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Part IIIStatement 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?

YesNo

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?

YesNo

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 \$ 9,720,992 including grants of \$ 9,720,992) (Revenue \$)

PROVIDED FUNDING TO SUPPORT THE HEALTH CARE AND WELLNESS INITIATIVES OF SSM CARDINAL GLENNON CHILDREN'S HOSPITAL SEE SCHEDULE O FOR A COMPLETE DESCRIPTION OF SIGNIFICANT PROGRAM SERVICE ACCOMPLISHMENTS

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 9,720,992

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	373	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?		9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶Julie Weber 12312 Olive Blvd St Louis, MO 63132 (314) 523-8749

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

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

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

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

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

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

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

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

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

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	0	4,451,421	887,169

2 Total number of individuals (including but not limited to those l
\$100,000 of reportable compensation from the organization 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c	1,446,089			
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	15,695,985			
	g	Noncash contributions included in lines 1a-1f \$	266,771			
	h	Total. Add lines 1a-1f	17,142,074			
Program Service Revenue	2a	Business Code	0			
	b		0			
	c		0			
	d		0			
	e		0			
	f	All other program service revenue	0	0	0	0
	g	Total. Add lines 2a-2f	0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	1,493,610			1,493,610
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)	0	0		
	d	Net rental income or (loss)	0			
	7a	Gross amount from sales of assets other than inventory	1,737,515			
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)	1,737,515	0		
	d	Net gain or (loss)	1,737,515			1,737,515
	8a	Gross income from fundraising events (not including \$ 1,446,089 of contributions reported on line 1c) See Part IV, line 18				
	a		533,353			
	b	Less direct expenses b	533,353			
	c	Net income or (loss) from fundraising events	0			
	9a	Gross income from gaming activities See Part IV, line 19				
	a					
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less returns and allowances				
	a					
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory	0			
		Miscellaneous Revenue	Business Code			
	11a		0			
	b		0			
	c		0			
	d	All other revenue	0	0	0	0
	e	Total. Add lines 11a-11d	0			
	12	Total revenue. See Instructions	20,373,199	0	0	3,231,125

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	9,633,362	9,633,362		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	87,630	87,630		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	1,558,281		716,809	841,472
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0			
9	Other employee benefits.	467,484		215,043	252,441
10	Payroll taxes.	0			
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	0			
c	Accounting.	0			
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	0	0	0	0
12	Advertising and promotion.	0			
13	Office expenses.	418,505		315,952	102,553
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	0			
17	Travel.	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	0			
20	Interest.	0			
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	63,547		63,547	
23	Insurance.	0			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	DIRECT FUNDRAISING	1,613,923			1,613,923
b	PROFESSIONAL FEES	287,457		287,457	
c	PUBLICATIONS	144,992			144,992
d					
e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e.	14,275,181	9,720,992	1,598,808	2,955,381
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).	0			

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			518,208	1	1,195,307
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1,518,540	3	597,550
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	0
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			115,895	9	146,187
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	614,140			
	b	Less accumulated depreciation	10b	580,993	94,344	10c	33,147
	11	Investments—publicly traded securities			66,847,221	11	76,347,377
	12	Investments—other securities See Part IV, line 11			488,073	12	4,756,953
	13	Investments—program-related See Part IV, line 11				13	0
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)			69,582,281	16	83,076,521
Liabilities	17	Accounts payable and accrued expenses			1,772,051	17	4,829,191
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	0
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			8,202,378	25	7,884,302
	26	Total liabilities. Add lines 17 through 25			9,974,429	26	12,713,493
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			40,621,165	27	50,313,441
	28	Temporarily restricted net assets			12,749,462	28	13,741,004
	29	Permanently restricted net assets			6,237,225	29	6,308,583
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			59,607,852	33	70,363,028
	34	Total liabilities and net assets/fund balances			69,582,281	34	83,076,521

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,373,199
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,275,181
3	Revenue less expenses Subtract line 2 from line 1	3	6,098,018
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	59,607,852
5	Net unrealized gains (losses) on investments	5	5,298,571
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-641,413
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	70,363,028

Part XII Financial Statements and Reporting

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

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

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			
WALTER GALVIN Director	 1 00 0	X						0	0	0
WILLIAM THOMPSON Director & President	 1 00 45 00	X						0	2,421,072	841,970
DAN BUCK Executive Director	 30 00 10 00			X				0	250,560	41,572
JUNE PICKETT Asst Secretary	 1 00 56 00			X				0	256,054	-96,872

SCHEDULE A

(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization CARDINAL GLENNON CHILDREN'S FOUNDATION	Employer identification number 43-1754347
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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 11, 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)
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 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)
10	☐	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	☐	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 that describes the type of supporting organization and complete lines 11e through 11h a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated
e	☐	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	☐	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g	☐	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	9,353,008	10,547,440	12,860,994	11,473,475	17,142,074	61,376,991
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	9,353,008	10,547,440	12,860,994	11,473,475	17,142,074	61,376,991
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						10,069,696
6 Public support. Subtract line 5 from line 4						51,307,295

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	9,353,008	10,547,440	12,860,994	11,473,475	17,142,074	61,376,991
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	867,173	1,165,830	1,388,153	1,650,405	1,493,610	6,565,171
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support (Add lines 7 through 10)						67,942,162
12 Gross receipts from related activities, etc. (see instructions)					12	3,943,311
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	75 520 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	74 090 %
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶	
b 10%-facts-and-circumstances test—2012. 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 IV 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization CARDINAL GLENNON CHILDREN'S FOUNDATION	Employer identification number 43-1754347
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part II Conservation Easements. Complete if the organization answered "Yes" to 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

Amount of expenses incurred in monitoring, inspecting, 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" to 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) Revenues included in 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

Revenues included in 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a

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

☐ Yes

☐ No
- b

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

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ 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" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	19,919,493	17,596,780	15,387,961	10,203,377	9,170,500
b Contributions	5,692	749,317	2,090,571	4,405,000	156,696
c Net investment earnings, gains, and losses	2,038,168	1,631,551	432,019	945,534	936,181
d Grants or scholarships					
e Other expenditures for facilities and programs	775,282	58,155	313,771	165,950	60,000
f Administrative expenses					
g End of year balance	21,188,071	19,919,493	17,596,780	15,387,961	10,203,377

- 2

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

Board designated or quasi-endowment

35 000 %

b

Permanent endowment

30 000 %

c

Temporarily restricted endowment

35 000 %
- The percentages in 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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

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

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | | | 0 |
| b Buildings | | | | 0 |
| c Leasehold improvements | | | | 0 |
| d Equipment | | 614,140 | 580,993 | 33,147 |
| e Other | | | | 0 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 33,147 |
- Schedule D (Form 990) 2013

