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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
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Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

<b>B</b> Check if applicable <input type="checkbox"/> Address change  <input type="checkbox"/> Name change  <input type="checkbox"/> Initial return  <input type="checkbox"/> Final return/terminated  <input type="checkbox"/> Amended return  <input type="checkbox"/> Application pending	<b>C</b> Name of organization Cardinal Glennon Children's Foundation		<b>D</b> Employer identification number  43-1754347	
	Doing business as			
	Number and street (or P O box if mail is not delivered to street address) 10101 Woodfield Ln	Room/suite	E Telephone number  (314) 989-2957	
	City or town, state or province, country, and ZIP or foreign postal code St Louis, MO 63132		<b>G</b> Gross receipts \$ 17,502,765	
	<b>F</b> Name and address of principal officer Sandy Koller 10101 Woodfield Ln St Louis, MO 63132		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number <b>▶</b> 0928	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: <b>▶</b> www.glennon.org				
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>▶</b>		<b>L</b> Year of formation 1996	<b>M</b> State of legal domicile MO	

Part I		Summary	
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities Provide financial support necessary for delivering exceptional health care, in state-of-the-art facilities, to all children in need of care at SSM Cardinal Glennon Children's Medical Center		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
Revenue	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	49
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	46
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	416
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0
Expenses	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	17,142,074	13,484,548
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d )	0	0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,231,125	3,265,734
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	14,159
		20,373,199	16,764,441
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	9,720,992	10,536,720
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
Net Assets or Fund Balances	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,025,765	1,992,020
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>▶3,332,969</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,528,424	2,933,558
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	14,275,181	15,462,298
		6,098,018	1,302,143
Net Assets or Fund Balances	Beginning of Current Year		End of Year
	<b>20</b> Total assets (Part X, line 16)	83,076,521	88,730,104
	<b>21</b> Total liabilities (Part X, line 26)	12,713,493	16,296,155
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	70,363,028	72,433,949

Part II Signature Block

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

Sign Here	<b>▶</b> Signature of officer		2015-11-16	
			Date	
Paid Preparer Use Only	<b>▶</b> June L Pickett Assistant Secretary			
	Type or print name and title			
	Print/Type preparer's name Brooke Kitchen McNeil	Preparer's signature Brooke Kitchen McNeil	Date	Check <input type="checkbox"/> if self-employed
	Firm's name <b>▶</b> Deloitte Tax LLP			Firm's EIN <b>▶</b> 86-1065772
	Firm's address <b>▶</b> 1111 Bagby Street Suite 4500  Houston, TX 770022591			Phone no (713) 982-2000

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

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

✓

No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

✓

No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code ) (Expenses \$ 10,536,720 including grants of \$ 10,536,720 ) (Revenue \$ 0 )

PROVIDED FUNDING TO SUPPORT THE HEALTH CARE AND WELLNESS INITIATIVES OF SSM CARDINAL GLENNON CHILDREN'S MEDICAL CENTER 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 ▶ 10,536,720

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 <b>Section 501(c)(3) organizations.</b> 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 domestic 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 or for domestic individuals 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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	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? <b>Note.</b> 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	<b>Section 501(c)(12) organizations.</b> Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	49	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	46	
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
7b	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		
8a	The governing body?	8a	Yes
8b	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
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	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?		
15a	The organization's CEO, Executive Director, or top management official	15a	No
15b	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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records Julie Weber

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

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

Form **990** (2014)



Part VII

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

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

1b	Sub-Total . . . . .	▶			
c	Total from continuation sheets to Part VII, Section A . . . . .	▶			
d	Total (add lines 1b and 1c) . . . . .	▶	0	5,782,258	3,234,367

