

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

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

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

**C** Name of organization: SSM Health Care Corporation  
 Doing business as: SEE SCHEDULE O  
 Number and street (or P O box if mail is not delivered to street address): 10101 Woodfield Lane  
 Room/suite:  
 City or town, state or province, country, and ZIP or foreign postal code: St Louis, MO 63132

**D** Employer identification number: 46-6029223  
**E** Telephone number: (314) 994-7800  
**G** Gross receipts \$ 652,355,842

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

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number: 0928

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

**J** Website: www.ssmhealth.com

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1874  
**M** State of legal domicile: MO

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
 THE ORGANIZATION IS THE PARENT OF THE SSM HEALTH SYSTEM THE ORGANIZATION PROVIDES MANAGEMENT AND CENTRALIZED SUPPORT SERVICES TO THE HOSPITALS AND OTHER HEALTH CARE ORGANIZATIONS WITHIN THE SYSTEM

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	17
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	15
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	2,901
<b>6</b> Total number of volunteers (estimate if necessary)	6	15
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,137,830
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	308,288

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	357	0
<b>9</b> Program service revenue (Part VIII, line 2g)	478,280,009	500,459,776
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	95,970,961	125,133,169
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-507,046	26,762,897
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	573,744,281	652,355,842
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	187,965	73,516
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	167,770,596	202,777,695
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	384,535,032	458,349,029
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	552,493,593	661,200,240
<b>19</b> Revenue less expenses Subtract line 18 from line 12	21,250,688	-8,844,398

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	3,128,194,273	3,462,016,673
<b>21</b> Total liabilities (Part X, line 26)	3,460,634,567	3,740,235,589
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	-332,440,294	-278,218,916

**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: 2019-11-11

Doug Long Secretary  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check  if self-employed PTIN: P00520729

Firm's name: Crowe LLP Firm's EIN: 35-0921680

Firm's address: 9600 Brownsboro Road Suite 400  
 Louisville, KY 402411122 Phone no: (502) 326-3996

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 523,764,675 including grants of \$ 73,516 ) (Revenue \$ 526,084,843 )  
See Additional Data

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

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

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

**4e** Total program service expenses ▶ 523,764,675

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules (continued)**

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

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

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

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

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	2,901			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>				<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .				<b>4a</b>	Yes	
<b>b</b> If "Yes," enter the name of the foreign country ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .				<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>	Yes	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		<b>7d</b>				
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b>						
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		<b>10a</b>				
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		<b>10b</b>				
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .		<b>11a</b>				
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .		<b>11b</b>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year		<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .		<b>13b</b>				
<b>c</b> Enter the amount of reserves on hand . . . . .		<b>13c</b>				
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>	Yes	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 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? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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 [x] 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 Jackie Tsikalas 10101 Woodfield Lane St Louis, MO 63132 (314) 989-2799







**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____				
<b>h Total.</b> Add lines 1a-1f . . . . .		0			
<b>Program Service Revenue</b>		<b>Business Code</b>			
	<b>2a</b> Insurance fees . . . . .	525100	230,521,620	230,521,620	
	<b>b</b> Corporate fees . . . . .	561000	265,106,166	265,106,166	
	<b>c</b> Management fees . . . . .	561000	4,831,990	4,831,990	
	<b>d</b> _____ . . . . .				
	<b>e</b> _____ . . . . .				
	<b>f</b> All other program service revenue . . . . .		0	0	0
<b>g Total.</b> Add lines 2a-2f . . . . .		500,459,776			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		103,409,645		103,409,645
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .				
	<b>5</b> Royalties . . . . .				
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal		
	<b>b</b> Less rental expenses . . . . .				
	<b>c</b> Rental income or (loss) . . . . .	0	0		
	<b>d</b> Net rental income or (loss) . . . . .				
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other		
	<b>b</b> Less cost or other basis and sales expenses . . . . .				
	<b>c</b> Gain or (loss) . . . . .	21,723,524	0		
	<b>d</b> Net gain or (loss) . . . . .			21,723,524	21,723,524
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>			
	<b>b</b> Less direct expenses . . . . .	<b>b</b>			
	<b>c</b> Net income or (loss) from fundraising events . . . . .				
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>			
<b>b</b> Less direct expenses . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue	<b>Business Code</b>				
<b>11a</b> Income from partnerships . . . . .	900099	1,137,830		1,137,830	
<b>b</b> Other income . . . . .	900099	26,022,610	26,022,610		
<b>c</b> Joint Venture income . . . . .	900099	-397,543	-397,543		
<b>d</b> All other revenue . . . . .		0	0	0	
<b>e Total.</b> Add lines 11a-11d . . . . .		26,762,897			
<b>12 Total revenue.</b> See Instructions . . . . .		652,355,842	526,084,843	1,137,830	125,133,169

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	73,516	73,516		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	12,918,126	10,800,613	2,117,513	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	164,117,127	137,215,382	26,901,745	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	13,955,851	11,668,236	2,287,615	
<b>9</b> Other employee benefits.	2,141,927	1,790,827	351,100	
<b>10</b> Payroll taxes.	9,644,664	8,063,730	1,580,934	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.	1,473,662	1,293,693	179,969	
<b>b</b> Legal.	2,015,082		2,015,082	
<b>c</b> Accounting.	190,803		190,803	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	25,766,485		25,766,485	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	51,233,862	39,646,379	11,587,483	0
<b>12</b> Advertising and promotion.	14,929,000		14,929,000	
<b>13</b> Office expenses.	8,177,977	4,941,794	3,236,183	
<b>14</b> Information technology.	6,961,019	4,475,966	2,485,053	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	6,373,296	3,787,552	2,585,744	
<b>17</b> Travel.	2,652,175	1,493,635	1,158,540	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	298,026	224,234	73,792	
<b>20</b> Interest.	80,313,947	80,313,947		
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	1,494,970	1,494,970		
<b>23</b> Insurance.	62,304	62,304		
<b>24</b> 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.)				
<b>a</b> Medical claims.	239,589,720	200,316,662	39,273,058	
<b>b</b> Loss on early debt extinguishment.	14,105,297	14,105,297		
<b>c</b> Licenses and taxes.	1,226,197	1,226,197		
<b>d</b> Unrelated business income tax.	769,741	769,741		
<b>e</b> All other expenses.	715,466	0	715,466	0
<b>25</b> Total functional expenses. Add lines 1 through 24e.	661,200,240	523,764,675	137,435,565	0
<b>26</b> 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 Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	21,758,609	<b>1</b>	44,744
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	5,305,833	<b>4</b>	11,742,654
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	925,147,725	<b>7</b>	1,514,247,725
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	77,426,965	<b>9</b>	5,155,428
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	25,822,872		
	<b>b</b> Less accumulated depreciation	10,050,956		
	<b>11</b> Investments—publicly traded securities . . . . .	2,070,155,424	<b>11</b>	1,871,781,603
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	5,078,427	<b>12</b>	-1,757,909
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	
	<b>14</b> Intangible assets . . . . .	754,951	<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	10,921,211	<b>15</b>	45,030,512
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	3,128,194,273	<b>16</b>	3,462,016,673	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	95,352,993	<b>17</b>	214,310,965
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	1,613,455,645	<b>20</b>	1,861,757,524
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	685,332,184	<b>24</b>	689,005,000
	<b>25</b> 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	1,066,493,745	<b>25</b>	975,162,100
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	3,460,634,567	<b>26</b>	3,740,235,589
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	-332,461,942	<b>27</b>	-278,240,358
	<b>28</b> Temporarily restricted net assets . . . . .	4,648	<b>28</b>	
	<b>29</b> Permanently restricted net assets	17,000	<b>29</b>	21,442
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	-332,440,294	<b>33</b>	-278,218,916
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	3,128,194,273	<b>34</b>	3,462,016,673