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	25,671,770
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	5,298,571
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	0
e	Add lines 2a through 2d	2e	5,298,571
3	Subtract line 2e from line 1	3	20,373,199
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	20,373,199

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	14,916,594
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	641,413
e	Add lines 2a through 2d	2e	641,413
3	Subtract line 2e from line 1	3	14,275,181
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	14,275,181

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
Schedule D, Part V, Line 4, Intended uses of endowment funds	TO SUPPORT THE PEDIATRIC MEDICAL SERVICES PROVIDED BY SSM CARDINAL GLENNON CHILDREN'S HOSPITAL
Schedule D, Part X, Line 2, FIN 48 (ASC 740) footnote	THE FOUNDATION EVALUATES ITS UNCERTAIN TAX POSITIONS ON AN ANNUAL BASIS THERE HAVE BEEN NO UNCERTAIN TAX POSITIONS RECORDED IN 2013 AND 2012
Schedule D, Part XII, Line 2d, Other expenses in audited financial statements not in form 990	ACTUARIAL LOSS ON GIFT ANNUITY LIABILITY - 641413,

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization CARDINAL GLENNON CHILDREN'S FOUNDATION	Employer identification number 43-1754347
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Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a

☐ Mail solicitations
- e

☐ Solicitation of non-government grants
- b

☐ Internet and email solicitations
- f

☐ Solicitation of government grants
- c

☐ Phone solicitations
- g

☐ Special fundraising events
- d

☐ In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

- 3

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BOB COSTAS CELEBRITY GALA (event type)	DAN DIERDORF GOLF TOURNEY (event type)	25 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	722,451	193,458	1,063,534
	2	Less Contributions . . .	411,824	139,736	894,530
	3	Gross income (line 1 minus line 2)	310,627	53,722	169,004
Direct Expenses	4	Cash prizes			0
	5	Noncash prizes . . .		16,920	9,666
	6	Rent/facility costs . . .	186,530	36,802	27,422
	7	Food and beverages .	69,952		35,306
	8	Entertainment	38,245		4,495
	9	Other direct expenses .	15,900		92,115
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
	6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name 

Address 

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization  \$ _____ and the amount of gaming revenue retained by the third party  \$ _____

c

If "Yes," enter name and address of the third party

Name 

Address 

16

Gaming manager information

Name 

Gaming manager compensation  \$ _____

Description of services provided 

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$ _____

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CARDINAL GLENNON CHILDREN'S FOUNDATION

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Employer identification number
43-1754347

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SSM CARDINAL GLENNON CHILDREN'S HOSPITAL 10101 WOODFIELD LANE ST LOUIS,MO 63104	43-0738490	501(C)(3)	9,626,362				TO SUPPORT HOSPITAL OPERATIONS
(2) CIRCUS FLORA 3547 OLIVE STREET SUITE 210 ST LOUIS,MO 63103	74-2493831	501(C)(3)	7,000				CHILDREN'S SPECIAL EVENT

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 Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) PATIENT ASSISTANCE	242	87,630			

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	GRANTS TO ORGANIZATIONS WERE MADE TO ORGANIZATIONS THAT ARE TAX EXEMPT UNDER SECTION 501(C)(3) THESE ORGANIZATION HAVE DEVELOPED INTERNAL CONTROL PROCEDURES FOR THE USE OF GRANT FUNDS ALL GRANTS TO INDIVIDUALS INCLUDE A GRANT APPLICATION PROCESS THROUGH A RELATED ORGANIZATION APPROVED GRANT APPLICATION ARE FORWARDED TO THE FOUNDATION AND THE FOUNDATION PAYS THE REQUESTED EXPENDITURES TO THE APPROPRIATE VENDOR

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" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CARDINAL GLENNON CHILDREN'S FOUNDATION

Employer identification number
43-1754347

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b	No
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b	No
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)WILLIAM THOMPSON DIRECTOR & PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	1,404,608	0	1,016,464	811,381	30,589	3,263,042	59,150
(2)CHRISTOPHER HOWARD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	806,003	0	87,657	-1,097	31,003	923,566	40,320
(3)SHERLYN HAILSTONE DIRECTOR & HOSP PRES	(i)	0	0	0	0	0	0	0
	(ii)	540,980	0	89,095	45,395	25,198	700,668	36,540
(4)JUNE PICKETT ASST SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	226,100	0	29,954	-119,886	23,014	159,182	8,680
(5)DAN BUCK EXECUTIVE DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	236,797	0	13,763	20,328	21,244	292,132	8,400

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3, Arrangement used to establish the top management official's compensation	THE FOUNDATION'S TOP MANAGEMENT OFFICIAL (HOSPITAL PRESIDENT) IS COMPENSATED BY A RELATED ORGANIZATION THAT UTILIZED THE FOLLOWING TO DETERMINE COMPENSATION (1) INDEPENDENT COMPENSATION CONSULTANT, (2) COMPENSATION SURVEY OR STUDY, (3) APPROVAL BY THE SSM HEALTH CARE (SSMHC) PRESIDENT/CEO
SCHEDULE J, PART I, LINE 4A, SEVERANCE PLAN	SSMHC 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 SSMHC.
Schedule J, Part I, Line 4b, Supplemental nonqualified retirement plan	PENSION RESTORATION PLAN. SSM HEALTH CARE (SSMHC) PROVIDES THIS SUPPLEMENTAL DEFINED BENEFIT NONQUALIFIED RETIREMENT PLAN TO ANY EMPLOYEE WHO IS A PARTICIPANT IN THE SSMHC 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 SSMHC'S QUALIFIED PLAN IF THE REGULATIONS DID NOT IMPOSE COMPENSATION LIMITS. AN INDIVIDUAL CAN TAKE A DISTRIBUTION FROM THE PLAN AT (1) AGE 65 OR OLDER IF THE INDIVIDUAL IS STILL EMPLOYED BY SSMHC OR (2) AGE 55 OR OLDER IF THE INDIVIDUAL IS NO LONGER EMPLOYED BY SSMHC. NO REPORTABLE INDIVIDUALS LISTED ON PART VII OF FORM 990 RECEIVED DISTRIBUTIONS FROM THIS PLAN DURING 2013. CAPITAL ACCUMULATION PLAN. SSMHC 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 SSMHC 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 2008 OR AFTER, THE DISTRIBUTION WILL OCCUR AFTER THE COMPLETION OF TWO PLAN YEARS FOR ALL EXECUTIVES THAT ARE STILL ACTIVELY EMPLOYED ON THE DISTRIBUTION DATE. ANY ACTIVE PARTICIPANT 65 YEARS OR OLDER WILL RECEIVE THE CONTRIBUTION IN THE CURRENT YEAR. THE FOLLOWING INDIVIDUALS LISTED ON PART VII OF THE FORM 990 RECEIVED DISTRIBUTIONS FROM THIS PLAN IN 2013: ALL DISTRIBUTIONS RECEIVED FROM THE PLAN IN THE CURRENT YEAR WERE INCLUDED IN THE INDIVIDUALS' TAXABLE COMPENSATION. WILLIAM THOMPSON \$59,209 CHRISTOPHER HOWARD \$52,082 SHERLYN HAILSTONE \$43,212 JUNE PICKETT \$19,086 DAN BUCK \$10,967

