	0	0	0
Director	(ii)	412,446	0	72,654	15,195	29,151	529,446	0
2Gregory Matzke	(i)	0	0	0	0	0	0	0
Director	(ii)	702,632	0	2,649	15,053	30,227	750,560	0
3John Phelan	(i)	0	0	0	0	0	0	0
Director	(ii)	708,882	0	10,929	16,662	26,927	763,399	0
4Stephen Sramek	(i)	0	0	0	0	0	0	0
Director	(ii)	380,899	0	7,688	20,696	23,420	432,703	0
5William Ehrhardt	(i)	0	0	0	0	0	0	0
Director, Physician at Dean Medical Group	(ii)	545,030	0	2,780	15,200	21,362	584,373	0
6Albert Musa	(i)	0	0	0	0	0	0	0
Director, Physician at Dean Medical Group	(ii)	357,664	0	6,063	20,700	19,372	403,799	0
7Carter Dredge	(i)	0	0	0	0	0	0	0
Pt Yr Director, Chief Transformation Officer	(ii)	623,897	130,350	7,327	483,773	19,033	1,264,381	130,350
8Christopher Howard	(i)	0	0	0	0	0	0	0
Former Officer	(ii)	0	0	566,322	214,327	4,649	785,299	0
9Steven Caldwell	(i)	0	0	0	0	0	0	0
Former Officer	(ii)	0	63,810	446,280	0	12,904	522,994	63,810
10Kris Zimmer	(i)	0	0	0	0	0	0	0
Treasurer, Chief Financial Officer at SSM Health	(ii)	887,868	230,489	247,277	797,538	16,082	2,179,255	340,596
11Doug Long	(i)	0	0	0	0	0	0	0
Secretary, General Counsel at SSM Health	(ii)	149,400	0	80,150	469,438	2,548	701,536	0
12Matthew Kinsella	(i)	0	0	0	0	0	0	0
Regional VP Finance-Wisconsin	(ii)	188,910	38,385	15,660	65,585	32,454	340,993	28,385
13Damond Boatwright	(i)	654,392	166,656	102,416	474,323	0	1,397,787	239,891
Chair, Regional President - WI	(ii)	0	0	0	0	0	0	0
14Laura Kaiser	(i)	0	0	0	0	0	0	0
Vice Chair, President/CEO of SSM Health	(ii)	1,591,955	536,550	25,353	2,013,276	13,853	4,180,987	536,550
15Paula Friedman	(i)	0	0	0	0	0	0	0
Pt Yr Vice President, Pt Yr Senior VP-Strategic Development SSM Health	(ii)	270,134	189,852	924,934	278,843	3,736	1,667,500	618,871
16Ed Chadwick	(i)	0	0	0	0	0	0	0
Pt Yr Interim System Vice President, Finance	(ii)	1,291,744	0	0	0	0	1,291,744	0
17Laura Walczak	(i)	252,403	35,286	33,436	76,583	9,813	407,522	43,091
Hospital President-St Clare	(ii)	0	0	0	0	0	0	0
18Kerry Swanson	(i)	0	0	0	0	0	0	0
Chief Operating Officer-SSMWI	(ii)	531,201	123,429	97,663	239,968	32,255	1,024,515	148,118
19Jonathan Rozenfeld	(i)	499,691	106,720	76,361	161,132	26,861	870,765	144,269
Pt Yr Hospital President - St Mary's	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21Ben Layman	(i)	211,107	44,075	79,783	30,467	29,416	394,847	83,072
Pt Yr Hospital President-Janesville	(ii)	0	0	0	0	0	0	0
1Eric Thornton	(i)	0	0	0	0	0	0	0
Hospital President-Janesville	(ii)	168,340	25,720	10,560	30,484	27,951	263,055	33,632
2Kyle Nondorf	(i)	0	0	0	0	0	0	0
Hospital President - St Mary's	(ii)	245,461	34,428	42,193	109,214	27,789	459,086	52,736
3Virginia Malone	(i)	278,214	43,764	50,259	65,269	19,096	456,601	77,570
VP Patient Services - St Mary's	(ii)	0	0	0	0	0	0	0
4Jennifer Culotta	(i)	146,537	0	21,040	32,135	26,443	226,154	0
Interim VP Patient Care - St. Clare	(ii)	0	0	0	0	0	0	0
5Linda Taplin Statz	(i)	0	0	0	0	0	0	0
Pt Yr Regional VP - Employee Experience	(ii)	36,733	0	246,070	621	17,793	301,217	78,190
6Mark Thompson	(i)	494,318	76,618	4,259	188,808	30,763	794,765	76,618
Regional President-Medical Groups-Wisconsin	(ii)	0	0	0	0	0	0	0
7Jonathan Lewis	(i)	209,508	33,915	12,734	20,363	30,686	307,206	44,886
VP Operations	(ii)	0	0	0	0	0	0	0
8Margo Francisco	(i)	0	0	0	0	0	0	0
Regional VP - Strategy	(ii)	258,510	41,632	4,776	86,899	30,354	422,172	41,632
9Thomas Ter Horst	(i)	0	0	0	0	0	0	0
Pt Yr System VP - Human Resources	(ii)	113,527	53,410	310,957	18,453	32,034	528,381	143,135
10Thomas Ahr	(i)	0	0	0	0	0	0	0
Interim Reg VP - Human Resources	(ii)	251,056	39,100	2,277	104,778	20,484	417,695	39,100
11Lon McPherson	(i)	367,397	59,120	20,304	79,803	26,927	553,551	59,120
VP-Medical Affairs	(ii)	0	0	0	0	0	0	0
12Veronica Scott-Fulton	(i)	193,135	25,000	20,599	69,003	8,976	316,712	0
Regional CNO	(ii)	0	0	0	0	0	0	0
13Christopher Sprowl	(i)	0	0	0	0	0	0	0
Pt Yr Regional Clinical Affairs Officer	(ii)	136,921	154,560	594,898	132,069	27,281	1,045,729	302,376
14David Ottenbaker	(i)	393,308	0	25,975	86,261	20,299	525,842	0
VP-Primary Care Services	(ii)	0	0	0	0	0	0	0
15Kansas Dubray	(i)	318,521	0	4,265	23,022	10,796	356,604	0
Physician	(ii)	0	0	0	0	0	0	0
16Debra Nyquist	(i)	281,927	0	3,051	14,988	21,220	321,187	0
Physician	(ii)	0	0	0	0	0	0	0
17David Jarvis	(i)	278,992	0	2,422	20,111	26,973	328,498	0
Physician	(ii)	0	0	0	0	0	0	0
18Jennifer Orkfritz	(i)	273,385	0	1,805	14,220	1,330	290,740	0
Physician	(ii)	0	0	0	0	0	0	0