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	652,355,842
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	661,200,240
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-8,844,398
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	-332,440,294
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-115,430,997
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	178,496,773
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	-278,218,916

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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
- 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?
- 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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:** 18007697

**Software Version:** 2018v3.1

**EIN:** 46-6029223

**Name:** SSM Health Care Corporation

Form 990 (2018)

---

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

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

---

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Laura Kaiser Director, President/CEO at SSM Health	40 0	X		X				1,891,562	0	841,443
Sr Mary Noel Brown CSA Director	10 0	X						0	0	0
Sr Kathleen Buchheit FSM Director	10 0	X						0	0	0
Rick Corcoran Director	10 0	X						0	0	0
Marie Devlin Director	10 0	X						0	0	0
Jennifer Grantham-Stein Director	10 0	X						0	0	0
Ron Hamel Director	10 0	X						0	0	0
Don Imholz Director	10 0	X						0	0	0
Kevin Johnson MD Director	10 0	X						26,388	0	0
Mark Kaufmann MD Director	10 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			
Lisa Latts MD Pt Yr Director	10 ..... 0	X						0	0	0
Lawrence LeGrand Director	10 ..... 0	X						0	0	0
Tom Merfeld Director	10 ..... 0	X						0	0	0
Kavita Patel MD Director	10 ..... 0	X						0	0	0
Evans Richardson Director	10 ..... 0	X						0	0	0
Michael Rozier SJ Director	10 ..... 0	X						0	0	0
Sr Susan Scholl FSM Director	10 ..... 0	X						0	0	0
James Whalen Director	10 ..... 0	X						0	0	0
June Pickett Secretary, Asst VP Governance & Archives, SSM Health	40 ..... 32.7			X				286,530	0	54,057
Paula Friedman Senior VP-Strategic Development SSM Health	40 ..... 19.0			X				1,545,828	0	309,578

**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			
Kris Zimmer Treasurer, Chief Financial Officer at SSM Health	40 0 .....			X				1,741,877	0	376,259
Doug Long Assistant Secretary, General Counsel at SSM Health	40 0 .....			X				0	0	0
MATTHEW HANLEY MD Chief Clinical Officer	40 0 .....				X			412,374	0	272,064
Steve Smoot Chief Operations Officer	40 0 .....				X			420,253	0	195,902
Christopher Howard Pt Yr President - Hospital Operations	40 0 .....				X			2,492,311	0	144,128
Lynn Bruchhof Pt Yr Senior Vice President - Human Resources	40 0 .....				X			1,214,479	0	60,998
Margaret Fowler System VP - Chief Nursing Officer	40 0 .....				X			510,747	0	121,348
Chris Sprowl MD Regional Clinical Affairs Officer	0 0 .....						X	584,600	0	283,113
Allison Mooney System VP - Operation, Phys & Ambulatory	40 0 .....						X	895,462	0	89,843
Karen Rewerts System VP, Finance (MO/ILL)	0 0 .....						X	621,313	0	130,045



**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			
Susan Goldberg System VP-Total Comp & Emp Services	40 0 ..... 0					X		686,344	0	65,284
Doug Carter System VP-Financial Operations	40 0 ..... 0					X		556,332	0	134,468
Michael Panicola PhD Former Key Employee	0 0 ..... 0						X	537,064	0	17,360
Shane Peng MD Former Key Employee	0 0 ..... 0						X	1,332,501	0	7,921
Mark Adams MD Former Key Employee	40 0 ..... 0						X	145,560	0	0

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

**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](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SSM Health Care Corporation

Employer identification number

46-6029223

**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 15
- 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		
See Additional Data Table						
<b>Total</b>	15				0	0

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ►	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

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

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

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

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

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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>		
		<b>11a</b>	No
		<b>11b</b>	No
		<b>11c</b>	No

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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>		
<b>2</b>	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>		
		<b>1</b>	Yes
		<b>2</b>	No

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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>		
		<b>1</b>	

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

		Yes	No
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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>		
		<b>1</b>	
		<b>2</b>	
		<b>3</b>	

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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>		
		<b>2a</b>	
		<b>2b</b>	
		<b>3a</b>	
		<b>3b</b>	

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

- 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.

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			



**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**

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
Schedule A, Part I, Line 12f COLUMN V, AMOUNT OF MONETARY SUPPORT	SSM HEALTH CARE CORPORATION (SSMHC) IS A TYPE I SUPPORTING ORGANIZATION THAT IS OPERATED TO SUPPORT THE OPERATIONS OF ALL ITS RELATED ORGANIZATIONS LISTED ON SCHEDULE A, PART I, LINE 11(G) THE AMOUNT OF SUPPORT PROVIDED TO THESE ORGANIZATIONS, REPORTED ON SCHEDULE A, PART I, LINE 11(G)(V), DOES NOT INCLUDE EXPENSES PAID ON BEHALF OF BUT NOT DIRECTLY TO THE ENTITIES SSMHC SUPPORTS THESE EXPENSES TOTALED \$661,200,240

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 1 Supported Orgs Listed By Name	SSM HEALTH CARE CORPORATION IS THE PARENT ORGANIZATION OF SSM HEALTH, A HEALTH SYSTEM OF WHICH ALL SUPPORTED ORGANIZATIONS ARE SUBSIDIARIES SSM HEALTH CARE CORPORATION'S MEMBER, SSM HEALTH MINISTRIES, HAS THE POWER TO APPOINT OR ELECT THE MEMBERS OF SSM HEALTH CARE CORPORATION'S BOARD OF DIRECTORS THE PURPOSE OF SSM HEALTH CARE CORPORATION IS TO PROVIDE, EITHER DIRECTLY OR IN CONJUNCTION WITH OTHER PERSONS OR ORGANIZATIONS, HEALTH CARE, HEALTH EDUCATION, HOUSING SERVICES, CHILD CARE SERVICES, SERVICES FOR THE ELDERLY AND RELATED SERVICES AND FACILITIES AND/OR OTHER CHARITABLE ACTIVITIES AS MAY BE DETERMINED FROM TIME TO TIME BY MEMBERS OF THE CORPORATION AND THE BOARD OF DIRECTORS IN ACCORDANCE WITH THE BYLAWS OF THE CORPORATION AND WITH THE TEACHINGS AND MISSION OF THE ROMAN CATHOLIC CHURCH SSM HEALTH CARE CORPORATION, IN CONJUNCTION WITH ITS SPONSOR, SSM HEALTH MINISTRIES, HAS DETERMINED THAT THE SUPPORTED ORGANIZATIONS LISTED ON SCHEDULE A, PART I, LINE 11(G) ALLOW THE CORPORATION TO FULFILL ITS MISSION

## 990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 5a Added, Substituted, or Removed Sup Org	THE FOLLOWING SUPPORTED ORGANIZATIONS WERE ADDED IN 2018 AGNESIAN HEALTHCARE INC, 39-0807236 RIPON MEDICAL CENTER INC, 39-1101287 WAUPUN MEMORIAL HOSPITAL, 39-0806265 THE MONROE CLINIC INC, 39-0808509 THE ORGANIZATIONS WERE ADDED IN 2018 DUE TO A SPONSORSHIP TRANSFER TO SSM HEALTH DURING THE YEAR, AN EVENT AUTHORIZED BY THE SSM HEALTH CARE CORPORATION GOVERNING BODY