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CARDINAL GLENNON CHILDREN'S FOUNDATION

Employer identification number
43-1754347

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	2	1,014	MARKET VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		12,486	MARKET VALUE
5 Clothing and household goods	X		113,886	MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	13	6,047	MARKET VALUE
19 Food inventory	X	33	36,197	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ENTERTAINMENT - EVENTS)	X	28	27,506	MARKET VALUE
26 Other ▶ (GIFT CARDS)	X	25	2,985	COST
27 Other ▶ (LODGING)	X	1	16,000	COST
28 Other ▶ (MISCELLANEOUS)	X	20	4,647	MARKET VALUE
Other ▶ (USE OF CHARTER AIRPLANE)	X	1	40,000	COST
Other ▶ (SPORTING EVENTS)	X	14	6,003	COST

29

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

29

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

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

Return Reference	Explanation
Schedule M, Part I, Explanations of reporting method for number of contributions	OTHER ALL AMOUNTS IN PART I, COLUMN B, REPRESENT THE NUMBER OF CONTRIBUTORS FOR ALL TYPES OF ITEMS
Schedule M, Part I, Line 32b, Third parties used to solicit, process, or sell noncash contributions	ALL PUBLICLY TRADED SECURITIES DONATED TO THE ORGANIZATION ARE LIQUATED BY AN INVESTMENT COMPANY
Schedule M, part I, column (b), Line 1, Number of contributions or items contributed	
Schedule M, part I, column (b), Line 4, Number of contributions or items contributed	
Schedule M, part I, column (b), Line 5, Number of contributions or items contributed	