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 instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization
SSM Health Care of Wisconsin Inc

Employer identification number
43-0688874

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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	No

2 Enter the amount of tax incurred by the 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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	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) Integrated Healthcare Financial Strategies LLC	ED CHADWICK - OFFICER	1,291,744	Contract services		No

Part V Supplemental Information

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

Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493309024820
SCHEDULE O (Form 990 or 990-EZ)	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 <u>www.irs.gov/Form990</u> for the latest information.		OMB No. 1545-0047
			2019
Department of the Treasury Internal Revenue Service			Open to Public Inspection
Name of the organization SSM Health Care of Wisconsin Inc		Employer identification number 43-0688874	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Description of Program Service	<p>Briefly describe the organization's mission: Since it was founded in 1872 by Catholic sisters, SSM Health (SSMH) has existed to meet the health needs of the communities it serves. SSMH is a Catholic, not-for-profit health system serving the comprehensive health needs of communities across the Midwest through one of the largest integrated delivery systems in the nation. With care delivery sites in Illinois, Missouri, Oklahoma, and Wisconsin, SSMH includes 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 home care and hospice services, a pharmacy benefit company, a health insurance company, and an Accountable Care Organization. The health system employs nearly 40,000 people and is affiliated with 11,000 physicians making it one of the largest employers in every community it serves. In the tradition of its founding sisters, SSMH strives to fulfill its mission by providing exceptional health care to everyone who comes to its hospitals, regardless of their ability to pay. About SSM Health Care of Wisconsin: SSM Health Care of Wisconsin provides health care services at three wholly-owned acute care hospitals, SSM Health St. Mary's Hospital - Madison, SSM Health St. Clare Hospital - Baraboo and SSM Health St. Mary's Hospital - Janesville, as well as at two nursing homes - SSM Health St. Mary's Care Center in Madison and SSM Health St. Clare Meadows Care Center in Baraboo. SSM Health Care of Wisconsin, including its three wholly owned hospitals and two nursing homes, earned Wisconsin's highest recognition of quality business practices in 2013: the Excellence Level of the Wisconsin Forward Award. The honor remains in effect for five years. SSM Health Care of Wisconsin, in partnership with SSM Health Dean Medical Group, also earned recognition as a finalist for OrthoServiceLine.com's Ortho Transformation Award. The award highlighted the Steady Strides Joint Replacement Program which is available at all three acute care hospitals. SSM Health St. Mary's Hospital - Madison is a 440-bed tertiary referral hospital offering inpatient and outpatient treatment and diagnostic services in primary care and nearly all specialties. The campus includes an outpatient surgery center and an employee child care center. St. Mary's also operates an off-site Adult Day Health Center, is owner of a home health care organization, and is affiliated with the SSM Health St. Mary's Care Center (a skilled nursing facility) on Madison's southwest side. St. Mary's Hospital in partnership with SSM Health Dean Medical Group has chosen to participate in a Medicare Accountable Care Organization Program. St. Mary's Hospital offers a full range of inpatient and outpatient treatment and diagnostic services in primary care and nearly all specialties. St. Mary's was also redesignated as a Magnet hospital in 2017 and has previously attained elite status as well. Magnet hospital</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Description of Program Service	<p>s are considered "the gold standard" of nursing. Their emphasis on quality, innovation and collaboration tends to lead to better outcomes, high patient satisfaction and a more stable workforce. In 2018, St. Mary's Hospital was recognized by the Women's Choice Award for high