**Additional Data****Software ID:** 18007697**Software Version:** 2018v3.1**EIN:** 46-6029223**Name:** SSM Health Care Corporation**Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 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		
(A) SSM Health Care St Louis	431343281	3	Yes		0	0
(A) SSM Cardinal Glennon Children's Hospital	430738490	3	Yes		0	0
(B) SSM Health Care of Wisconsin Inc	430688874	3	Yes		0	0
(C) SSM Health Care of Oklahoma Inc	730657693	3	Yes		0	0
(D) SSM Regional Health Services	440579850	3	Yes		0	0
(E) Good Samaritan Regional Health Center	430653587	3	Yes		0	0
(F) St Mary's Hospital Centralia Illinois	370662580	3	Yes		0	0
(G) St Anthony Shawnee Hospital Inc	455055149	3	Yes		0	0
(H) SSM Audrain Health Care Inc	431550298	3	Yes		0	0
(I) SSM Health Ministries	431012492	1	Yes		0	0
(J) SSM-SLUH Inc	474196634	3	Yes		0	0
(K) Agnesian Healthcare Inc	390807236	3	Yes		0	0
(L) Ripon Medical Center Inc	391101287	3	Yes		0	0
(M) Waupun Memorial Hospital	390806265	3	Yes		0	0
(N) The Monroe Clinic Inc	390808509	3	Yes		0	0

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**  
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C  
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B  
 ● Section 527 organizations Complete Part I-A only  
**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**  
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B  
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A  
**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**  
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization SSM Health Care Corporation	<b>Employer identification number</b> 46-6029223
---	---

**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-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
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		141,620
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?		No	
<b>j</b> Total Add lines 1c through 1i			141,620
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b> Current year	<b>2b</b>	
<b>b</b> Carryover from last year	<b>2c</b>	
<b>c</b> Total	<b>3</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>4</b>	
<b>4</b> 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?	<b>5</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)		

**Part IV Supplemental Information**

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	SSM Health Care Corporation employs lobbyists whose activities include serving as liaisons to city, state, and federal officials. They track and evaluate health care and other legislation that may have an impact on the system, explore and evaluate possible funding opportunities for SSM Health Care Corporation, and serve as the spokesperson to legislative committees and state agencies for the system on legislative issues. The lobbyist's activities include direct contact with legislators, their staff and other governmental officials.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
SSM Health Care Corporation

**Employer identification number**  
46-6029223

**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? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
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? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

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

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

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> 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
<b>1a</b> Beginning of year balance . . . . .	21,648	20,507	19,745	19,966	19,166
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses		1,141	762	-221	800
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	21,648	21,648	20,507	19,745	19,966

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 %
  - b** Permanent endowment ▶ 79 %
  - c** Temporarily restricted endowment ▶ 21 %
- 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 . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>	Yes	
<b>3b</b>	Yes	

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		8,447,014	4,273,811	4,173,203
<b>d</b> Equipment . . . . .		7,337,730	5,777,145	1,560,585
<b>e</b> Other . . . . .		10,038,128		10,038,128
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				15,771,916

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

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

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

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

**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	
Deferred compensation	
Swaps Mark to Market Liability	94,479,448
Rabbi Trust Liability	49,462,236
Pension liability	
Estimated health care claims	23,447,000
Due to affiliates	10,358,781
Defined contribution liability	
Leasehold liabilities	3,686,717
Retirement liabilities	793,727,918
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	975,162,100

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:** 18007697

**Software Version:** 2018v3.1

**EIN:** 46-6029223

**Name:** SSM Health Care Corporation

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

1 (a) Description of Liability	(b) Book Value
Deferred compensation	
Swaps Mark to Market Liability	94,479,448
Rabbi Trust Liability	49,462,236
Pension liability	
Estimated health care claims	23,447,000
Due to affiliates	10,358,781
Defined contribution liability	
Leasehold liabilities	3,686,717
Retirement liabilities	793,727,918

## Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	SSMHC's endowment funds are to be used to defray the costs of an annual executive level management meeting

## Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	SSM Health evaluates its uncertain tax positions on an annual basis. A tax benefit from an uncertain tax position may be recognized when it is more likely than not that the position will be sustained upon examination, including resolutions of any related appeals or litigation processes, based on the technical merits. There have been no uncertain tax positions recorded in 2018 or 2017.

**SCHEDULE F  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

Name of the organization  
SSM Health Care Corporation

**Employer identification number**  
46-6029223

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total	1	1			568,433,000
<b>b</b> Total from continuation sheets to Part I					0
<b>c Totals</b> (add lines 3a and 3b)	1	1			568,433,000



**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
( 1 )									
( 2 )									
( 3 )									
( 4 )									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)*  Yes  No



## Additional Data

**Software ID:** 18007697

**Software Version:** 2018v3.1

**EIN:** 46-6029223

**Name:** SSM Health Care Corporation

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		391,691,000
Europe (Including Iceland and Greenland)			Investments		172,475,000

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	1	1	Program Services	Self Insurance	4,267,000

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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
SSM Health Care Corporation

**Employer identification number**  
46-6029223

**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) Cardinal Glennon Children's Foundation 10101 Woodfield Lane St Louis, MO 63132	43-1754347	501(c)(3)	30,000				General support
(2) Excellence in Missouri Foundation 201 North Keene Street Columbia, MO 65201	43-1605896	501(c)(3)	10,000				General support

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2
- 3** Enter total number of other organizations listed in the line 1 table 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	The organization's grants were made to organizations tax exempt under IRC Section 501(C)(3). These organizations have developed internal control procedures for the use of grant funds.



**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
SSM Health Care Corporation

Employer identification number  
46-6029223

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input checked="" type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	<b>1b</b>	Yes			
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>	Yes			
<p><b>3</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	Yes			
	<b>4b</b>	Yes			
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>					
<p><b>5</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>		No		
	<b>5b</b>		No		
<p><b>6</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>		No		
	<b>6b</b>		No		
<p><b>7</b> 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.</p>	<b>7</b>		No		
<p><b>8</b> 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.</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				



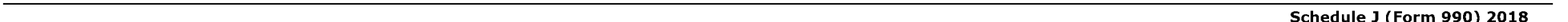
**Part III Supplemental Information**

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

Return Reference	Explanation
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	The following individuals listed on Part VII, Section A received a tax indemnification/ gross up payment in 2018. These payments were included in their taxable compensation: Paula Friedman, Kris Zimmer, Christopher Howard, Margaret Fowler, Karen Rewerts.

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	SSM Health has adopted a severance policy to provide a financial transition in the event of involuntary termination without cause for executive level positions. The amount of the compensation is based on the position held and length of service with SSMH. The following individuals listed in Part VII of the Form 990 received payments under the plan in the current year: Lynn Bruchhof \$300,652; Christopher Howard \$352,692; Susan Goldberg \$149,818; Allison Mooney \$130,756; Michael Panicola, PhD \$540,000; Shane Peng, MD \$794,000.