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

		Yes	No
3	Did the organization list any <b>former</b> 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	366,299			
	d	Related organizations . . . . .	1d	91,865			
	e	Government grants (contributions)	1e	123,763			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	12,902,621			
	g	Noncash contributions included in lines 1a-1f \$		527,308			
	h	Total. Add lines 1a-1f . . . . .		13,484,548			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	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) . . . . .		1,815,419		
4		Income from investment of tax-exempt bond proceeds . . . . .					
5		Royalties . . . . .					
6a		Gross rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)	0	0			
d		Net rental income or (loss) . . . . .					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)	1,450,315	0			
d		Net gain or (loss) . . . . .			1,450,315		1,450,315
8a		Gross income from fundraising events (not including \$ 366,299 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	375,660			
b		Less direct expenses . . . . .	b	375,660			
c		Net income or (loss) from fundraising events . . . . .					
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a				
b		Less direct expenses . . . . .	b				
c		Net income or (loss) from gaming activities . . . . .					
10a		Gross sales of inventory, less returns and allowances . . . . .	a	376,823			
b		Less cost of goods sold . . . . .	b	362,664			
c		Net income or (loss) from sales of inventory . . . . .			14,159		14,159
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue . . . . .		0	0	0	0	
e	Total. Add lines 11a-11d . . . . .		0				
12	Total revenue. See Instructions . . . . .		16,764,441	0	0	3,279,893	

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	10,463,150	10,463,150		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	73,570	73,570		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	230,223		230,223	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	1,315,814		488,365	827,449
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	445,983		197,741	248,242
10	Payroll taxes.				
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.				
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	214,245	0	214,245	0
12	Advertising and promotion.				
13	Office expenses.	326,651		102,995	223,656
14	Information technology.				
15	Royalties.				
16	Occupancy.				
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	47,304		47,304	
23	Insurance.				
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	1,987,299			1,987,299
b	Professional Fees	358,059		311,736	46,323
c					
d					
e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e.	15,462,298	10,536,720	1,592,609	3,332,969
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance 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			1,195,307	1	2,198,613
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			597,550	3	369,949
	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			0	5	
	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			0	6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			146,187	9	126,104
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	689,344			
	b	Less: accumulated depreciation	10b	628,297	33,147	10c	61,047
	11	Investments—publicly traded securities			76,347,377	11	79,755,714
	12	Investments—other securities. See Part IV, line 11			4,756,953	12	6,218,677
	13	Investments—program-related. See Part IV, line 11			0	13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)			83,076,521	16	88,730,104
Liabilities	17	Accounts payable and accrued expenses			4,829,191	17	7,322,348
	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			0	22	
	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			7,884,302	25	8,973,807
	26	Total liabilities. Add lines 17 through 25			12,713,493	26	16,296,155
		Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
Net Assets or Fund Balances	27	Unrestricted net assets			50,313,441	27	51,939,145
	28	Temporarily restricted net assets			13,741,004	28	12,158,128
	29	Permanently restricted net assets			6,308,583	29	8,336,676
		Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			70,363,028	33	72,433,949
	34	Total liabilities and net assets/fund balances			83,076,521	34	88,730,104

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	16,764,441
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,462,298
3	Revenue less expenses Subtract line 2 from line 1	3	1,302,143
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	70,363,028
5	Net unrealized gains (losses) on investments	5	1,302,215
6	Donated services and use of facilities	6	801,621
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,335,058
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	72,433,949

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> 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		

## Additional Data

**Software ID:** 14000329  
**Software Version:** 2014v1.0  
**EIN:** 43-1754347  
**Name:** Cardinal Glennon Children's Foundation

