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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

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

C Name of organization
SSM Cardinal Glennon Children's Hospital

Doing business as
See Schedule O

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

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

D Employer identification number
43-0738490

E Telephone number
(314) 989-3640

G Gross receipts $ 378,545,369

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

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ www ssmhealth com

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

L Year of formation 1949

M State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
A not-for-profit 190-bed inpatient & outpatient pediatric medical center in St Louis, Missouri We specialize in neonatology, cardiology, pediatric and fetal surgery, and cancer services

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	5
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	2,264
6	Total number of volunteers (estimate if necessary)	**6**	396
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	286,589
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	13,216,279	8,641,725
9	Program service revenue (Part VIII, line 2g)	339,014,264	357,526,458
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,345,693	4,461,672
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,042,363	7,268,942
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	360,618,599	377,898,797
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	169,884	140,608
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	120,240,249	130,818,654
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	193,549,495	207,047,552
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	313,959,628	338,006,814
19	Revenue less expenses Subtract line 18 from line 12	46,658,971	39,891,983

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	385,541,323	427,750,499
21	Total liabilities (Part X, line 26)	78,298,528	75,341,550
22	Net assets or fund balances Subtract line 21 from line 20	307,242,795	352,408,949

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

****** 2017-11-07
Signature of officer Date

June L Pickett Secretary
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Rachel Spurlock	Rachel Spurlock			P00520729

Firm's name ▶ Crowe Horwath LLP — Firm's EIN ▶ 35-0921680
Firm's address ▶ 9600 Brownsboro Road Suite 400, Louisville, KY 402411122 — Phone no (502) 326-3996

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 $ 308,401,213 including grants of $ 140,608) (Revenue $ 362,323,441)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 308,401,213

Part IV Checklist of Required Schedules

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

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	2,264		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶Bonnie Thorn 1195 Corporate Lake St Louis, MO 63132 (314) 989-3640

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								2,100,327	10,617,320	3,271,500

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 ▶ 133

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ST LOUIS UNIVERSITY 1402 S GRAND BLVD ST LOUIS, MO 63104	PHYSICIAN SERVICES	53,107,815
ALBERICI CONSTRUCTORS INC 8800 PAGE AVE ST LOUIS, MO 63114	CONSTRUCTION SERVICES	4,594,718
Laboratory Corporation of America PO Box 12140 Burlington, NC 27216	Laboratory services	916,721
Mid-America Transplant Services 1110 Highland Plaza Drive East St Louis, MO 63110	Transplant services	692,350
Viracor Eurofins 1001 NW Technology Drive Lees Summit, MO 64086	Laboratory services	447,459

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 ▶ 37

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				
	b Membership dues				
	c Fundraising events				
	d Related organizations	6,405,385			
	e Government grants (contributions)	1,514,943			
	f All other contributions, gifts, grants, and similar amounts not included above	721,397			
	g Noncash contributions included in lines 1a-1f $ 179,237				
	h Total. Add lines 1a-1f	8,641,725			
Program Service Revenue		Business Code			
	2a NET PATIENT SERVICE REVENUE	621110	348,144,654	348,144,654	
	b OTHER REVENUE	621110	8,756,264	8,743,445	12,819
	c LABORATORY REVENUE	621500	625,540	377,390	248,150
	d				
	e				
	f All other program service revenue		0	0	0
	g Total. Add lines 2a-2f	357,526,458			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	2,262,851			2,262,851
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
		(i) Real	(ii) Personal		
	6a Gross rents	441,205			
	b Less rental expenses	426,610			
	c Rental income or (loss)	14,595	0		
	d Net rental income or (loss)	14,595			14,595
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	2,418,783			
	b Less cost or other basis and sales expenses		219,962		
	c Gain or (loss)	2,418,783	-219,962		
	d Net gain or (loss)	2,198,821			2,198,821
	8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18 a				
	b Less direct expenses b				
	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19 a				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances a				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue	Business Code			
	11a PHARMACY REVENUE	446110	5,057,952	5,057,952	
	b CAFETERIA	722210	2,033,041	25,620	2,007,421
	c PARKING FACILITY	900099	72,098		72,098
	d All other revenue		91,256	0	0 91,256
	e Total. Add lines 11a-11d		7,254,347		
	12 Total revenue. See Instructions	377,898,797	362,323,441	286,589	6,647,042