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	<p>Pension Restoration Plan SSM Health (SSMH) provides this supplemental defined benefit nonqualified retirement plan to any employee who is a participant in the SSMH qualified defined benefit plan who earns over the Internal Revenue Service compensation limit. The plan "restores" the benefits to these employees that would have been provided under the SSMH qualified plan if the regulations did not impose compensation limits. An individual can take a distribution from the plan at (1) age 65 or older if the individual is still employed by SSMH or (2) age 55 or older if the individual is no longer employed by SSMH. The following individuals listed on Part VII of Form 990 received distributions from the plan in 2018: Susan Goldberg \$1,273,678; Michael Panicola, PhD \$261,118; 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.</p> <p>THE FOLLOWING INDIVIDUALS LISTED ON PART VII OF THE FORM 990 RECEIVED DEFERRALS FROM THIS PLAN IN 2018. THESE DEFERRALS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C): Laura Kaiser \$264,600; Paula Friedman \$87,389; Kris Zimmer \$105,240; Christopher Howard \$110,040; Steve Smoot \$90,000; Margaret Fowler \$33,200; Matthew Hanley, MD \$84,000; Susan Goldberg \$34,613; Doug Carter \$44,000; Allison Mooney \$49,450; Karen Rewerts \$42,840; Chris Sprowl, MD \$69,000. The following individuals listed on Part VII of the Form 990 received distributions from this plan in 2018. All distributions received from the plan in the current year were included in the individual's taxable compensation: Paula Friedman \$100,740; Kris Zimmer \$105,454; June Pickett \$41,882; Lynn Bruchhof \$297,087; Christopher Howard \$685,002; Margaret Fowler \$26,069; Susan Goldberg \$188,736; Allison Mooney \$224,393; Karen Rewerts \$54,831; Shane Peng, MD \$480,566. During 2018, the following individuals participated in a nonqualified retirement plan from the organization or a related organization. The amounts reported below represent the change in accrued benefit for each individual and also include amounts accrued under the pension restoration plan. The amounts below are in addition to those reported in Part II, Column C: Paula Friedman \$252,107; Kris Zimmer \$137,310; June Pickett \$-101,871; Lynn Bruchhof \$749; Christopher Howard \$399,961; Margaret Fowler \$83,482; Allison Mooney \$2,300; Karen Rewerts \$-6,266; Shane Peng, MD \$-10,388.</p>



**Additional Data**

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 46-6029223  
**Name:** SSM Health Care Corporation

**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				
Laura Kaiser	(i)	1,469,008	400,000	22,554	834,575	6,868	2,733,005	0
Director, President/CEO at SSM Health	(ii)	0	0	0	0	0	0	0
June Pickett	(i)	229,703	0	56,827	39,862	14,195	340,587	23,155
Secretary, Asst VP Governance & Archives, SSM Health	(ii)	0	0	0	0	0	0	0
Paula Friedman	(i)	724,285	450,000	371,543	299,866	9,712	1,855,406	550,740
Senior VP-Strategic Development SSM Health	(ii)	0	0	0	0	0	0	0
Kris Zimmer	(i)	870,069	600,000	271,808	356,499	19,760	2,118,136	705,454
Treasurer, Chief Financial Officer at SSM Health	(ii)	0	0	0	0	0	0	0
Michael Panicola PhD	(i)	0	0	537,064	0	17,360	554,424	0
Former Key Employee	(ii)	0	0	0	0	0	0	0
Shane Peng MD	(i)	0	0	1,332,501	0	7,921	1,340,422	480,566
Former Key Employee	(ii)	0	0	0	0	0	0	0
Mark Adams MD	(i)	145,560	0	0	0	0	145,560	0
Former Key Employee	(ii)	0	0	0	0	0	0	0
MATTHEW HANLEY MD	(i)	335,409	25,000	51,965	266,490	5,574	684,438	0
Chief Clinical Officer	(ii)	0	0	0	0	0	0	0
Steve Smoot	(i)	358,627	0	61,626	189,508	6,394	616,154	0
Chief Operations Officer	(ii)	0	0	0	0	0	0	0
Christopher Howard	(i)	556,972	600,000	1,335,339	123,963	20,165	2,636,440	1,285,002
Pt Yr President - Hospital Operations	(ii)	0	0	0	0	0	0	0
Lynn Bruchhof	(i)	226,731	300,000	687,748	36,451	24,547	1,275,477	597,087
Pt Yr Senior Vice President - Human Resources	(ii)	0	0	0	0	0	0	0
Margaret Fowler	(i)	405,691	0	105,057	102,231	19,118	632,096	26,069
System VP - Chief Nursing Officer	(ii)	0	0	0	0	0	0	0
Chris Sprowl MD	(i)	566,049	0	18,551	256,033	27,080	867,713	0
Regional Clinical Affairs Officer	(ii)	0	0	0	0	0	0	0
Allison Mooney	(i)	486,799	0	408,664	83,520	6,323	985,305	224,393
System VP - Operation, Phys & Ambulatory	(ii)	0	0	0	0	0	0	0
Karen Rewerts	(i)	530,795	0	90,518	112,510	17,535	751,357	54,831
System VP, Finance (MO/ILL)	(ii)	0	0	0	0	0	0	0
Susan Goldberg	(i)	279,149	0	407,195	55,810	9,474	751,628	188,736
System VP-Total Comp & Emp Services	(ii)	0	0	0	0	0	0	0
Doug Carter	(i)	549,929	0	6,403	134,145	323	690,800	0
System VP-Financial Operations	(ii)	0	0	0	0	0	0	0

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

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SSM Health Care Corporation

**Employer identification number**  
46-6029223

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> Health and Educational Facilities Authority of the State of Missouri	43-1178966	000000000	07-26-2012	183,265,000	Refund three previous bond issues		X		X		X
<b>B</b> Health and Educational Facilities Authority of the State of Missouri	43-1178966	60637AGB2	05-14-2014	257,654,670	Refund Series 2005CD bonds issued 07/21/2005 and Series 2010D bonds issued on 05/13/2010		X		X		X
<b>C</b> Health and Educational Facilities Authority of the State of Missouri	43-1178966	000000000	05-14-2014	632,155,000	(1) Finance various capital improvements and (2) refund previous bond issues		X		X		X
<b>D</b> Health and Educational Facilities Authority of the State of Missouri	43-1178966	60637ALZ3	04-28-2017	104,690,000	Reissuance Series 2012A Bonds issued on 7/26/2012		X		X		X

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .	11,775,000						4,390,000	
<b>2</b>	Amount of bonds legally defeased . . . . .	104,945,000		535,000		155,300,000			
<b>3</b>	Total proceeds of issue . . . . .	183,265,000		257,654,670		632,176,484		104,690,000	
<b>4</b>	Gross proceeds in reserve funds . . . . .								
<b>5</b>	Capitalized interest from proceeds . . . . .								
<b>6</b>	Proceeds in refunding escrows . . . . .								
<b>7</b>	Issuance costs from proceeds . . . . .								
<b>8</b>	Credit enhancement from proceeds . . . . .								
<b>9</b>	Working capital expenditures from proceeds . . . . .								
<b>10</b>	Capital expenditures from proceeds . . . . .					84,084,433			
<b>11</b>	Other spent proceeds . . . . .	183,265,000		257,654,670		552,092,051		104,690,000	
<b>12</b>	Other unspent proceeds . . . . .								
<b>13</b>	Year of substantial completion . . . . .	2012		2011		2016		2012	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .	X		X		X		X	
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III Private Business Use**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		X
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X		X		X		X	



**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 %		0 %		0 %		0 %	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 9 %		0 74 %		0 16 %		0 9 %	
<b>6</b> Total of lines 4 and 5 . . . . .	0 9 %		0 74 %		0 16 %		0 9 %	
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .	X		X		X		X	
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .	2 75 %		5 41 %		27 88 %			
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .	X		X		X			
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? . . . . .	X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X		X		X
<b>b</b> Exception to rebate? . . . . .	X		X		X		X	
<b>c</b> No rebate due? . . . . .		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X			X	X			X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation

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

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SSM Health Care Corporation

**Employer identification number**  
46-6029223

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	Health and Educational Facilities Authority of the State of Missouri	43-1178966	60637AMQ2	05-08-2018	282,751,276	Capital improvements and refunding revolving loan and bonds, also includes CUSIP 60637AMP4		X		X		X
<b>B</b>	Wisconsin Health and Educational Facilities Authority	39-1337855	97670DBF7	05-08-2018	44,411,908	Acquire Monroe Clinic assets financed or refinanced with proceeds of the Monroe Series 2016 Bonds		X		X		X

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .								
<b>2</b>	Amount of bonds legally defeased . . . . .								
<b>3</b>	Total proceeds of issue . . . . .	282,751,276		44,411,908					
<b>4</b>	Gross proceeds in reserve funds . . . . .								
<b>5</b>	Capitalized interest from proceeds . . . . .								
<b>6</b>	Proceeds in refunding escrows . . . . .								
<b>7</b>	Issuance costs from proceeds . . . . .								
<b>8</b>	Credit enhancement from proceeds . . . . .								
<b>9</b>	Working capital expenditures from proceeds . . . . .								
<b>10</b>	Capital expenditures from proceeds . . . . .	150,443,842		44,408,742					
<b>11</b>	Other spent proceeds . . . . .	132,307,434		3,166					
<b>12</b>	Other unspent proceeds . . . . .								
<b>13</b>	Year of substantial completion . . . . .								
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .		X		X				
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .	X			X				
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X					
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X					

**Part III Private Business Use**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X				
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X		X					

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X					
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 %		0 %					
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 32 %		0 %					
<b>6</b> Total of lines 4 and 5 . . . . .	0 32 %		0 %					
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X					

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X				
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .	X		X					
<b>b</b> Exception to rebate? . . . . .		X		X				
<b>c</b> No rebate due? . . . . .		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X		X					
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X					

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization SSM Health Care Corporation

Employer identification number 46-6029223

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (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 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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (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) LAUREN ZIMMER	DAUGHTER-IN-LAW OF OFFICER OF ORGANIZATION	95,013	EMPLOYMENT		No

**Part V Supplemental Information**

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

Return Reference	Explanation

**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 [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury

Name of the organization  
SSM Health Care Corporation

**Employer identification number**

46-6029223



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part III, Line 4a Program Service Accomplishments</p>	<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 more than 40,000 people and is affiliated with more than 9,900 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 Describe the tax-exempt purpose achievements SSM Health Care Corporation is the parent of a large healthcare system spread across four states - Illinois, Missouri, Oklahoma and Wisconsin As the parent of SSM Health (SSMH), the corporate office provides services to all SSMH facilities These services include the following Implementation and optimization of a common platform of care for SSMH facilities, support and implementation of the electronic health record at SSMH hospitals and facilities, evaluation and consultation of new growth strategies and opportunities, communications counsel, strategy and planning, oversight of the mission awareness teams and spiritual care departments, high-level Corporate Responsibility Process oversight to ensure ethical and legal compliance, organizational and clinical ethics education, policy writing and review and patient billing services Other services include capital planning and allocation, strategic, financial and human resource plan preparation, investment management and debt financing, system-level internal and external financial reporting, tax compliance process management, employee benefits administration, educational program offerings for leadership development, and risk management strategies The efforts of SSM Health Care Corporation provide for high quality, cost effective, and compassionate health care services for the communities we serve Description of community benefit programs 1 Executive leadership contributed time to the St Louis Regional Commerce and Growth Association The organization unites the St Louis region's business community to develop and sustain a world-class economy and community Leaders also served on the board of the ACLU of Missouri 2 SSM senior leaders participate in various economic development councils, chambers of commerce, or organization boards on issues impacting the</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Accomplishments	<p>community's health and safety. Specific organizations include the United Way of Greater St. Louis, Leadership St. Louis, St. Charles and St. Louis Regional Chambers of Commerce, and the Oklahoma City Metro Alliance.</p> <p>3 SSM's corporate office employees provided support for community benefit reporting throughout the system embracing community benefit reporting to make a real and lasting change. In addition, the SSM corporate office maintained a community benefit toolkit and a share point site for the dissemination of community benefit information.</p> <p>4 SSM public policy leaders participate in various discussions with legislators on numerous issues impacting the community's health and safety including behavioral health, Medicaid funding, the Missouri Poison Control Center, St. Louis Cord Blood Bank, Medicaid Homes for Foster Children, CHIP, the Cigarette Tax, and other key health issues affecting children and adults such as autism and smoking. Service also includes participation with the Greater North County Chamber of Commerce, Generate Health STL, Habitat for Humanity, and North County, Inc.</p> <p>5 Corporate office staff participated in a partnership with the Diversity Awareness Partnership Organization, a local organization that provides diversity and inclusion training, career immersion programs, and respect programs.</p> <p>6 During 2018, the SSM Patient Business Services department provided services to increase access and quality of care in health services to individuals, especially persons living in poverty and those in other vulnerable populations. Services included financial counseling, Medicaid eligibility teams, processing financial applications for self-pay patients and contracting with vendors to support the department's efforts.</p> <p>7 SSM Health, along with Ascension and Mercy St. Louis, have collaborated with Catholic Charities of St. Louis to establish a mobile Rural Parish Clinic to serve residents of Washington County, Missouri, one of the poorest counties in the state. The mobile clinic increases access to care for this vulnerable patient population while decreasing unnecessary emergency department visits, hospitalizations and potential readmissions. SSM Health launched the clinic's Electronic Health Record (EHR) system and provides ongoing support for start-up including consultation on policies, procedures and credentialing. The clinic is primarily started with volunteer physicians, nurses and social workers and provides primary care, social services and virtual care, including screenings, preventive care and chronic disease management, free of charge. In 2018, SSM Health contributed \$445,237,000 in community benefit, including charity care, health screenings, educational programs, community donations, and a wide variety of other services to the communities we serve.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 6 Classes of members or stockholders	THE ORGANIZATION HAS ONE CLASS OF MEMBERS THESE MEMBERS CONSIST OF THE INDIVIDUALS WHO ARE THE THEN-SERVING MEMBERS OF SSM HEALTH MINISTRIES, A PUBLIC JURIDIC PERSON AND CANONICAL SUCCESSOR TO THE RELIGIOUS INSTITUTE, THE FRANCISCAN SISTERS OF MARY (EIGHT INDIVIDUALS) THE VOTING RIGHTS, INTERESTS AND PRIVILEGES OF EACH MEMBER ARE EQUAL

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	THE MEMBERS HAVE THE POWER TO APPOINT AND REMOVE BOARD MEMBERS, WITH OR WITHOUT CAUSE, EXCEPT FOR THOSE WHO SERVE EX-OFFICIO