**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			
(1) Kathleen Becker Director & Hospital Pres	1 00 ..... 41 00	X		X				0	523,494	127,646
(1) Rev Robert Carlson Director & Chairman	1 00 ..... 0	X		X				0	0	0
(2) Allen Allred Director & Secretary	1 00 ..... 0	X		X				0	0	0
(3) James Brennan Director & President	1 00 ..... 0	X		X				0	0	0
(4) James Castellano Director & Chairman-Finance	1 00 ..... 0	X		X				0	0	0
(5) Sherlyn Hailstone Pt-Yr Hosp President & Director	1 00 ..... 40 00	X		X				0	388,285	137,123
(6) James Koman Director & Second Vice Pres	1 00 ..... 0	X		X				0	0	0
(7) Craig LaBarge Director & First Vice Pres	1 00 ..... 0	X		X				0	0	0
(8) William Thompson Director	1 00 ..... 55 00	X						0	3,248,929	2,256,052
(9) Sr Mary Jean Ryan FSM Director & Chairperson	1 00 ..... 9 00	X						0	0	0
(10) Christopher Howard Director	1 00 ..... 52 00	X						0	1,013,182	504,975
(11) Cheryl Bouschka Director	1 00 ..... 0	X						0	0	0
(12) J Michael Bruno Director	1 00 ..... 0	X						0	0	0
(13) Julian Carr Director	1 00 ..... 0	X						0	0	0
(14) Molly Cline PhD Director	1 00 ..... 0	X						0	0	0
(15) Gerald Cohn Pt Yr Director	1 00 ..... 0	X						0	0	0
(16) Bob Costas Director	1 00 ..... 0	X						0	0	0
(17) Dan Dierdorf Director	1 00 ..... 0	X						0	0	0
(18) John Eilermann Director	1 00 ..... 0	X						0	0	0
(19) Douglas Fabick Director	1 00 ..... 0	X						0	0	0
(20) Walter Galvin Pt Yr Director	1 00 ..... 0	X						0	0	0
(21) Dennis Gipson Director	1 00 ..... 0	X						0	0	0
(22) John Hefele Director	1 00 ..... 0	X						0	0	0
(23) Michael Heinz Director	1 00 ..... 0	X						0	0	0
(24) Edward Hempstead Director	1 00 ..... 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) Edward Higgins	1 00									
Director	..... 0	X						0	0	0
(1) Thomas Hilton	1 00									
Director	..... 1 00	X						0	0	0
(2) Nicole Holland	1 00									
Director	..... 0	X						0	0	0
(3) Leslee Holliday	1 00									
Director	..... 0	X						0	0	0
(4) Dennis Jacknewitz	1 00									
Director	..... 0	X						0	0	0
(5) John Kueneke	1 00									
Pt Yr Director	..... 0	X						0	0	0
(6) Dana LaBarge	1 00									
Director	..... 0	X						0	0	0
(7) Bob Leonard	1 00									
Director	..... 0	X						0	0	0
(8) Marian Mehan	1 00									
Director	..... 0	X						0	0	0
(9) Maureen Moore	1 00									
Director	..... 0	X						0	0	0
(10) Dr Dennis O'Connor	1 00									
Director	..... 0	X						0	0	0
(11) Dave Peacock	1 00									
Director	..... 0	X						0	0	0
(12) Chrstopher Pronger	1 00									
Director	..... 0	X						0	0	0
(13) Jeffrey Quinn	1 00									
Director	..... 0	X						0	0	0
(14) Jerry Ritter	1 00									
Director	..... 0	X						0	0	0
(15) Dr Farouk Sadiq	1 00									
Director	..... 0	X						0	0	0
(16) Jack Schreiber	1 00									
Director	..... 0	X						0	0	0
(17) Thom Sehnert	1 00									
Director	..... 0	X						0	0	0
(18) Bryan Swift	1 00									
Director	..... 0	X						0	0	0
(19) Ray Wagner	1 00									
Director	..... 0	X						0	0	0
(20) James Whalen	1 00									
Director	..... 0	X						0	0	0
(21) Robert Witterschein	1 00									
Director	..... 0	X						0	0	0
(22) Jim Woodcock	1 00									
Director	..... 0	X						0	0	0
(23) Brian Behrens	1 00									
Director	..... 0	X						0	0	0
(24) Galen Bingham	1 00									
Director	..... 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(51) Shawn Hagan	1 00									
Director	..... 0	X						0	0	0
(1) Daniel Sullivan	1 00									
Director	..... 0	X						0	0	0
(2) Daniel Wagner	1 00									
Director	..... 0	X						0	0	0
(3) June Pickett	0 10									
Asst Secretary	..... 42 70			X				0	253,530	146,963
(4) Dan Buck	40 00									
Pt Yr Executive Director	..... 0			X				0	276,677	59,998
(5) Sandra Koller	40 00									
Pt Yr Executive Director	..... 0			X				0	78,161	1,610



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

OMB No 1545-0047

2014

Open to Public  
Inspection

Name of the organization Cardinal Glennon Children's Foundation	Employer identification number 43-1754347
--	--

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations . . . . . \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	10,547,440	12,860,994	11,473,475	17,142,074	13,484,548	65,508,531
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	10,547,440	12,860,994	11,473,475	17,142,074	13,484,548	65,508,531
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)						11,225,631
6 Public support. Subtract line 5 from line 4						54,282,900

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	10,547,440	12,860,994	11,473,475	17,142,074	13,484,548	65,508,531
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,165,830	1,388,153	1,650,405	1,493,610	1,815,419	7,513,417
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11	<b>Total support.</b> Add lines 7 through 10						73,021,948
12	Gross receipts from related activities, etc. (see instructions)					12	4,075,274
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