2013

Open to Public Inspection

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Name of the organization

CARDINAL GLENNON CHILDREN'S FOUNDATION

Employer identification number

43-1754347

Return Reference	Explanation	
	FORM 990, PART III, LINE 4, PROGRAM SERVICE ACCOMPLISHMENTS	SINCE IT WAS FOUNDED IN 1872 BY ROMAN CATHOLIC SISTERS, SSM HEALTH CARE (SSMHC) HAS EXISTED TO MEET THE HEALTH NEEDS OF THE COMMUNITIES IT SERVES. AS OF NOVEMBER 15, 2013, WITH VATICAN APPROVAL, THE FRANCISCAN SISTERS OF MARY TRANSITIONED SPONSORSHIP OF SSMHC TO SSM HEALTH MINISTRIES. SSM HEALTH MINISTRIES IS AN INDEPENDENT 6-MEMBER BODY COMPRISED OF THREE FRANCISCAN SISTERS OF MARY AND THREE LAY PEOPLE WHO COLLECTIVELY HOLD CERTAIN RESERVED POWERS OVER SSMHC. HEADQUARTERED IN ST. LOUIS, MISSOURI, SSMHC OPERATES 18 ACUTE CARE HOSPITALS, ONE CHILDREN'S HOSPITAL, TWO LONG-TERM CARE FACILITIES, AN EXTENSIVE NETWORK OF PHYSICIAN PRACTICE OPERATIONS, AND OTHER HEALTH CARE BUSINESSES LOCATED PRIMARILY IN MISSOURI, OKLAHOMA, WISCONSIN, AND ILLINOIS. SSM CARDINAL GLENNON CHILDREN'S MEDICAL CENTER IN ST. LOUIS IS THE ONLY PEDIATRIC HOSPITAL IN THE SSM SYSTEM. OVERALL, THE HEALTH SYSTEM EMPLOYS APPROXIMATELY 30,000 PEOPLE AND IS AFFILIATED WITH MORE THAN 8,000 PHYSICIANS. IN THE TRADITION OF ITS FOUNDING SISTERS, SSMHC STRIVES TO FULFILL ITS MISSION BY PROVIDING EXCEPTIONAL HEALTHCARE TO EVERYONE WHO COMES TO ITS HOSPITALS, REGARDLESS OF THEIR ABILITY TO PAY. CARDINAL GLENNON CHILDREN'S FOUNDATION (THE FOUNDATION) EXISTS TO SUPPORT THE HEALTHCARE AND COMMUNITY SERVICES OF SSM CARDINAL GLENNON CHILDREN'S MEDICAL CENTER (GLENNON). GLENNON IS A NOT-FOR-PROFIT, 190-BED INPATIENT AND OUTPATIENT PEDIATRIC MEDICAL CENTER IN ST. LOUIS, MISSOURI, SPECIALIZING IN NEONATOLOGY, CARDIOLOGY, PEDIATRIC AND FETAL SURGERY, AND CANCER SERVICES. THE FOUNDATION RAISES FUNDS TO SUPPORT GLENNON'S MEDICAL AND COMMUNITY-BENEFIT SERVICES, AS WELL AS TO ENABLE ALL YOUNGSTERS TO ACCESS THOSE SERVICES THROUGH THE FOUNDATION'S CHILDREN'S FUND FOR FAMILIES WITH LIMITED OR INABILITY TO PAY FOR THEIR CHILDREN'S SERVICES. THE FOUNDATION ALSO RAISES FUNDS FOR GLENNON'S TECHNOLOGICAL ADVANCES. FURTHER, THE FOUNDATION INCREASES AWARENESS OF GLENNON'S SERVICES THROUGH PUBLICITY, HOSTING OF SPECIAL EVENTS AND ONE-ON-ONE INTERACTIONS WITH COMMUNITY STAKEHOLDERS. THEREFORE, THROUGH ITS MULTIPLE ACTIVITIES, THE FOUNDATION IMPACTS THE HEALTH OF CHILDREN WHO RECEIVE GLENNON SERVICES. SOME OF THE PROGRAMS AND ENHANCEMENTS SUPPORTED BY THE FOUNDATION IN 2013 INCLUDED THE FOOTPRINTS PROGRAM. FOOTPRINTS IS A PALLIATIVE-CARE PROGRAM THAT HELPS FAMILIES LIVE WELL ALONG A JOURNEY THAT MAY END AT THE GRAVESIDE OF A BELOVED CHILD. FOOTPRINTS' MULTIDISCIPLINARY TEAM IS COMPRISED OF A DIRECTOR WHO IS AN MD, A CLINICAL CARE COORDINATOR WHO IS BOTH A NURSE AND A CHAPLAIN, AND A SOCIAL WORKER, HOWEVER, THE TEAM REGULARLY CALLS UPON OTHER GLENNON RESOURCES TO ASSIST THESE FAMILIES. PRIMARILY, FOOTPRINTS FOCUSES ON COMFORT - DEVELOPING FAMILY-DIRECTED, COMPASSIONATE CARE PLANS THAT PROVIDE FOR CHILDREN'S COMFORT WHILE RESPECTING FAMILY VALUES AND BELIEFS, THESE PLANS CAN BE FOLLOWED AT GLENNON OR AT HOME. ADVOCACY - BEING A VOICE FOR CHILDREN AND FAMILIES WHILE THEY ARE AT GLENNON AND IN THE LARGER MEDICAL COMMUNITY. SUPPORT - LISTENING TO FAMILY CONCERNS AND WISHES, FACILITATING COMMUNICATION TO ENSURE FAMILY GOALS, CONCERNS AND WISHES ARE HONORED, ASSISTING FAMILIES WITH THE EXTRAORDINARY COSTS OF CARING FOR CHILDREN'S MEDICAL NEEDS, ASSISTING WITH BURIAL COSTS OF CHILDREN WHO SUCCUMB TO THEIR ILLNESSES. DURING HOSPITALIZATION, THE FOOTPRINTS TEAM MAKES CERTAIN THAT EACH CHILD'S CLINICAL BEDSIDE TEAM IS FULLY AWARE OF THE FAMILY'S WISHES AND THAT THE BEDSIDE TEAM KEEPS EACH FAMILY INFORMED OF THE CHILD'S CONDITION, PROGNOSIS AND CARE OPTIONS. IF A CHILD IS DISCHARGED, THE FOOTPRINTS TEAM WORKS WITH COMMUNITY CARE PROVIDERS TO ENSURE THEY ARE FULLY INFORMED OF THE CHILD'S NEEDS AND WILL RESPECT FAMILY WISHES. THE SAFE KIDS PROGRAM. SAFE KIDS EDUCATES THE PUBLIC ON PREVENTION OF CHILDHOOD INJURIES IN THE HOME AND ON THE ROAD. THE PROGRAM PRIMARILY FOCUSES ON CAR-SEAT SAFETY, BIKE SAFETY, CRIB SAFETY AND COOKING SAFETY. PROGRAM STAFF MEMBERS COORDINATE TIMES AND PLACES WHERE THEY CHECK FOR PROPER CAR SEAT INSTALLATIONS AND PROVIDE CAR-SEAT ADJUSTMENTS OR INSTALLATIONS. FAMILIES WHO CANNOT AFFORD CAR SEATS CAN RECEIVE ONE, FREE OF CHARGE. THE PROGRAM ALSO PROVIDES BIKE- SAFETY EVENTS AND FREE BIKE HELMETS FOR FAMILIES THAT ARE UNABLE TO PURCHASE THEM, AS WELL AS HOME- SAFETY EVENTS. FURTHER, PROGRAM STAFF MEMBERS TRAIN CAR-SEAT TECHNICIANS. THE CARDINAL GLENNON SPORTSCARE TEAM. SPORTSCARE IS A DEDICATED TEAM OF ATHLETIC TRAINERS AND HEALTHCARE PREVENTION SPECIALIST WHO WORK DIRECTLY WITH AREA SPORTS CLUBS, TEAMS, TOURNAMENTS AND SCHOOLS TO GUIDE THEM ON PREVENTATIVE PROGRAMS, STRETCHING EXERCISES, EDUCATION, AND EARLY INTERVENTION OF SPORTS AND RECREATIONAL RELATED INJURIES. THIS NEW INITIATIVE IS AIMED AT EDUCATING PARENTS, COACHES AND YOUNG ATHLETES ON HOW TO AVOID PREVENTABLE INJURIES AND HOW TO ACCESS PROPER CARE WHEN NEEDED. THE AUDIOLOGY DEPARTMENT. ALMOST THREE IN EVERY 1,000 CHILDREN ARE BORN DEAF EACH YEAR. THESE CHILDREN FACE A LIFETIME OF CHALLENGES, SUCH AS FAILURE T