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	THE MEMBER HAS THE FOLLOWING POWERS A) TO ESTABLISH AND CHANGE THE MISSION, PHILOSOPHY AND VALUES OF THE CORPORATION B) TO APPOINT THE BOARD OF DIRECTORS, EXCEPT FOR THOSE DIRECTORS WHO SERVE EX OFFICIO, AND TO REMOVE THE APPOINTED DIRECTORS WITH OR WITHOUT CAUSE C) TO APPROVE AMENDMENTS TO THE ARTICLES OF INCORPORATION OF THE CORPORATION AS PROVIDED THEREIN D) TO APPROVE AMENDMENTS TO THE BYLAWS OF THE CORPORATION E) TO APPROVE THE MERGER, CONSOLIDATION, OR DISSOLUTION OF THE CORPORATION F) TO APPROVE THE SALE, CONVEYANCE, ASSIGNMENT, TRANSFER, ALIENATION, PLEDGE, ENCUMBRANCE, MORTGAGE OR LEASE OF REAL PROPERTY OR ANY INTEREST THEREIN OF THE CORPORATION IN ACCORDANCE WITH THE POLICIES APPROVED BY THE MEMBERS FROM TIME TO TIME G) TO APPROVE ANY BORROWING OR GUARANTEES OF THE CORPORATION IN ACCORDANCE WITH POLICIES APPROVED BY THE MEMBERS FROM TIME TO TIME, AND H) TO APPROVE ANY ACTIONS OF THE CORPORATION FOR ITSELF OR ITS CONTROLLED SUBSIDIARIES, REMOTELY CONTROLLED SUBSIDIARIES AND NON- CONTROLLED SUBSIDIARIES WHICH UNDER THE CODE OF CANON LAW WOULD REQUIRE THE CONSENT OR APPROVAL OF THE MEMBERS IN THEIR CAPACITY AS THE MEMBERS OF SSM HEALTH MINISTRIES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 11b Review of form 990 by governing body	The Form 990 is prepared by the Tax Department of the parent organization, SSM Health Care Corporation (SSM) The Form 990 is reviewed by certain members of Senior Management Any questions are addressed to the Tax Director of SSM prior to filing the Form 990 with the Internal Revenue Service A copy of the Form 990 is provided to the Board of Directors at the next regularly scheduled board meeting

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY THE PRESIDENT AND SECRETARY OF THE BOARD OVERSEE COMPLIANCE WITH THIS REQUIREMENT ALL BOARD MEMBERS WITH AN IDENTIFIED CONFLICT OF INTEREST ABSTAIN FROM BOARD DISCUSSIONS AND VOTES WHEN APPLICABLE EMPLOYEES WITH PURCHASING AUTHORITY AND/OR ABILITY TO INFLUENCE PURCHASING DECISIONS ARE ASSIGNED THE CONFLICT OF INTEREST DISCLOSURE COURSE (COI) WHICH MUCH BE COMPLETED ON LINE PERIODICALLY THROUGH THE YEAR, THE ENTITY'S CORPORATE RESPONSIBILITY CONTACT PERSON (WITH THE HELP OF THE ENTITY'S LEARNING MANAGEMENT SYSTEM COORDINATOR) SENDS DEPARTMENT MANAGERS A LIST OF EMPLOYEES WHO HAVE NOT YET COMPLETED THEIR COI SO THEY CAN REMIND THE EMPLOYEES AND ENSURE THE EMPLOYEES HAVE TIME IN THEIR SCHEDULE TO COMPLETE THE REQUIRED COURSE RESOLUTION OF ANY CONFLICTS THAT ARE DISCLOSED MUST BE DOCUMENTED AND KEPT ON FILE AT THE ENTITY SUPERVISORS VERIFY REQUIRED COURSE COMPLETION PRIOR TO YEAR END



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15a Process to establish compensation of top management official	ALL SSMH EXECUTIVE SALARY/COMPENSATION INFORMATION IS BASED ON COMPARATIVE DATA WITH SIMILAR POSITIONS IN THE MARKET THE COMPENSATION REVIEW PROCESS IS PERFORMED annually BY EXTERNAL INDEPENDENT COMPENSATION CONSULTANTS THE SALARY DATA AND POTENTIAL ADJUSTEMENTS, FOR THE PRESIDENT/CEO OF THE SYSTEM, THE SENIOR VICE PRESIDENTS AND THE REGIONAL PRESIDENTS ARE PRESENTED TO THE SSMH BOARD OF DIRECTORS BY THE SAME INDEPENDENT COMPENSATION CONSULTANTS TO APPROVE, DISAPPROVE, OR MODIFY THE SAME COMPARATIVE COMPENSATION PROCESS USED FOR EXECUTIVE SALARY/COMPENSATION IS PERFORMED INTERNALLY FOR ALL EMPLOYEES THE SSMH BOARD OF DIRECTORS HAS DELEGATED SALARY APPROVAL FOR ALL OTHER POSITIONS TO THE SSM Health President/CEO

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15b Process to establish compensation of other employees	ALL SSMH EXECUTIVE SALARY/COMPENSATION INFORMATION IS BASED ON COMPARATIVE DATA WITH SIMILAR POSITIONS IN THE MARKET THE COMPENSATION REVIEW PROCESS IS PERFORMED annually BY EXTERNAL INDEPENDENT COMPENSATION CONSULTANTS THE SALARY DATA AND POTENTIAL ADJUSTEMENTS, FOR THE PRESIDENT/CEO OF THE SYSTEM, THE SENIOR VICE PRESIDENTS AND THE REGIONAL PRESIDENTS ARE PRESENTED TO THE SSMH BOARD OF DIRECTORS BY THE SAME INDEPENDENT COMPENSATION CONSULTANTS TO APPROVE, DISAPPROVE, OR MODIFY THE SAME COMPARATIVE COMPENSATION PROCESS USED FOR EXECUTIVE SALARY/COMPENSATION IS PERFORMED INTERNALLY FOR ALL EMPLOYEES THE SSMH BOARD OF DIRECTORS HAS DELEGATED SALARY APPROVAL FOR ALL OTHER POSITIONS TO THE SSM Health President/CEO

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part X, Line 29 Adoption of ASC 958-205	Effective for the 2018 calendar year, the organization has adopted ASC 958-205, which modifies how Not-for-Profit Entities present their net asset balances for Financial Statement reporting. The organization will report ending balances on Part X, Balance Sheet, in accordance with ASC 958-205 and include all amounts previously reported as temporarily restricted net assets and permanently restricted net assets on line 29.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Actuarial change in defined benefit liability - 77487530, Transfers to affiliates - -497079489, Adjustment to fair market value of assets due to sponsorship transfer of hospitals - 598088732,

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I Doing Business As	SSM Health Care Corporation currently conducts business under the following names SSM Health SSM Health at Work SSM Health Archives

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SSM Health Care Corporation

**Employer identification number**

46-6029223

**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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a Yes</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b Yes</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	<b>No</b>
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d Yes</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	<b>No</b>
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	<b>No</b>
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	<b>No</b>
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	<b>No</b>
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	<b>No</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	<b>No</b>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	<b>No</b>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l Yes</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m Yes</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n Yes</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o Yes</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	<b>No</b>
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q Yes</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r Yes</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s Yes</b>	