Section C. Computation of Public Support Percentage				
14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	<table><tr><td>14</td><td>74 34 %</td></tr></table>	14	74 34 %
14	74 34 %			
15	Public support percentage for 2013 Schedule A, Part II, line 14	<table><tr><td>15</td><td>75 52 %</td></tr></table>	15	75 52 %
15	75 52 %			
16a	<b>33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b	<b>33 1/3% support test—2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a	<b>10%-facts-and-circumstances test—2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b	<b>10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Part 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . .			
b From 2010. . . . .			
c From 2011. . . . .			
d From 2012. . . . .			
e From 2013. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. . . . .			
b From 2011. . . . .			
c From 2012. . . . .			
d From 2013. . . . .			
e From 2014. . . . .			

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

**Facts And Circumstances Test**

Return Reference

Explanation



SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► 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.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

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 value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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) Revenue 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

Revenue 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, for escrow or custodial account liability? 

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII 

☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" 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 . . . . .                     | 21,188,071      | 19,919,493    | 17,596,780          | 15,387,961          | 10,203,377         |
| b Contributions . . . . .                                  | 72,949          | 5,692         | 749,317             | 2,090,571           | 4,405,000          |
| c Net investment earnings, gains, and losses               | 1,172,637       | 2,038,168     | 1,631,551           | 432,019             | 945,534            |
| d Grants or scholarships . . . . .                         |                 |               |                     |                     |                    |
| e Other expenditures for facilities and programs . . . . . | 698,493         | 775,282       | 58,155              | 313,771             | 165,950            |
| f Administrative expenses . . . . .                        |                 |               |                     |                     |                    |
| g End of year balance . . . . .                            | 21,735,164      | 21,188,071    | 19,919,493          | 17,596,780          | 15,387,961         |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment 

☒ 35 %

b Permanent endowment 

☒ 38 %

c Temporarily restricted endowment 

☒ 27 %
- 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 . . . . .

(ii) related organizations . . . . .

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

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' 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 . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .		689,344	628,297	61,047
e Other . . . . .				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				61,047



**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	18,868,277
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	1,302,215
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	801,621
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	0
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	2,103,836
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	16,764,441
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	0
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	16,764,441

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	16,797,356
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	0
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	16,797,356
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	-1,335,058
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-1,335,058
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	15,462,298

**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 2014 and 2013.
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Actuarial change in gift annuity liability - -1335058

[illegible]

SCHEDULE G  
(Form 990 or 990-EZ)

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Cardinal Glennon Children's Foundation

Employer identification number  
43-1754347

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
		Dierdorf Pronger Golf Tournament (event type)	Glennon Gallop (event type)	2 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . .	260,490	288,540	192,929
	2	Less Contributions . . .	157,264	64,449	144,586
	3	Gross income (line 1 minus line 2) . . . .	103,226	224,091	48,343
Direct Expenses	4	Cash prizes . . . .			
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .	39,439	58,611	5,000
	7	Food and beverages .	18,200	55,830	7,315
	8	Entertainment . . . .		3,030	4,907
	9	Other direct expenses .	45,587	106,620	31,121
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ►			
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ►			
					0

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 . . . .	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>
	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 conducts gaming activities \_\_\_\_\_

a Is the organization licensed to conduct 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11

Does the organization conduct 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 activities conducted 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

\$ and the \$

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 provide any additional information (see instructions).

Return Reference	Explanation
------------------	-------------

Schedule G (Form 990 or 990-EZ) 2014



Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes," 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](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

Name of the organization  
Cardinal Glennon Children's Foundation

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 Domestic Organizations and Domestic Governments. 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 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 63132	43-0738490	501(C)(3)	10,261,607	201,543	FMV	ITEMS FOR HOSPITAL PATIENTS	TO SUPPORT HOSPITAL OPERATIONS

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

3 Enter total number of other organizations listed in the line 1 table . . . . . 0

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" 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	174	73,570			