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	53,864	53,864		
2 Grants and other assistance to domestic individuals See Part IV, line 22	86,744	86,744		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,112,334	433,662	678,672	
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	101,692,964	93,598,743	8,094,221	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	7,227,255	5,274,792	1,952,463	
9 Other employee benefits	13,174,321	13,174,321		
10 Payroll taxes	7,611,780	6,966,986	644,794	
11 Fees for services (non-employees)				
a Management	14,688,879	1,828,879	12,860,000	
b Legal	93,280		93,280	
c Accounting	190,114		190,114	
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)	73,496,907	72,616,527	880,380	0
12 Advertising and promotion	156,103		156,103	
13 Office expenses	9,518,763	8,762,765	755,998	
14 Information technology	14,803,626	14,797,692	5,934	
15 Royalties . .				
16 Occupancy	6,174,384	5,781,947	392,437	
17 Travel	347,191	138,417	208,774	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	170,240	144,518	25,722	
20 Interest	825,595	825,595		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	12,750,573	12,498,973	251,600	
23 Insurance . . .	2,169,742		2,169,742	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	45,060,472	45,060,472		
b MEDICARE PROVIDER TAX	26,274,431	26,274,431		
c BOND RELATED FEES	222,041		222,041	
d LICENSES & TAXES	161,414	138,088	23,326	
e All other expenses	-56,203	-56,203	0	0
25 **Total functional expenses.** Add lines 1 through 24e	338,006,814	308,401,213	29,605,601	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1	
	2	Savings and temporary cash investments	4,145,072	2	82,299,520
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	56,176,320	4	82,216,525
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7	Notes and loans receivable, net	10,663,138	7	8,008,893
	8	Inventories for sale or use	4,591,766	8	4,902,994
	9	Prepaid expenses and deferred charges	1,044,295	9	2,832,596
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 331,706,230			
	b	Less accumulated depreciation — 10b: 185,716,211	148,408,461	10c	145,990,019
	11	Investments—publicly traded securities	8,552,255	11	9,194,101
	12	Investments—other securities See Part IV, line 11	146,343,623	12	80,665,117
	13	Investments—program-related See Part IV, line 11	0	13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	5,616,393	15	11,640,734
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	385,541,323	16	427,750,499
Liabilities	17	Accounts payable and accrued expenses	29,140,707	17	28,523,334
	18	Grants payable		18	
	19	Deferred revenue	1,532,073	19	900,805
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	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	47,625,748	25	45,917,411
	26	**Total liabilities.** Add lines 17 through 25	78,298,528	26	75,341,550
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	277,541,775	27	316,806,613
	28	Temporarily restricted net assets	12,808,812	28	16,515,315
	29	Permanently restricted net assets	16,892,208	29	19,087,021
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	307,242,795	33	352,408,949
	34	Total liabilities and net assets/fund balances	385,541,323	34	427,750,499

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	377,898,797
2	Total expenses (must equal Part IX, column (A), line 25)	2	338,006,814
3	Revenue less expenses Subtract line 2 from line 1	3	39,891,983
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	307,242,795
5	Net unrealized gains (losses) on investments	5	548,062
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	4,726,109
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	352,408,949

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

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 43-0738490
Name: SSM Cardinal Glennon Children's Hospital

Form 990 (2016)

Form 990, Part III, Line 4a:

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Paula Friedman Vice President, Senior VP-Strategic Development SSM Health	1 0 ..... 54 0	X		X				0	940,690	388,689
Christopher Howard Chair, Pres-Hospital Operations of SSM Health	1 0 ..... 55 0	X		X				0	1,129,635	404,326
Candace Jennings President, Regional Pres-Hospital Operations-St Louis	10 0 ..... 32 0	X		X				0	783,030	123,883
Sr Mary Jean Ryan FSM Pt Yr Director & Pt Yr Chairperson	1 0 ..... 6 0	X		X				0	0	0
William Thompson Vice Chair, President/CEO of SSM Health	1 0 ..... 56 0	X		X				0	1,732,435	242,602
Jan Cerny Director	1 0 ..... 2 0	X						0	0	0
Dee Joyner Director	1 0 ..... 2 0	X						0	0	0
Shane Peng MD Pres-Physician & Ambulatory Services	1 0 ..... 47 0	X						0	918,748	147,474
James Bleicher MD Director	1 0 ..... 42 0	X						0	584,456	107,336
Snehal Gandhi MD Director	1 0 ..... 2 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			
William R Kauffman Director	1 0 2 0	X						0	0	0
Fred P Pestello PhD Director	1 0 2 0	X						0	0	0
Damon Harbison Pt Yr Interim Hospital President	40 0 1 0			X				229,181	0	38,645
Shari Jackson Pt Yr Asst Secretary	10 0 30 5			X				0	14,970	1,162
June Pickett Secretary	1 0 65 1			X				0	281,543	35,564
Karen Rewerts System VP Finance	10 0 30 0			X				0	616,613	277,488
Kris Zimmer Treasurer, Senior VP-Finance SSM Health	1 0 57 0			X				0	1,105,377	344,110
Steven Burghart Hospital President	40 0 1 0			X				0	375,440	59,247
Kathleen Gunter Pt Yr Asst Secretary	10 0 30 5			X				0	45,768	11,403
Bryan Rever Assistant Secretary	5 0 35 0			X				0	17,875	998

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			
Kevin Todd Johnson Reg VP - Medical Affairs	10 0 ..... 31 0				X			0	740,843	244,276
Terry Palmisano VP Nursing - CGCMC	40 0 0				X			224,242	0	25,420
Renee Roach System VP - HR SSMHC Stl	10 0 ..... 30 0				X			0	370,447	53,377
Susan Staub Exec Dir Maternal & Pediatric Services	40 0 0				X			167,839	0	144,598
Pushpa Patel Physician	40 0 0					X		286,782	0	167,352
Pathma Ramesvara Physician	40 0 0					X		284,135	0	37,353
Timothy Reed Physician	40 0 0					X		290,654	0	93,432
Yelena Podorozhansky Physician	40 0 0					X		342,673	0	9,835
Christopher Wangard Physician, Medical Director	40 0 0					X		274,821	0	37,646
Lynn Lenker Former Key Employee	..... 40 0						X	0	356,415	190,704

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			
Kathleen Becker Former Officer	..... 40 0						X	0	603,035	84,580

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
SSM Cardinal Glennon Children's Hospital

Employer identification number
43-0738490

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

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

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

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

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

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

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

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

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

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

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

_____

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

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

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

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

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

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

f Enter the number of supported organizations _____

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
SSM Cardinal Glennon Children's Hospital	43-0738490

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ▶ $
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		39,161
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			39,161
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
SSM Cardinal Glennon Children's Hospital

Employer identification number
43-0738490

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

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

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	29,480,536	30,555,205	29,530,190	27,206,992	24,155,350
b Contributions	1,500,000	5,095	106,411	5,692	749,317
c Net investment earnings, gains, and losses	1,863,788	-200,555	1,563,640	3,092,788	2,464,561
d Grants or scholarships					
e Other expenditures for facilities and programs	632,362	879,209	645,036	775,282	162,236
f Administrative expenses					
g End of year balance	32,211,962	29,480,536	30,555,205	29,530,190	27,206,992