standards in obstetrics and also by the Watson Health 100 Top Hospitals. SSM Health St. Clare Hospital - Baraboo offers acute care services as well as a wide range of other services including chemical dependency treatment and hemodialysis. St. Clare also offers cardiac rehabilitation, orthopedics, women's services, and older adult services and senior living. SSM Health St. Clare Meadows Care Center, an affiliate of St. Clare Hospital, provides a variety of healthcare and living options for the elderly of the greater Baraboo and Sauk County area. The 100-bed Medicare and Medicaid skilled nursing facility provides 24-hour nursing care for temporary rehabilitation care or permanent care basis in an atmosphere that celebrates the needs of the individual. SSM Health St. Mary's Hospital - Janesville operates a 50-bed hospital and an adjacent physicians' office complex. The hospital serves its community through emergency services, inpatient and outpatient services, a sleep lab, radiology, cardiology rehabilitation, and palliative care consulting. Built in 2012, the medical campus provides all private rooms, electronic health records, and a state-of-the-art emergency department. SSM Health Care of Wisconsin also furthers its exempt purpose with the following activities: - Operates an emergency room that is open to all persons regardless of ability to pay - Has an open medical staff with privileges available to all qualified physicians in the area - Has a governing body in which independent persons representative of the community comprise a majority - Engages in the training and education of healthcare 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. Quantifiable Uncompensated Care: The following is a list of the types of programs and services that could be included as uncompensated care: Traditional Charity Care \$ 7,154,687 Unpaid Cost of Medicaid \$ 22,506,884 Unpaid Cost of Medicare \$ 18,692,873 Unpaid Cost of Other Government Programs \$ 2,272,837 Total Quantifiable Uncompensated Care \$ 50,627,281</p>

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	A related organization 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	A related organization 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 6 Classes of members or stockholders	THE SOLE MEMBER OF THE CORPORATION IS SSM HEALTH CARE CORPORATION. SSM HEALTH CARE CORPORATION IS A NONPROFIT 501(C)(3) ORGANIZATION. BOTH SSM HEALTH CARE OF WISCONSIN, INC. AND SSM HEALTH CARE CORPORATION ARE PART OF THE INTEGRATED HEALTH CARE SYSTEM KNOWN AS SSM HEALTH.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 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	<p>BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY. THE PRESIDENT AND SECRETARY TO THE BOARD OVERSEE COMPLIANCE WITH THIS REQUIREMENT. ALL BOARD MEMBERS WITH AN IDENTIFIED CONFLICT OF INTEREST ABSTAIN FROM BOARD DISCUSSIONS AND VOTES WHEN APPLICABLE. EMPLOYEES WITH PURCHASING AUTHORITY AND/OR ABILITY TO INFLUENCE PURCHASING DECISIONS ARE ASSIGNED THE CONFLICT OF INTEREST DISCLOSURE COURSE (COI) WHICH MUST BE COMPLETED ONLINE. PERIODICALLY THROUGH THE YEAR, THE ENTITY'S CORPORATE RESPONSIBILITY CONTACT PERSON (WITH THE HELP OF THE ENTITY'S LEARNING MANAGEMENT SYSTEM COORDINATOR) SENDS DEPARTMENT MANAGERS A LIST OF EMPLOYEES WHO HAVE NOT YET COMPLETED THEIR COI SO THEY CAN REMIND THE EMPLOYEES AND ENSURE THE EMPLOYEES HAVE TIME IN THEIR SCHEDULE TO COMPLETE THE REQUIRED COURSE. RESOLUTION OF ANY CONFLICTS THAT ARE DISCLOSED MUST BE DOCUMENTED AND KEPT ON FILE AT THE ENTITY. SUPERVISORS VERIFY REQUIRED COURSE COMPLETION PRIOR TO YEAR-END.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE YEAR-END AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND UNAUDITED QUARTERLY CONSOLIDATED FINANCIAL STATEMENTS FOR THE SSM HEALTH SYSTEM ARE MADE AVAILABLE TO THE PUBLIC ON SSM HEALTH'S WEBSITE. THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE AVAILABLE ON THE 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: 2012077, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 2012077;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Medical and other professional fees - Total Expense: 70706496, Program Service Expense: 45303180, Management and General Expenses: 25048008, Fundraising Expenses: 355308;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Change in beneficial interest in foundations - 4786817; Transfers to affiliates - -22007933;