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 Description Of Procedure For Monitoring Use Of Grant Funds	Grants to organizations were made to organizations that are tax exempt under Section 501(c)(3) These organizations 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 applications are forwarded to the Foundation and the Foundation pays the requested expenditures to the appropriate vendor
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 organizations 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 applications 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.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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
<b>1a</b> 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 <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>			
<b>4</b> 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 <b>a</b> Receive a severance payment or change-of-control payment?		<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		<b>4b</b>	Yes
<b>c</b> 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		<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> 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 <b>a</b> The organization?		<b>5a</b>	No
<b>b</b> Any related organization? If "Yes," to line 5a or 5b, describe in Part III		<b>5b</b>	No
<b>6</b> 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 <b>a</b> The organization?		<b>6a</b>	No
<b>b</b> Any related organization? If "Yes," to line 6a or 6b, describe in Part III		<b>6b</b>	No
<b>7</b> 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		<b>7</b>	No
<b>8</b> 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		<b>8</b>	No
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		<b>9</b>	

**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 in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Kathleen Becker Director & Hospital Pres	(i)	0	0	0	0	0	0	0
	(ii)	..... 461,337	..... 0	..... 62,157	..... 100,197	..... 27,449	..... 651,140	..... 29,400
2 Sherlyn Hailstone Pt-Yr Hosp President & Director	(i)	0	0	0	0	0	0	0
	(ii)	..... 297,940	..... 0	..... 90,345	..... 125,399	..... 11,724	..... 525,408	..... 37,450
3 William Thompson Director	(i)	0	0	0	0	0	0	0
	(ii)	..... 1,807,984	..... 0	..... 1,440,945	..... 2,228,684	..... 27,368	..... 5,504,981	..... 90,580
4 Christopher Howard Director	(i)	0	0	0	0	0	0	0
	(ii)	..... 891,236	..... 0	..... 121,946	..... 474,548	..... 30,427	..... 1,518,157	..... 51,660
5 June Pickett Asst Secretary	(i)	0	0	0	0	0	0	0
	(ii)	..... 230,695	..... 0	..... 22,835	..... 130,612	..... 16,351	..... 400,493	..... 8,960
6 Dan Buck Pt Yr Executive Director	(i)	0	0	0	0	0	0	0
	(ii)	..... 265,310	..... 0	..... 11,367	..... 40,314	..... 19,684	..... 336,675	..... 8,507

**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 4a SEVERANCE PLAN	SSMH HAS ADOPTED A SEVERANCE POLICY TO PROVIDE A FINANCIAL TRANSITION IN THE EVENT OF INVOLUNTARY TERMINATION WITHOUT CAUSE FOR EXECUTIVE LEVEL POSITIONS. THE AMOUNT OF THE COMPENSATION IS BASED ON THE POSITION HELD AND LENGTH OF SERVICE WITH SSMH.
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 (SSMH) President/CEO.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Pension Restoration Plan: SSM Health (SSMH) provides this supplemental defined benefit nonqualified retirement plan to any employee who is a participant in the SSMH qualified defined benefit plan who earns over the Internal Revenue Service compensation limit. The plan "restores" the benefits to these employees that would have been provided under SSMH'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 SSMH or (2) age 55 or older if the individual is no longer employed by SSMH. No reportable individuals listed on Part VII of Form 990 received distributions from this plan during 2014. Capital Accumulation Plan: SSMH provides this supplemental nonqualified retirement plan to executive level employees. The organization contributed a percentage of the employee's base salary into their choice of a select list of investments. The deposits and earnings of the plan are owned by SSMH and are tax-deferred until a distribution is made to the employee. In addition, the plan has special safeguards in place to protect the funds from contingencies, other than insolvency. For contributions made to the plan in 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 2014: All distributions received from the plan in the current year were included in the individuals' taxable compensation. Kathleen Becker \$29,438; Sherlyn Hailstone \$50,386; Christopher Howard \$75,167; William Thompson \$90,701; June Pickett \$11,398; Dan Buck \$8,507.