Return Reference	Explanation	
	FORM 990, PART III, LINE 4, PROGRAM SERVICE ACCOMPLISHMENTS	O DEVELOP LANGUAGE SKILLS, REDUCED ACCESS TO MAINSTREAM EDUCATION, AND DIFFICULTY IN FINDING EMPLOYMENT AS ADULTS. WHILE TRADITIONAL HEARING AIDS AMPLIFY SOUND, COCHLEAR IMPLANTS PROVIDE AN ADVANTAGE FOR CHILDREN WITH PROFOUND DEAFNESS BECAUSE THEY ACTUALLY COMPENSATE FOR DAMAGED OR NON- WORKING PARTS OF THE EAR BY FINDING USEFUL SOUNDS AND SENDING THEM TO THE BRAIN. VERY YOUNG CHILDREN ARE IDEAL CANDIDATES FOR THE DEVICE BECAUSE THEIR CENTRAL NERVOUS SYSTEMS ARE EXTREMELY ADAPTIVE, ALLOWING THEIR BRAINS TO MAKE USE OF THE SOUNDS THE IMPLANT PROVIDES. WHEN IMPLANTED EARLY AND COUPLED WITH POST-IMPLANTATION SPEECH AND LANGUAGE THERAPY, CHILDREN WHO ARE DEAF HAVE THE ABILITY TO DEVELOP AGE-APPROPRIATE SPEECH, LANGUAGE AND SOCIAL SKILLS. ONE OF THE MAIN BARRIERS TO CHILDREN RECEIVING COCHLEAR IMPLANTS IS THE COST. THEREFORE, THE FOUNDATION RAISES FUNDS TO PROVIDE COCHLEAR IMPLANTS, AS WELL AS OTHER TECHNOLOGY, SERVICES AND SURGERIES THAT ENABLE CHILDREN WITH HEARING LOSS TO ENJOY THE SOUNDS AND SUCCESSES OF LIFE. THE KNIGHTS OF COLUMBUS DEVELOPMENTAL CENTER. THE KNIGHTS OF COLUMBUS DEVELOPMENTAL CENTER SERVES CHILDREN WITH SUSPECTED AUTISM SPECTRUM DISORDERS AND DEVELOPMENTAL DELAYS. LAST YEAR, 1,937 CHILDREN WERE SERVED. THE CENTER ACCEPTS CHILDREN BASED ON CONCERNS OF PARENTS, PEDIATRICIANS OR OTHER PRIMARY HEALTHCARE PROVIDERS. DEVELOPMENTAL SPECIALISTS THEN CONDUCT THE NECESSARY ASSESSMENTS TO ACCURATELY DIAGNOSE OR TO RULE OUT THOSE CONCERNS. WHEN CHILDREN ARE DETERMINED TO BE AFFECTED, THE CENTER MAKES THE BEST POSSIBLE REFERRALS TO A SELECT GROUP OF SERVICE PROVIDERS. IT CONTINUES TO OVERSEE AND FACILITATE CHILDREN'S PROGRESS THROUGH MEDICATION MANAGEMENT, PERIODIC REASSESSMENTS, AND REEVALUATIONS OF SERVICES NEEDED. THE CENTER UNDERWENT A MAJOR EXPANSION IN 2013, AS MORE THAN \$1.4 MILLION OF DONATIONS FROM VARIOUS COMMUNITY GROUPS AND PHILANTHROPIST HELPED CREATE A NEW 11,000 SQUARE FOOT TREATMENT FACILITY ON THE MEDICAL CAMPUS. CONTRIBUTORS INCLUDED THE KNIGHTS OF COLUMBUS, CHILDREN'S MIRACLE NETWORK, GUTH FOUNDATION AND THE GLENNON GUILD. CHILD LIFE SERVICES - THANKS TO THE GENEROSITY OF DONORS, WE ARE ABLE TO PROVIDE FUN AND ENGAGING CHILD LIFE SERVICES. THE MISSION OF THE CHILD LIFE DEPARTMENT AT SSM CARDINAL GLENNON IS TO ADVOCATE FOR THE PSYCHOSOCIAL, DEVELOPMENTAL, EMOTIONAL AND EDUCATIONAL NEEDS OF ALL OUR PATIENTS AND FAMILIES. WE STRIVE TO CREATE A SUPPORTIVE ENVIRONMENT, WHILE HELPING EMPOWER PATIENTS AND THEIR FAMILIES TO MAKE DECISIONS AFFECTING THEIR CARE. NEW RADIOLOGY DEPARTMENT. THE FOUNDATION RAISED OVER \$6 MILLION TO BUILD A NEW RADIOLOGY DEPARTMENT IN 2013. THIS NEW IMAGING CENTER BRINGS THE LATEST IN LOW DOSE RADIATION, SPECIFICALLY DESIGNED FOR KIDS, TO OUR RADIOLOGY DEPARTMENT. THE HIGH RESOLUTION IMAGING ON THE NEW MRI AND CT SCAN MACHINES WILL GIVE OUR SURGEONS AND DOCTORS CRISP, SHARP IMAGES TO ALLOW THEM TO MORE ACCURATELY DETECT PROBLEMS. THIS IS THE MOST ADVANCED RADIOLOGY DEPARTMENT IN THE REGION. THE NEW IMAGING CENTER OPENED TO ITS FIRST PATIENTS IN DECEMBER OF 2012, AND WAS FULLY OPERATIONAL BY JANUARY 2013.

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 6, Classes of members or stockholders	THE SOLE MEMBER OF THE FOUNDATION IS SSM CARDINAL GLENNON CHILDREN'S HOSPITAL SSM CARDINAL GLENNON CHILDREN'S HOSPITAL IS A NONPROFIT 501(C)(3) ORGANIZATION THAT OPERATES A 190-BED INPATIENT AND OUTPATIENT MEDICAL CENTER IN ST LOUIS, MISSOURI BOTH THE FOUNDATION AND SSM CARDINAL GLENNON CHILDREN'S HOSPITAL ARE PART OF THE INTEGRATED HEALTH SYSTEM KNOWS AS SSM HEALTH CARE

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 7a, Members or stockholders electing members of governing body	THE MEMBER HAS THE POWER TO APPOINT THE BOARD OF GOVERNORS, EXCEPT FOR THE GOVERNORS WHO SERVE EX-OFFICIO, AND TO REMOVE APPOINTED GOVERNORS WITH OR WITHOUT CAUSE

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 7b, Decisions requiring approval by members or stockholders	THE MEMBER HAS THE FOLLOWING POWERS A TO ESTABLISH AND CHANGE THE PHILOSOPHY OF THE FOUNDATION B TO APPOINT THE BOARD OF GOVERNORS, EXCEPT FOR THE GOVERNORS WHO SERVE EX OFFICIO, AND TO REMOVE THE APPOINTED GOVERNORS WITH OR WITHOUT CAUSE C SUBJECT TO THE LIMITATIONS CONTAINED IN THE ARTICLES OF INCORPORATION, TO TAKE ACTION WITH RESPECT TO A MENDMENTS TO THE ARTICLES OF INCORPORATION OF THE FOUNDATION D TO TAKE ACTION WITH RESPECT TO A MENDMENT TO THE BYLAWS OF FOUNDATION AND ANY AMENDMENTS THERETO E TO APPROVE THE MERGER, CONSOLIDATION OR DISSOLUTION OF THE FOUNDATION F TO APPROVE THE SALE, CONVEYANCE, ASSIGNMENT, TRANSFER, ALIENATION, PLEDGE, ENCUMBRANCE, MORTGAGE OR LEASE OF REAL PROPERTY OR ANY INTEREST THEREIN OF THE FOUNDATION IN ACCORDANCE WITH THE POLICIES APPROVED BY THE MEMBER G TO APPROVE I) THE ACQUISITION OF REAL PROPERTY OR ANY INTEREST THEREIN OR II) THE ACQUISITION OF STOCK OF A CORPORATION IF, AFTER THE ACQUISITION, THE FOUNDATION WILL OWN A MAJORITY OF THE VOTING STOCK OF SUCH CORPORATION, IN ACCORDANCE WITH POLICIES APPROVED BY THE MEMBER H TO APPROVE THE SALE, TRANSFER OR OTHER DISPOSITION OF THE VOTING STOCK OF A CORPORATION IF BEFORE THE DISPOSITION THE FOUNDATION OWNED A MAJORITY OF THE VOTING STOCK OF THE CORPORATION AND AFTER SUCH DISPOSITION THE FOUNDATION WOULD NOT OWN A MAJORITY OF THE VOTING STOCK OF THE CORPORATION, IN ACCORDANCE WITH POLICIES APPROVED BY THE MEMBER I TO TAKE ANY AND ALL ACTION ON BEHALF OF THE FOUNDATION WITH RESPECT TO ANY BORROWINGS OR GUARANTEES OF THE FOUNDATION, EXCEPT AS THE SAME MAY BE DELEGATED, IN ACCORDANCE WITH POLICIES APPROVED BY THE MEMBER J TO APPROVE THE ACCEPTANCE OF ANY GIFT OR CONTRIBUTION WHICH, IN CONNECTION THEREWITH, WOULD IMPOSE A CONTINUING OBLIGATION UPON THE FOUNDATION, INCLUDING, WITHOUT LIMITATION, THE OBLIGATION TO PROVIDE HEALTH CARE SERVICES, PAY AN ANNUITY OR OTHERWISE, EXCEPT AS OTHERWISE DETERMINED BY THE MEMBER PURSUANT TO POLICIES ADOPTED BY THE MEMBER AND K TO APPROVE OR REJECT PROPOSALS FOR EXPENDITURES OR CONTRIBUTIONS IN ACCORDANCE WITH ARTICLE IX OF THE BYLAWS IN THE EVENT THE PRESIDENT OF THE HOSPITAL AND THE BOARD OF GOVERNORS DO NOT AGREE WITH RESPECT TO THE APPROVAL OF SUCH PROPOSAL