990 Schedule O, Supplemental Information

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

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

2019

Open to Public Inspection

Name of the organization
SSM Health Care of Wisconsin Inc

Employer identification number
43-0688874

Part I

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

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

Part II

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d	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 Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes	
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) St Mary's Foundation Inc	C	1,702,779	Cash
(2) St Clare Health Care Foundation Inc	C	225,460	Cash
(3) Dells Medical Building	A	37,244	Cash

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 43-0688874

Name: SSM Health Care of Wisconsin Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
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		No
10101 Woodfield Lane St Louis, MO 63132 43-1754347	Fundraising	MO	501(c)(3)	7	SSM Cardinal Glennon Children's Hospital		No
10101 Woodfield Lane St Louis, MO 63132 43-1552945	Fundraising	MO	501(c)(3)	7	SSM Health Care St Louis		No
10101 Woodfield Lane St Louis, MO 63132 73-0657693	Health Care	OK	501(c)(3)	3	SSM Health Care Corporation		No
10101 Woodfield Lane St Louis, MO 63132 73-6104300	Fundraising	OK	501(c)(3)	7	SSM Health Care of Oklahoma		No
10101 Woodfield Lane St Louis, MO 63132 39-1613292	MOB	WI	501(c)(2)		SSM Health Care of Wisconsin	Yes	
10101 Woodfield Lane St Louis, MO 63132 43-1940686	Fundraising	WI	501(c)(3)	7	SSM Health Care of Wisconsin	Yes	
10101 Woodfield Lane St Louis, MO 63132 43-1940683	Fundraising	WI	501(c)(3)	7	SSM Health Care of Wisconsin	Yes	
2802 Walton Commons Lane Madison, WI 53718 39-1539827	Health Care	WI	501(c)(3)	10	SSM Health Care of Wisconsin	Yes	
2802 Walton Commons Lane Madison, WI 53718 39-1776340	Health Care	WI	501(c)(3)	10	SSM Health Care of Wisconsin	Yes	
2802 Walton Commons Lane Madison, WI 53718 39-1705111	Health Care	WI	501(c)(3)	10	SSM Health Care of Wisconsin	Yes	
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
10101 Woodfield Lane St Louis, MO 63132 43-0653587	Health Care	IL	501(c)(3)	3	SSM Regional Health Services		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
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 43-1343281	Health Care	MO	501(c)(3)	3	SSM Health Care Corporation		No
10101 Woodfield Lane St Louis, MO 63132 23-7408025	MOB	IL	501(c)(3)	Type 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	Yes	
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		No
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	Yes	

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	Yes	
515 22nd Avenue Monroe, WI 53566 20-5769038	Fundraising	WI	501(c)(3)	7	SSM Health Care of Wisconsin	Yes	
430 E Division St Fond du Lac, WI 54935 39-1684956	Fundraising	WI	501(c)(3)	Type I	SSM Health Care of Wisconsin	Yes	
1104 John Nolen Drive Madison, WI 53713 39-1534744	Health Care	WI	501(c)(3)	Type I	SSM Health Care of Wisconsin	Yes	