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](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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 . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		20,643	Market value
5 Clothing and household goods . . . . .	X		144,743	Market value
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	24	188,495	Market value
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	21	6,790	Market value
19 Food inventory . . . . .	X	33	12,398	Cost
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( Gift cards )	X	112	29,329	Cost
26 Other ► ( Lodging )	X	8	7,975	Cost
27 Other ► ( Sporting events )	X	8	4,455	Market value
28 Other ► ( Miscellaneous )	X	1,336	112,480	Market value
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		No	
b If "Yes," describe in Part II				
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

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

Return Reference	Explanation
Schedule M, Part I	ALL AMOUNTS IN PART I, COLUMN B, REPRESENT THE NUMBER OF CONTRIBUTORS FOR ALL TYPES OF ITEMS

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.**

**▶ Attach to Form 990 or 990-EZ.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization Cardinal Glennon Children's Foundation	Employer identification number  43-1754347
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Return Reference	Explanation	
	Form 990, Part III, Line 4a Program Service Accomplishments	<p>Since it was founded in 1872 by catholic sisters, SSM Health (SSMH) has existed to meet th e health needs of the communities it serves SSMH is a Catholic, not-for-profit health sys tem serving the comprehensive health needs of communities across the Midwest through one o f the largest integrated delivery systems in the nation With care delivery sites in Illin ois, Missouri, Oklahoma, and Wisconsin, SSMH includes 18 acute care hospitals, one childre n's hospital, more than 60 outpatient care sites, a pharmacy benefit company, an insurance company, tw o long-term care facilities, comprehensive home care and hospice services, a t echnology company, and tw o Accountable Care Organizations The health system employs appro ximately 30,000 people and is affiliated with more than 8,000 physicians making it one of the largest employers in every community it serves SSMH is sponsored by SSM Health Minist ries, an independent 6-member body comprised of three Franciscan Sisters of Mary and three lay people who collectively hold certain reserved powers over SSM Health In the traditio n of its founding sisters, SSM Health strives to fulfill its mission by providing exceptio nal health care to everyone who comes to its hospitals, regardless of their ability to pay</p> <p>Cardinal Glennon Children's Foundation (the Foundation) exists to support the healthcare and community services of Cardinal Glennon Children's Medical Center (Glennon) Glennon i s a not-for-profit, 190- bed inpatient and outpatient pediatric medical center in St Loui s, Missouri, specializing in neonatology, cardiology, pediatric and fetal surgery, and can cer services The Foundation raises funds to support Glennon's medical and community-benef it services, as well as to enable all youngsters to access those services through the Foun dation'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 s pecial 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 2014 inclu ded The Footprints Program Footprints is a palliative-care program that helps families l ive well along a journey that may end at the graveside of a beloved child Footprints' mul tidisciplinary team is comprised of a director who is an MD, a clinical care coordinator w ho is both a nurse and a chaplain, and a social worker, how ever, the team regularly calls upon other Glennon resources to assist these families Primarily, Footprints focuses on C omfort - 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, fa cilitating communication to ensure family goals, concerns and wishes are honored, assistin g 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 th e family's wishes and that the bedside team keeps each family informed of the child's cond ition, prognosis and care options If a child is discharged, the Footprints team works w ith community care providers to ensure they are fully informed of the child's needs and will respect family wishes 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 to dev elop language skills, reduced access to mainstream education, and difficulty in finding em ployment as adults While traditional hearing aids amplify sound, cochlear implants provid e an advantage for children with profound deafness because they actually compensate for da maged or non-w orking parts of the ear by finding useful sounds and sending them to the bra in 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 implan t provides When implanted early and coupled with post-implantation speech and language th erapy, 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 oth er technology, services and surgeries that enable children with hearing loss to enjoy the sounds and successes of life The Safe Kids Progra</p>

Return Reference	Explanation	
	<p>Form 990, Part III, Line 4a Program Service Accomplishments</p>	<p>m 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 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 philanthropists 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.</p>