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 11b, Review of form 990 by governing body	ACCOUNTING/FINANCE PERSONNEL AT EACH SSM HEALTH CARE SYSTEM (SSMHC) ENTITY, IN CONJUNCTION WITH CORPORATE FINANCE PERSONNEL, PREPARE A CHECKLIST CONTAINING INFORMATION AND SUPPORTING SCHEDULES THAT ARE USED TO PREPARE THE FORM 990. THIS CHECKLIST IS THEN REVIEWED BY A SUPERVISOR/MANAGER AND SENT TO THE SYSTEM OFFICE FOR FINAL REVIEW AND COORDINATION OF THE SYSTEM LEVEL FORM 990 INFORMATION. SSMHC PERSONNEL PREPARE THE FORM 990 AND SUBMIT THE COMPLETED FORM 990 TO AN OUTSIDE TAX CONSULTING FIRM WHO REVIEWS THE FORM 990 AND SIGNS AS PAID PREPARER. THE FOUNDATION EXECUTIVE DIRECTOR PRESENTS THE FORM 990 TO THE BOARD OF GOVERNORS AT THE NEXT REGULARLY SCHEDULED BOARD MEETING.

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

Return Reference	Explanation
Form 990, Part VI, Sec C, 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 CARE SYSTEM ARE MADE AVAILABLE TO THE PUBLIC ON SSM HEALTH CARE'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 CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Return Reference	Explanation
Form 990 , Part XI, Line 9, Other changes in net assets or fund balances	ACTUARIAL LOSS ON GIFT ANNUITIES - -641413,

Return Reference	Explanation
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=ENTERTAINMENT - EVENTS

Return Reference	Explanation
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=GIFT CARDS

Return Reference	Explanation
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=LODGING

Return Reference	Explanation
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=MISCELLANEOUS ALL AMOUNTS IN PART I, COLUMN B, REPRESENT THE NUMBER OF CONTRIBUTORS FOR ALL TYPES OF ITEMS

Return Reference	Explanation
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=USE OF CHARTER AIRPLANE

Return Reference	Explanation
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=SPORTING EVENTS

Return Reference	Explanation
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=ENTERTAINMENT - EVENTS

Return Reference	Explanation
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=GIFT CARDS

Return Reference	Explanation
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=LODGING

Return Reference	Explanation
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=MISCELLANEOUS ALL AMOUNTS IN PART I, COLUMN B, REPRESENT THE NUMBER OF CONTRIBUTORS FOR ALL TYPES OF ITEMS

Return Reference	Explanation
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=USE OF CHARTER AIRPLANE

Return Reference	Explanation
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=SPORTING EVENTS

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CARDINAL GLENNON CHILDREN'S FOUNDATION

Employer identification number
43-1754347

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.							
(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
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

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

(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	
See Additional Data Table												