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) Dispropportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SSM St Joseph Endoscopy Center LLC 10101 Woodfield Lane St Louis, MO 63132 27-0046559	Surgery Services	MO	NA	N/A	0	0			0			0 %
St Clare Imaging Services LLC 707 14th Street Suite A Baraboo, WI 53913 20-0122365	Diag. Services	WI	NA	N/A	0	0			0			0 %
Mt Vernon Radiation Therapy Center LLC 10101 Woodfield Lane St Louis, MO 63132 20-1382620	Radiation Therapy	IL	NA	N/A	0	0			0			0 %
Sleep & Neurology Center of Southern Illinois LLC 10101 Woodfield Lane St Louis, MO 63132 20-8468195	Diag. Services	IL	NA	N/A	0	0			0			0 %
CHOWSMGSI Office Building LLC 10101 Woodfield Lane St Louis, MO 63132 37-1383861	MOB	IL	NA	N/A	0	0			0			0 %
Oza Cancer Center LLC 10101 Woodfield Lane St Louis, MO 63132 20-1382727	MOB	IL	NA	N/A	0	0			0			0 %
Shawnee Real Estate Holdings LLC 1000 N Lee Ave Oklahoma City, OK 73102 45-5458304	MOB	OK	NA	N/A	0	0			0			0 %
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 %
Wisconsin Integrated Information Technology and Telemedicine Systems LLC 1808 West Beltline Highway Madison, WI 53713 39-2016715	Information Technology Services	WI	NA	N/A	0	0			0			0 %
Dean Health Holdings LLC 1277 Deming Way Madison, WI 53717 26-1594709	Support Services	WI	NA	N/A	1,466,540	2,455,555		No	0		No	47.37 %
Wingra Building Group 1808 West Beltline Highway Madison, WI 53713 39-0237060	MOB	WI	NA	N/A	0	0			0			0 %
Janesville Riverview Clinic Building Partnership 1808 West Beltline Highway Madison, WI 53713 39-6220698	MOB	WI	NA	N/A	0	0			0			0 %
1110 N Classen Blvd LLC 1110 N Classen Boulevard Oklahoma City, OK 73106 73-1158158	MOB	OK	NA	N/A	0	0			0			0 %
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 %
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
SSM Managed Care Organization LLC 10101 Woodfield Lane St Louis, MO 63132 43-1708511	Health Promotion	MO	NA	C Corporation	0	0	0 %		No
FPP INC & Subs 10101 Woodfield Lane St Louis, MO 63132 43-1465174	Health Care	MO	NA	C Corporation	0	0	0 %		No
Diversified Health Services Corp 10101 Woodfield Lane St Louis, MO 63132 43-1369305	Medical Equipment	MO	NA	C Corporation	0	0	0 %		No
SSM Properties Inc 10101 Woodfield Lane St Louis, MO 63132 43-1462486	Property Services	MO	NA	C Corporation	0	0	0 %		No
HealthFirst Physician Management Services 10101 Woodfield Lane St Louis, MO 63132 73-1534336	Medical Services	OK	NA	C Corporation	0	0	0 %		No
SSMHC Liability Trust II 10101 Woodfield Lane St Louis, MO 63132 81-6128118	Insurance	MO	NA	C Corporation	0	0	0 %		No
SSM Medical Group Inc 10101 Woodfield Lane St Louis, MO 63132 43-1664107	Physician Offices	MO	NA	C Corporation	0	0	0 %		No
SSMHC Insurance Company 10101 Woodfield Lane St Louis, MO 63132 03-0310431	Insurance		NA	C Corporation	0	0	0 %		No
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
Dean Health Systems Inc 1808 West Beltline Highway Madison, WI 53713 39-1128616	Physician Offices	WI	NA	C Corporation	0	0	0 %		No
Dean Health Insurance Inc PO Box 56099 Madison, WI 53705 39-1830837	Insurance	WI	NA	C Corporation	0	0	0 %		No
Dean Health Plan Inc PO Box 56099 Madison, WI 53705 39-1535024	Insurance	WI	NA	C Corporation	0	0	0 %		No
SMDV Office Building 1808 West Beltline Highway Madison, WI 53713 39-1628491	Physician Offices	WI	NA	C Corporation	0	0	0 %		No
Dean Retail Services Inc 1808 West Beltline Highway Madison, WI 53713 39-1717636	Property Services	WI	NA	C Corporation	0	0	0 %		No
Navitus Holdings LLC 1808 West Beltline Highway Madison, WI 53713 80-0968174	Pharmacy Benefits	WI	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
Oza Oncology Inc 4117 Veterans Memorial Drive Mt Vernon, IL 62804 37-1343746	Physician Offices	IL	NA	S Corporation	0	0	0 %		No
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
SSM Health Pharmacy LLC 10101 Woodfield Lane St Louis, MO 63132 26-4031708	Pharmacy	MO	NA	C Corporation	0	0	0 %		No
Dane County Cytology Center Inc 2000 Engel Street Suite 201 Madison, WI 53713 39-1414219	Medical Services	WI	NA	C Corporation	0	0	0 %		No
SSM Health Insurance Company 1277 Deming Way Madison, WI 53717 83-4718249	Insurance	MO	NA	C Corporation	0	0	0 %		No