Return Reference	Explanation
Form 990, Part III, Line 4b DESCRIPTION OF PROGRAM SERVICE (CONTINUED)	<p>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 Shining Star School Children who are hospitalized or who live with chronic illness benefit from keeping much of their regular routines from their lives outside the hospital Attending school, working on school academics and completing schoolwork are a healthy part of a child's life routine Participating in school activities can give children hope of returning to normal events To meet this very important need for normalcy and development, the Foundation helps sponsor the Shining Star School Shining Star School helps promote general academic development, social and emotional development as well as the overall well-being of individual children and groups in the hospital setting Signature Programs The Foundation has committed significant support to help Glennon and Saint Louis University School of Medicine build up our signature programs and enhance our top performing service lines, which allows us to continue to lead and innovate, keeping us at the edge of pediatric medicine These funds supported clinical research coordinators, post-doctoral support for grant applications, meritorious grants, establish the Pain Management Program, subspecialty fellowships and continuing professional education This support helped Glennon have three service lines included in the U S News and World Report 2014-15 Best Children's Hospitals rankings Nuclear Medicine Suite The Foundation funded a new Nuclear Medicine Suite at Glennon, which is the only radiology and imaging department with the newest nuclear medicine technology in the St Louis and surrounding area This state-of-the-art equipment allows the nuclear medicine images and computed tomography imaging to be performed at the same time With this technology, the information from two different exams can be correlated and interpreted on one image, therefore leading to precise information for diagnoses Bob Costas Center In June 2014, Glennon unveiled the new colorful and child-friendly space in the Costas Center The underwater-themed renovation features include bubble walls, a pirate ship and a 28 foot interactive yellow submarine, complete with a movie screen and video games The more playful and interactive space is designed to help children cope with fear and anxiety as they face treatments for pediatric cancer and life-threatening blood and immune disorders Pediatric Intensive Care Unit A new Pediatric Intensive Care unit was unveiled featuring 18 rooms with 21 beds in an expanded, redesigned and renovated 20,500 square foot space The new unit is nearly triple the size of the former PICU and features state-of-the-art medical technology Patients are monitored through a new system which will allow physicians to view their status from home, 24/7 New bedside dialysis and ultrasound is also available in the PICU</p>

Return Reference	Explanation
Form 990, Part VI, 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 known as SSM Health.

Return Reference	Explanation
Form 990, Part VI, 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, Line 7b Decisions requiring approval by members or stockholders	<p>The member has the following powers</p> <ul style="list-style-type: none"> <li>a To establish and change the philosophy of the Foundation</li> <li>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</li> <li>c Subject to the limitations contained in the Articles of Incorporation, to take action with respect to amendments to the Articles of Incorporation of the Foundation</li> <li>d To take action with respect to amendment to the Bylaws of Foundation and any amendments thereto</li> <li>e To approve the merger, consolidation or dissolution of the Foundation</li> <li>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</li> <li>g To approve <ul style="list-style-type: none"> <li>i) the acquisition of real property or any interest therein or</li> <li>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</li> </ul> </li> <li>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</li> <li>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</li> <li>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</li> <li>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</li> </ul>

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	ACCOUNTING/FINANCE PERSONNEL AT EACH SSMH (SSM HEALTH SY STEM) ENTITY, IN CONJUNCTION WITH SY STEM FINANCE PERSONNEL, PREPARE INFORMATION AND SUPPORTING SCHEDULES THAT ARE USED TO PREPARE THE FORM 990 THIS INFORMATION IS THEN REVIEWED BY A SUPERVISOR/MANAGER AND SENT TO THE SY STEM OFFICE. SSMH PERSONNEL PREPARE THE FORM 990 AND SUBMIT THE FORM 990 TO AN OUTSIDE TAX CONSULTING FIRM WHO REVIEWS THE FORM 990 AND SIGNS AS PAID PREPARER THE SY STEM DIRECTOR - TAX AND COMPLIANCE REVIEWS THE COMPLETED RETURN PRIOR TO FILING THE COMPLETE FORM 990 IS PROVIDED ELECTRONICALLY TO ALL BOARD MEMBERS AT THE NEXT REGULARLY SCHEDULED BOARD MEETING

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>Board members are required to complete a conflict of interest disclosure statement annually. The President and Secretary to the Board oversee compliance with this requirement. All Board members with an identified conflict of interest abstain from Board discussions and votes when applicable. Employees with purchasing authority and/or ability to influence purchasing decisions are assigned the conflict of interest disclosure course (COI) which must be completed 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.</p>



Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The year-end audited consolidated financial statements and unaudited quarterly consolidated financial statements for the SSM Health System are made available to the public on SSM Health's website. The organization's Articles of Incorporation are available on the Missouri Secretary of State's website. Copies of the Form 990 and the 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 change in gift annuity liability - -1335058,

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.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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							

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

Cat No 50135Y

Schedule R (Form 990) 2014

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

Schedule R (Form 990) 2014

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.  
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