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

See Additional Data Table

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



**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 46-6029223  
**Name:** SSM Health Care Corporation

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
10101 Woodfield Lane St Louis, MO 63132 43-6331003	Insurance	MO	501(c)(3)	Type I	SSM Health Care Corporation	Yes	
10101 Woodfield Lane St Louis, MO 63132 43-1473657	Health Care	MO	501(c)(3)	10	SSM Health Care Corporation	Yes	
10101 Woodfield Lane St Louis, MO 63132 43-1788151	Health Care	MO	501(c)(4)		SSM Health Care Corporation	Yes	
10101 Woodfield Lane St Louis, MO 63132 43-1825256	Management	MO	501(c)(3)	Type I	SSM Health Care Corporation	Yes	
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	Yes	
10101 Woodfield Lane St Louis, MO 63132 73-6104300	Fundraising	OK	501(c)(3)	7	SSM Health Care of Oklahoma		No
10101 Woodfield Lane St Louis, MO 63132 43-0688874	Health Care	WI	501(c)(3)	3	SSM Health Care Corporation	Yes	
10101 Woodfield Lane St Louis, MO 63132 39-1613292	MOB	WI	501(c)(2)		SSM Health Care of Wisconsin		No
10101 Woodfield Lane St Louis, MO 63132 43-1940686	Fundraising	WI	501(c)(3)	7	SSM Health Care of Wisconsin		No
10101 Woodfield Lane St Louis, MO 63132 43-1940683	Fundraising	WI	501(c)(3)	7	SSM Health Care of Wisconsin		No
2802 Walton Commons Lane Madison, WI 53718 39-1539827	Health Care	WI	501(c)(3)	10	SSM Health Care of Wisconsin		No
2802 Walton Commons Lane Madison, WI 53718 39-1776340	Health Care	WI	501(c)(3)	10	SSM Health Care of Wisconsin		No
2802 Walton Commons Lane Madison, WI 53718 39-1705111	Health Care	WI	501(c)(3)	10	SSM Health Care of Wisconsin		No
2802 Walton Commons Lane Madison, WI 53718 39-1839309	Fundraising	WI	501(c)(3)	Type I	Home Health United Inc		No
10101 Woodfield Lane St Louis, MO 63132 44-0579850	Health Care	MO	501(c)(3)	3	SSM Health Care Corporation	Yes	
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							Section 512 (b)(13) controlled entity?	
(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)		
						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	Yes		
10101 Woodfield Lane St Louis, MO 63132 43-1343281	Health Care	MO	501(c)(3)	3	SSM Health Care Corporation	Yes		
10101 Woodfield Lane St Louis, MO 63132 23-7408025	MOB	IL	501(c)(3)	Type I	SSM Regional Health Services		No	
10101 Woodfield Lane St Louis, MO 63132 27-3439133	Fundraising	WI	501(c)(3)	7	SSM Health Care of Wisconsin		No	
3221 McKelvey Road Suite 107 Bridgeton, MO 63044 43-1012492	Religious Organization	MO	501(c)(3)	1	NA		No	
10101 Woodfield Lane St Louis, MO 63132 73-1279603	MOB	OK	501(c)(3)	Type I	SSM Health Care of Oklahoma		No	
10101 Woodfield Lane St Louis, MO 63132 30-0012246	Fundraising	MO	501(c)(3)	7	SSM Health Businesses		No	
100 St Marys Medical Plaza Jefferson City, MO 65101 43-6049878	Fundraising	MO	501(c)(3)	Type II	NA		No	
1 Good Samaritan Way Mount Vernon, IL 62864 23-7049599	Fundraising	IL	501(c)(3)	Type III-FI	NA		No	
1000 N Lee Ave Oklahoma City, OK 73102 45-5055149	Health Care	OK	501(c)(3)	3	SSM Health Care of Oklahoma		No	
10101 Woodfield Lane St Louis, MO 63132 43-1550298	Health Care	MO	501(c)(3)	3	SSM Regional Health Services		No	
620 E Monroe St Mexico, MO 65265 43-1265060	Fundraising	MO	501(c)(3)	Type I	NA		No	
10101 Woodfield Lane St Louis, MO 63132 47-4196634	Health Care	MO	501(c)(3)	3	SSM Health Care St Louis		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		No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
845 Parkside Street Ripon, WI 54971 39-1101287	Health Care	WI	501(c)(3)	3	Agnesian Healthcare Inc		No
620 West Brown Street Waupun, WI 53963 39-0806265	Health Care	WI	501(c)(3)	3	Agnesian Healthcare Inc		No
33 Everett Street Fond du Lac, WI 54935 39-1029998	Health Care	WI	501(c)(3)	10	Agnesian Healthcare Inc		No
N8114 County WW Mount Calvary, WI 53057 39-1022770	Health Care	WI	501(c)(3)	10	Agnesian Healthcare Inc		No
N8120 County WW Mount Calvary, WI 53057 42-1670962	Health Care	WI	501(c)(3)	10	Agnesian Healthcare Inc		No
331 Bly Street Waupun, WI 53963 39-0884514	Health Care	WI	501(c)(3)	10	Agnesian Healthcare Inc		No
515 22nd Avenue Monroe, WI 53566 39-0808509	Health Care	WI	501(c)(3)	3	SSM Health Care of Wisconsin		No
515 22nd Avenue Monroe, WI 53566 20-5769038	Fundraising	WI	501(c)(3)	7	SSM Health Care of Wisconsin		No
430 E Division St Fond du Lac, WI 54935 39-1684956	Fundraising	WI	501(c)(3)	Type I	SSM Health Care of Wisconsin		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SSM St Joseph Endoscopy Center LLC  10101 Woodfield Lane St Louis, MO 63132 27-0046559	Surgery Services	MO	NA	N/A	0	0			0			0 %
(1) St Clare Imaging Services LLC  707 14th Street Suite A Baraboo, WI 53913 20-0122365	Diag Services	WI	NA	N/A	0	0			0			0 %
(2) Mt Vernon Radiation Therapy Center LLC  10101 Woodfield Lane St Louis, MO 63132 20-1382620	Radiation Therapy	IL	NA	N/A	0	0			0			0 %
(3) Sleep & Neurology Center of Southern Illinois LLC  10101 Woodfield Lane St Louis, MO 63132 20-8468195	Diag Services	IL	NA	N/A	0	0			0			0 %
(4) CHOWSMGSI Office Building LLC  10101 Woodfield Lane St Louis, MO 63132 37-1383861	MOB	IL	NA	N/A	0	0			0			0 %
(5) Oza Cancer Center LLC  10101 Woodfield Lane St Louis, MO 63132 20-1382727	MOB	IL	NA	N/A	0	0			0			0 %
(6) Shawnee Real Estate Holdings LLC  1000 N Lee Ave Oklahoma City, OK 73102 45-5458304	MOB	OK	NA	N/A	0	0			0			0 %
(7) Dean Clinic & St Mary's Hospital Accountable Care Organization LLC  1808 West Beltline Highway Madison, WI 53713 45-2995500	Accountable Care Organization	WI	NA	N/A	0	0			0			0 %
(8) Wisconsin Integrated Information Technology and Telemedicine Systems LLC  1808 West Beltline Highway Madison, WI 53713 39-2016715	Information Technology Services	WI	NA	N/A	0	0			0			0 %
(9) Dean Health Holdings LLC  1277 Deming Way Madison, WI 53717 26-1594709	Support Services	WI	NA	N/A	0	0			0			0 %
(10) Wingra Building Group  1808 West Beltline Highway Madison, WI 53713 39-0237060	MOB	WI	NA	N/A	0	0			0			0 %
(11) Janesville Riverview Clinic Building Partnership  1808 West Beltline Highway Madison, WI 53713 39-6220698	MOB	WI	NA	N/A	0	0			0			0 %
(12) 1110 N Classen Blvd LLC  1110 N Classen Boulevard Oklahoma City, OK 73106 73-1158158	MOB	OK	NA	N/A	0	0			0			0 %
(13) SSM St Clare Surgical Center LLC  10101 Woodfield Lane St Louis, MO 63132 26-1439695	Surgery Services	MO	NA	N/A	0	0			0			0 %
(14) Windmill LLP  50 Village View Lane Chesterfield, MO 63017 43-1804651	Investments	MO	NA	N/A	0	0			0			0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) SSM Managed Care Organization LLC 10101 Woodfield Lane St Louis, MO 63132 43-1708511	Health Promotion	MO	NA	C Corporation	0	0	0 %		No
(1) FPP INC & Subs 10101 Woodfield Lane St Louis, MO 63132 43-1465174	Health Care	MO	NA	C Corporation	2,377,416,202	1,719,411,121	100 %	Yes	
(2) Diversified Health Services Corp 10101 Woodfield Lane St Louis, MO 63132 43-1369305	Medical Equipment	MO	NA	C Corporation	0	0	0 %		No
(3) SSM Cardiovascular and Thoracic Services Inc 10101 Woodfield Lane St Louis, MO 63132 26-0286559	Health Care	MO	NA	C Corporation	0	0	0 %		No
(4) SSM Properties Inc 10101 Woodfield Lane St Louis, MO 63132 43-1462486	Property Services	MO	NA	C Corporation	0	0	0 %		No
(5) SSM DePaul Medical Group Inc 10101 Woodfield Lane St Louis, MO 63132 43-1715106	Health Care	MO	NA	C Corporation	0	0	0 %		No
(6) SSM St Charles Clinic Medical Group Inc 10101 Woodfield Lane St Louis, MO 63132 43-0626408	Physician Offices	MO	NA	C Corporation	0	0	0 %		No
(7) HealthFirst Physician Management Services 10101 Woodfield Lane St Louis, MO 63132 73-1534336	Medical Services	OK	NA	C Corporation	0	0	0 %		No
(8) SSMHC Liability Trust II 10101 Woodfield Lane St Louis, MO 63132 81-6128118	Insurance	MO	NA	C Corporation	0	0	0 %		No
(9) SSM Neurosciences Inc 10101 Woodfield Lane St Louis, MO 63132 26-3413981	Health Care	MO	NA	C Corporation	0	0	0 %		No
(10) SSM Medical Group Inc 10101 Woodfield Lane St Louis, MO 63132 43-1664107	Physician Offices	MO	NA	C Corporation	0	0	0 %		No
(11) SSMHC Insurance Company 10101 Woodfield Lane St Louis, MO 63132 03-0310431	Insurance		NA	C Corporation	0	0	0 %		No
(12) SSM Orthopedic Inc 10101 Woodfield Lane St Louis, MO 63132 27-1557033	Health Care	MO	NA	C Corporation	0	0	0 %		No
(13) SSM Cancer Care Inc 10101 Woodfield Lane St Louis, MO 63132 27-1557324	Health Care	MO	NA	C Corporation	0	0	0 %		No
(14) Physicians Services Corp of Southern Illinois Inc 10101 Woodfield Lane St Louis, MO 63132 36-4161526	Health Care	IL	NA	C Corporation	0	0	0 %		No



Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) Dean Health Systems Inc 1808 West Beltline Highway Madison, WI 53713 39-1128616	Physician Offices	WI	NA	C Corporation	0	0	0 %		No
(1) Dean Health Insurance Inc PO Box 56099 Madison, WI 53705 39-1830837	Insurance	WI	NA	C Corporation	0	0	0 %		No
(2) Dean Health Plan Inc PO Box 56099 Madison, WI 53705 39-1535024	Insurance	WI	NA	C Corporation	0	0	0 %		No
(3) SMDV Office Building 1808 West Beltline Highway Madison, WI 53713 39-1628491	Physician Offices	WI	NA	C Corporation	0	0	0 %		No
(4) Dean Retail Services Inc 1808 West Beltline Highway Madison, WI 53713 39-1717636	Property Services	WI	NA	C Corporation	0	0	0 %		No
(5) Navitus Holdings LLC 1808 West Beltline Highway Madison, WI 53713 80-0968174	Pharmacy Benefits	WI	NA	C Corporation	0	0	0 %		No
(6) Oza Oncology Inc 4117 Veterans Memorial Drive Mt Vernon, IL 62804 37-1343746	Physician Offices	IL	NA	C Corporation	0	0	0 %		No
(7) SSM Health Janesville Campus Condominium Association Inc 1808 West Beltline Highway Madison, WI 53713 83-2038674	Condo association	WI	NA	C Corporation	0	0	0 %		No
(8) SSM Health Pharmacy LLC 10101 Woodfield Lane St Louis, MO 63132 26-4031708	Pharmacy	MO	NA	C Corporation	0	0	0 %		No

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b>	SSM Health Care of Oklahoma	A	9,112,500	Book
<b>(1)</b>	SSM Regional Health Services	A	7,958,006	Book
<b>(2)</b>	Good Samaritan Regional Health Center	A	6,002,732	Book
<b>(3)</b>	SSM Health Care St Louis	A	17,802,307	Book
<b>(4)</b>	SSM Health Care of Wisconsin	A	14,365,273	Book
<b>(5)</b>	SSM Regional Health Services	D	167,606,015	Book
<b>(6)</b>	SSM Health Care St Louis	D	196,493,985	Book
<b>(7)</b>	SSM Health Care of Oklahoma	D	225,000,000	Book
<b>(8)</b>	SSM Health Care of Wisconsin	L	10,390,000	Book
<b>(9)</b>	SSM Health Care of Oklahoma	L	11,629,000	Book
<b>(10)</b>	SSM Audrain Health Care Inc	L	1,878,000	Book
<b>(11)</b>	SSM Regional Health Services	L	4,801,000	Book
<b>(12)</b>	SSM Cardinal Glennon Children's Hospital	L	8,949,000	Book
<b>(13)</b>	St Anthony Shawnee Hospital	L	2,433,000	Book
<b>(14)</b>	SSM Cardinal Glennon Children's Hospital	L	494,315	Book
<b>(15)</b>	Good Samaritan Regional Health Center	L	4,085,000	Book
<b>(16)</b>	SSM Health Businesses	L	1,696,241	Book
<b>(17)</b>	SSM Health Care St Louis	L	35,984,000	Book
<b>(18)</b>	St Mary's Hospital Centralia Illinois	L	2,393,000	Book
<b>(19)</b>	SSM-SLUH Inc	L	10,099,998	Book
<b>(20)</b>	SSM Health Care St Louis	L	5,482,062	Book
<b>(21)</b>	SSM Health Care of Oklahoma	L	2,018,698	Book
<b>(22)</b>	SSM Health Care of Wisconsin	L	3,507,053	Book
<b>(23)</b>	SSM Regional Health Services	L	1,835,190	Book
<b>(24)</b>	Good Samaritan Regional Health Center	L	950,116	Book

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(26)</b> St Mary's Hospital Centralia Illinois	L	688,803	Book
<b>(1)</b> SSM Health Businesses	M	83,378	Book
<b>(2)</b> SSMHC Liability Trust I	O	2,685,657	Book
<b>(3)</b> SSMHC Liability Trust II	O	342,754	Book
<b>(4)</b> Home Care United Inc	O	30,299	Book
<b>(5)</b> Hhu Xtra Care Inc	O	25,971	Book
<b>(6)</b> Home Health United Inc	O	30,299	Book
<b>(7)</b> SSM Health Care of Oklahoma	Q	30,671,815	Book
<b>(8)</b> SSM Regional Health Services	Q	15,491,740	Book
<b>(9)</b> SSM Health Businesses	Q	3,260,277	Book
<b>(10)</b> SSM Cardinal Glennon Children's Hospital	Q	8,949,000	Book
<b>(11)</b> Good Samaritan Regional Health Center	Q	15,743,464	Book
<b>(12)</b> St Mary's Hospital Centralia Illinois	Q	2,393,000	Book
<b>(13)</b> FPP Inc	Q	12,261,202	Book
<b>(14)</b> SSM Health Care of Wisconsin	Q	37,796,254	Book
<b>(15)</b> SSM Health Care St Louis	Q	115,751,096	Book
<b>(16)</b> St Anthony Shawnee Hospital	Q	2,433,000	Book
<b>(17)</b> SSM Audrain Health Care Inc	Q	4,124,710	Book
<b>(18)</b> SSM-SLUH Inc	Q	10,099,998	Book