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

Part V

Transactions With Related Organizations

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

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

1

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

a

Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

No

1r

Yes

1s

Yes

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

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

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID: 13000248

Software Version: 2013v3.1

EIN: 43-1754347

Name: CARDINAL GLENNON CHILDREN'S FOUNDATION

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
(1)SSM HEALTH CARE CORPORATION 10101 WOODFIELD LANE ST LOUIS, MO 63132 46-6029223	HEALTH CARE	MO	501(C)(3)	11 - Type I	FRANCISCAN SISTERS OF MARY		No
(1)SSMHC LIABILITY TRUST I 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-6331003	INSURANCE	MO	501(C)(3)	11 - Type I	SSM HEALTH CARE CORPORATION		No
(2)SSM CONSOLIDATED HEALTH SERVICES 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1473657	HEALTH CARE	MO	501(C)(3)	11 - Type I	SSM HEALTH CARE CORPORATION		No
(3)SSM POLICY INSTITUTE 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1788151	HEALTH CARE	MO	501(C)(4)	N/A	SSM HEALTH CARE CORPORATION		No
(4)SSM PORTFOLIO MANAGEMENT CO 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1825256	MANAGEMENT	MO	501(C)(3)	11 - Type I	SSM HEALTH CARE CORPORATION		No
(5)SSM CARDINAL GLENNON CHILDREN'S HOSPITAL 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-0738490	HEALTH CARE	MO	501(C)(3)	3	SSM HEALTH CARE ST LOUIS		No
(6)SSM DEPAUL HEALTH CENTER FOUNDATION 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1776109	FUNDRAISING	MO	501(C)(3)	7	SSM HEALTH CARE ST LOUIS		No
(7)SSM ST JOSEPH FOUNDATION 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1591556	FUNDRAISING	MO	501(C)(3)	7	SSM HEALTH CARE ST LOUIS		No
(8)SSM ST CLARE HEALTH CENTER FOUNDATION 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1273310	FUNDRAISING	MO	501(C)(3)	7	SSM HEALTH CARE ST LOUIS		No
(9)SSM ST MARYS HEALTH CENTER FOUNDATION 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1552945	FUNDRAISING	MO	501(C)(3)	7	SSM HEALTH CARE ST LOUIS		No
(10)SSM HEALTH CARE OF OKLAHOMA INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 73-0657693	HEALTH CARE	OK	501(C)(3)	3	SSM HEALTH CARE CORPORATION		No
(11)ST ANTHONY HOSPITAL FOUNDATION INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 73-6104300	FUNDRAISING	OK	501(C)(3)	7	SSM HEALTH CARE OF OKLAHOMA		No
(12)SSM HEALTH CARE OF WISCONSIN INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-0688874	HEALTH CARE	WI	501(C)(3)	3	SSM HEALTH CARE CORPORATION		No
(13)DELLS MEDICAL BUILDING INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 39-1613292	MOB	WI	501(C)(2)	N/A	SSM HEALTH CARE OF WISCONSIN		No
(14)ST MARYS FOUNDATION INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1940686	FUNDRAISING	WI	501(C)(3)	7	SSM HEALTH CARE OF WISCONSIN		No
(15)ST CLARE HEALTH CARE FOUNDATION INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1940683	FUNDRAISING	WI	501(C)(3)	7	SSM HEALTH CARE OF WISCONSIN		No
(16)HOME HEALTH UNITED INC 2802 WALTON COMMONS LANE MADISON, WI 53718 39-1539827	HEALTH CARE	WI	501(C)(3)	9	SSM HEALTH CARE OF WISCONSIN		No
(17)HOME CARE UNITED INC 2802 WALTON COMMONS LANE MADISON, WI 53718 39-1776340	HEALTH CARE	WI	501(C)(3)	9	SSM HEALTH CARE OF WISCONSIN		No
(18)HHU XTRA CARE INC 2802 WALTON COMMONS LANE MADISON, WI 53718 39-1705111	HEALTH CARE	WI	501(C)(3)	9	SSM HEALTH CARE OF WISCONSIN		No
(19)HOME HEALTH UNITED - VNS FOUNDATION INC 2802 WALTON COMMONS LANE MADISON, WI 53718 39-1839309	FUNDRAISING	WI	501(C)(3)	11 - Type II	NA		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
(21) SSM REGIONAL HEALTH SERVICES 10101 WOODFIELD LANE ST LOUIS, MO 63132 44-0579850	HEALTH CARE	MO	501(C)(3)	3	SSM HEALTH CARE CORPORATION		No
(1) ST FRANCIS HOSPITAL FOUNDATION 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1099253	FUNDRAISING	MO	501(C)(3)	7	SSM REGIONAL HEALTH SERVICES		No
(2) ST MARYS HEALTH CENTER JEFFERSON CITY MISSOURI FOUNDATION 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1575307	FUNDRAISING	MO	501(C)(3)	11 - Type II	SSM REGIONAL HEALTH SERVICES		No
(3) GOOD SAMARITAN REGIONAL HEALTH CENTER 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-0653587	HEALTH CARE	IL	501(C)(3)	3	SSM REGIONAL HEALTH SERVICES		No
(4) ST MARYS HOSPITAL CENTRALIA ILLINOIS 10101 WOODFIELD LANE ST LOUIS, MO 63132 37-0662580	HEALTH CARE	IL	501(C)(3)	3	SSM REGIONAL HEALTH SERVICES		No
(5) ST MARYS - GOOD SAMARITAN INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 36-4170833	HEALTH CARE	IL	501(C)(3)	11 - Type I	SSM REGIONAL HEALTH SERVICES		No
(6) GOOD SAMARITAN REGIONAL HEALTH CENTER FOUNDATION 10101 WOODFIELD LANE ST LOUIS, MO 63132 26-2884795	FUNDRAISING	IL	501(C)(3)	7	ST MARY'S - GOOD SAMARITAN		No
(7) ST MARYS HOSPITAL FOUNDATION 10101 WOODFIELD LANE ST LOUIS, MO 63132 36-4636691	FUNDRAISING	IL	501(C)(3)	7	ST MARY'S - GOOD SAMARITAN		No
(8) ST MARYS HOSPITAL AUXILIARY 400 N PLEASANT CENTRALIA, IL 62801 23-7126345	FUNDRAISING	IL	501(C)(3)	9	ST MARY'S HOSPITAL FOUNDATION		No
(9) SSM HEALTH BUSINESSES 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1333488	HEALTH CARE	MO	501(C)(3)	9	SSM HEALTH CARE CORPORATION		No
(10) SSM HEALTH CARE ST LOUIS 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1343281	HEALTH CARE	MO	501(C)(3)	3	SSM HEALTH CARE CORPORATION		No
(11) CENTRALIA MEDICAL SERVICES BLDG ASSOC 10101 WOODFIELD LANE ST LOUIS, MO 63132 23-7408025	MOB	IL	501(C)(3)	11 - Type II	SSM REGIONAL HEALTH SERVICES		No
(12) ST MARYS JANESVILLE FOUNDATION INC 2901 LANDMARK PL STE 300 MADISON, WI 53713 27-3439133	FUNDRAISING	WI	501(C)(3)	7	SSM HEALTH CARE OF WISCONSIN		No
(13) FRANCISCAN SISTERS OF MARY 3221 MCKELVEY ROAD SUITE 107 ST LOUIS, MO 63044 43-1012492	RELIGIOUS ORGANIZATION	MO	501(C)(3)	1	NA		No
(14) LEE DEWEY CORPORATION 10101 WOODFIELD LANE ST LOUIS, MO 63132 73-1279603	MOB	OK	501(C)(3)	11 - Type I	SSM HEALTH CARE OF OKLAHOMA		No
(15) SSM HOSPICE AND HOME CARE FOUNDATION 10101 WOODFIELD LANE ST LOUIS, MO 63132 30-0012246	FUNDRAISING	MO	501(C)(3)	7	SSM HEALTH BUSINESSES		No