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

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: 14000329

Software Version: 2014v1.0

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? <div>YesNo</div>
(1) SSM HEALTH CARE CORPORATION  10101 WOODFIELD LANE ST LOUIS, MO 63132 46-6029223	HEALTH CARE	MO	501(c)(3	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	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	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		SSM HEALTH CARE CORPORATION	No
(4) SSM HEALTH CARE PORTFOLIO MANAGEMENT CO  10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1825256	MANAGEMENT	MO	501(c)(3	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		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	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	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	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	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	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	Type II	NA		No
(17) GOOD SAMARITAN HOSPITAL AUXILIARY  605 NORTH 12TH STREET MT VERNON, IL 62864 23-7049599	FUNDRAISING	IL	501(c)(3	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)	Type I	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 Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
								Yes	No		Yes	No	
SSM ST JOSEPH ENDOSCOPY CENTER LLC  10101 WOODFIELD LANE ST LOUIS, MO 63132 27-0046559	SURGERY SERVICES	MO	NA		N/A								
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) 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	
JANESVILLE RIVERVIEW CLINIC BUILDING PARTNERSHIP  1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-6220698	MOB	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?
<b>Yes</b>	<b>No</b>							
SSM MANAGED CARE ORGANIZATION LLC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1708511	HEALTH PROMOTION	MO	NA	C Corporation				No
FPP INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1465174	HEALTH CARE	MO	NA	C Corporation				No
DIVERSIFIED HEALTH SERVICES CORP 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1369305	MEDICAL EQUIPMENT	MO	NA	C Corporation				No
SSM CARDIO AND THORACIC SERVICES INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 26-0286559	HEALTH CARE	MO	NA	C Corporation				No
SSM PROPERTIES INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1462486	PROPERTY SERVICES	MO	NA	C Corporation				No
SSM DEPAUL MEDICAL GROUP INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1715106	HEALTH CARE	MO	NA	C Corporation				No
SSM ST CHARLES CLINIC MED GROUP INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-0626408	PHYSICIAN OFFICES	MO	NA	C Corporation				No
HEALTH FIRST PHYS MANAGEMENT 10101 WOODFIELD LANE ST LOUIS, MO 63132 73-1534336	MEDICAL SERVICES	OK	NA	C Corporation				No
SSMHCS LIABILITY TRUST II 10101 WOODFIELD LANE ST LOUIS, MO 63132 81-6128118	INSURANCE	MO	NA	C Corporation				No
SSM NEUROSCIENCES INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 26-3413981	HEALTH CARE	MO	NA	C Corporation				No
SSM MEDICAL GROUP INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 43-1664107	PHYSICIAN OFFICES	MO	NA	C Corporation				No
SSMHC INSURANCE COMPANY 10101 WOODFIELD LANE ST LOUIS, MO 63132 03-0310431	INSURANCE	CA	NA	C Corporation				No
SSM ORTHOPEDIC INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 27-1557033	HEALTH CARE	MO	NA	C Corporation				No
SSM CANCER CARE INC 10101 WOODFIELD LANE ST LOUIS, MO 63132 27-1557324	HEALTH CARE	MO	NA	C Corporation				No
PHYSICIANS SERVICES CORP OF SOUTHERN ILLINOIS 10101 WOODFIELD LANE ST LOUIS, MO 63132 36-4161526	HEALTH CARE	IL	NA	C Corporation				No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
<b>Yes</b>	<b>No</b>							
DEAN HEALTH SYSTEMS INC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-1128616	PHYSICIAN OFFICES	WI	NA	C Corporation				No
DEAN HEALTH INSURANCE INC PO BOX 56099 MADISON, WI 53705 39-1830837	INSURANCE	WI	NA	C Corporation				No
DEAN HEALTH PLAN INC PO BOX 56099 MADISON, WI 53705 39-1535024	INSURANCE	WI	NA	C Corporation				No
ST MARYS DEAN VENTURES INC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-1628491	PHYSICIAN OFFICES	WI	NA	C Corporation				No
DEAN RETAIL SERVICES INC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 39-1717636	PROPERTY SERVICES	WI	NA	C Corporation				No
NAVITUS HOLDINGS LLC 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713 80-0968174	PHARMACY BENEFITS	WI	NA	C Corporation				No
YAGNESH V OZA MD INC 4117 VETERANS MEMORIAL DRIVE MT VERNON, IL 62804	PHYSICIAN OFFICE	IL	NA	C Corporation				No