(16) ST MARYS HOSPITAL AUXILIARY 100 ST MARYS MEDICAL PLAZA JEFFERSON CITY, MO 65101 43-6049878	FUNDRAISING	MO	501(C)(3)	11 - Type II	NA		No
(17) GOOD SAMARITAN HOSPITAL AUXILIARY 605 NORTH 12TH STREET MT VERNON, IL 62864 23-7049599	FUNDRAISING	IL	501(C)(3)	11 - Type III - FI	NA		No
(18) ST ANTHONY SHAWNEE HOSPITAL INC 1000 N LEE AVE OKLAHOMA CITY, OK 73102 45-5055149	HEALTH CARE	OK	501(C)(3)	3	SSM HEALTH CARE OF OKLAHOMA		No
(19) SSM AUDRAIN HEALTH CARE INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1550298	HEALTH CARE	MO	501(C)(3)	3	SSM REGIONAL HEALTH SERVICES		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(41) AUDRAIN MEDICAL CENTER FOUNDATION INC 620 E MONROE STREET MEXICO, MO 65265 43-1265060	FUNDRAISING	MO	501(C)(3)	11 - Type II	SSM AUDRAIN HEALTH CARE INC		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 K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SSM ST JOSEPH ENDOSCOPY CENTER LLC 10101 WOODFIELD LANE ST LOUIS, MO 63132 27-0046559	SURGERY SERVICES	MO	NA	N/A								
ST CLARE IMAGING SERVICES 707 14TH STREET SUITE A BARABOO, WI 53913 20-0122365	DIAG SERVICES	WI	NA	N/A								
MT VERNON RADIATION THERAPY CENTER LLC 10101 WOODFIELD LANE ST LOUIS, MO 63132 20-1382620	RADIATION THERAPY	IL	NA	N/A								
SLEEP & NEUROLOGY CENTER OF S ILLINOIS LLC 10101 WOODFIELD LANE ST LOUIS, MO 63132 20-8468195	DIAG SERVICES	IL	NA	N/A								
SMHC SURGICAL CO-MGMT COMPANY LLC 100 ST MARYS MEDICAL PLAZA JEFFERSON CITY, MO 65101 20-8929305	MANAGEMENT	MO	NA	N/A								
SMHC CARDIOVASCULAR CO-MGMT COMPANY LLC 100 ST MARYS MEDICAL PLAZA JEFFERSON CITY, MO 65101 20-8929381	MANAGEMENT	MO	NA	N/A								
SMHC MUSCULOSKELETAL CO-MGMT COMPANY LLC 100 ST MARYS MEDICAL PLAZA JEFFERSON CITY, MO 65101 20-8929237	MANAGEMENT	MO	NA	N/A								
CHOWSMGSI OFFICE BUILDING LLC 10101 WOODFIELD LANE ST LOUIS, MO 63132 37-1383861	MOB	IL	NA	N/A								
CENTER FOR COMPREHENSIVE CANCER CARE LLC 10101 WOODFIELD LANE ST LOUIS, MO 63132 20-1382727	MOB	IL	NA	N/A								
SHAWNEE REAL ESTATE HOLDINGS LLC 1000 N LEE AVE OKLAHOMA CITY, OK 73102 45-5458304	MOB	OK	NA	N/A								
SSM RX EXPRESS LLC 10101 WOODFIELD LANE ST LOUIS, MO 63132 26-4031708	PHARMACY	MO	NA	N/A								
DEAN CLINIC & ST MARYS HOSPITAL ACCOUNTABLE CARE ORGANIZATION LLC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 45-2995500	ACCOUNTABLE CARE ORGANIZATION	WI	NA	N/A								
WISCONSIN INTEGRATED INFORMATION TECHNOLOGY AND TELEMEDICINE SYSTEMS LLC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-2016715	INFORMATION TECHNOLOGY SERVICES	WI	NA	N/A								
DEAN HEALTH HOLDINGS LLC 1277 DEMING WAY MADISON, WI 53717 26-1594709	SUPPORT SERVICES	WI	NA	N/A								
WINGRA BUILDING GROUP 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-0237060	MOB	WI	NA	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Dispropportionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
JANESVILLE RIVERVIEW CLINIC BUILDING PARTNERSHIP 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-6220698	MOB	WI	NA	N/A								
NAVITUS HEALTH SOLUTIONS LLC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 04-3608530	PHARMACY BENEFITS	WI	NA	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SSM MANAGED CARE ORGANIZATION LLC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1708511	HEALTH PROMOTION	MO	NA	C CORPORATION					
FPP INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1465174	HEALTH CARE	MO	NA	C CORPORATION					
DIVERSIFIED HEALTH SERVICES CORP 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1369305	MEDICAL EQUIPMENT	MO	NA	C CORPORATION					
SSM CARDIO AND THORACIC SERVICES INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 26-0286559	HEALTH CARE	MO	NA	C CORPORATION					
SSM PROPERTIES INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1462486	PROPERTY SERVICES	MO	NA	C CORPORATION					
SSM DEPAUL MEDICAL GROUP INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1715106	HEALTH CARE	MO	NA	C CORPORATION					
SSM ST CHARLES CLINIC MED GROUP INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-0626408	PHYSICIAN OFFICES	MO	NA	C CORPORATION					
HEALTH FIRST PHYS MANAGEMENT 10101 WOODFIELD LANE ST LOUIS, MO 63132 73-1534336	MEDICAL SERVICES	OK	NA	C CORPORATION					
SSMHCS LIABILITY TRUST II 10101 WOODFIELD LANE ST LOUIS, MO 63132 81-6128118	INSURANCE	MO	NA	C CORPORATION					
SSM NEUROSCIENCES INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 26-3413981	HEALTH CARE	MO	NA	C CORPORATION					
SSM MEDICAL GROUP INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1664107	PHYSICIAN OFFICES	MO	NA	C CORPORATION					
SSMHC INSURANCE COMPANY 10101 WOODFIELD LANE ST LOUIS, MO 63132 03-0310431	INSURANCE	CA	NA	C CORPORATION					
SSM ORTHOPEDIC INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 27-1557033	HEALTH CARE	MO	NA	C CORPORATION					
SSM CANCER CARE INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 25-1557324	HEALTH CARE	MO	NA	C CORPORATION					
PHYSICIANS SERVICES CORP OF SOUTHERN ILLINOIS 10101 WOODFIELD LANE ST LOUIS, MO 63132 36-4161526	HEALTH CARE	IL	NA	C CORPORATION					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
DEAN HEALTH SYSTEMS INC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-1128616	PHYSICIAN OFFICES	WI	NA	C CORPORATION					
DEAN HEALTH INSURANCE INC PO BOX 56099 MADISON, WI 53705 39-1830837	INSURANCE	WI	NA	C CORPORATION					
DEAN HEALTH PLAN INC PO BOX 56099 MADISON, WI 53705 39-1535024	INSURANCE	WI	NA	C CORPORATION					
ST MARYS DEAN VENTURES INC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-1628491	PHYSICIAN OFFICES	WI	NA	C CORPORATION					
DEAN RETAIL SERVICES INC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-1717636	PROPERTY SERVICES	WI	NA	C CORPORATION					
TEN TWENTY FIVE REGENT STREET 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-1089309	MOB	WI	NA	C CORPORATION					
DEAN SOLUTIONS INC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-1876092	MANAGEMENT	WI	NA	C CORPORATION					
DEANCARE INSURANCE AGENCY INC PO BOX 56099 MADISON, WI 53705 39-1637828	INSURANCE	WI	NA	C CORPORATION					
NAVITUS HOLDINGS LLC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 80-0968174	PHARMACY BENEFITS	WI	NA	C CORPORATION					