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

- a Board designated or quasi-endowment ▶ 25 %
- b Permanent endowment ▶ 59 %
- c Temporarily restricted endowment ▶ 16 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		7,590,658		7,590,658
b Buildings		237,326,172	127,820,999	109,505,173
c Leasehold improvements		675,659	110,197	565,462
d Equipment		82,585,975	57,785,015	24,800,960
e Other		3,527,766		3,527,766
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				145,990,019

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST IN FOUNDATION	80,665,117	F
(B) SSM COMPREHENSIVE INVESTMENT PROGRAM		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	80,665,117	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
RABBI TRUST LIABILITY	293,343
PENSION FUNDING LIABILITY	15,062,590
ASSET RETIREMENT OBLIGATION	2,395,367
ALLOCATED TAX EXEMPT BOND LIAB (ISSUED THROUGH SSM HEALTH CARE)	
DUE TO AFFILIATES	26,017,905
OTHER LIABILITIES	1,505,000
THIRD PARTY PAYOR	
THIRD PARTY PATIENT LOANS	643,206
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	45,917,411

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

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

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

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 43-0738490
Name: SSM Cardinal Glennon Children's Hospital

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

1 (a) Description of Liability	(b) Book Value
RABBI TRUST LIABILITY	293,343
PENSION FUNDING LIABILITY	15,062,590
ASSET RETIREMENT OBLIGATION	2,395,367
ALLOCATED TAX EXEMPT BOND LIAB (ISSUED THROUGH SSM HEALTH CARE)	
DUE TO AFFILIATES	26,017,905
OTHER LIABILITIES	1,505,000
THIRD PARTY PAYOR	
THIRD PARTY PATIENT LOANS	643,206

Supplemental 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

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	SSM CARDINAL GLENNON CHILDREN'S HOSPITAL'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOL IDATED FINANCIAL STATEMENTS OF SSM HEALTH (SSMH), A RELATED ORGANIZATION SSMH EVALUATES I TS UNCERTAIN TAX POSITIONS ON AN ANNUAL BASIS A TAX BENEFIT FROM AN UNCERTAIN TAX POSITIO N MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UP ON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASE D ON THE TECHNICAL MERITS THERE HAVE BEEN NO UNCERTAIN TAX POSITIONS RECORDED IN 2016 OR 2015

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
SSM Cardinal Glennon Children's Hospital

Employer identification number
43-0738490

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b		No
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,827,322		1,827,322	0 54 %
b Medicaid (from Worksheet 3, column a)			178,910,561	203,344,087	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			3,994,876	2,959,302	1,035,574	0 31 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	184,732,759	206,303,389	2,862,896	0 85 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,919,568	3,750,417	169,151	0 05 %
f Health professions education (from Worksheet 5)			67,671,866	15,021,125	52,650,741	15 58 %
g Subsidized health services (from Worksheet 6)			11,571,443	354,173	11,217,270	3 32 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			218,126	5,000	213,126	0 06 %
j **Total.** Other Benefits	0	0	83,381,003	19,130,715	64,250,288	19 01 %
k **Total.** Add lines 7d and 7j	0	0	268,113,762	225,434,104	67,113,184	19 86 %

Part II Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0 %
2 Economic development					0	0 %
3 Community support					0	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy			12,707		12,707	0 %
8 Workforce development					0	0 %
9 Other					0	0 %
10 Total	0	0	12,707	0	12,707	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 2,504,000		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? **1**

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

A

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) http //www cardinalglennon com/			
b	☑ Other website (list url) https //www ssmhealth com/about/community-health-needs-assessments			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) https //www ssmhealth com/about/community-health-needs-assessments			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0 % and FPG family income limit for eligibility for discounted care of 400 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) https //www ssmhealth com/for-patients/financial-assistance			
b	☑ The FAP application form was widely available on a website (list url) https //www ssmhealth com/for-patients/financial-assistance			
c	☑ A plain language summary of the FAP was widely available on a website (list url) https //www ssmhealth com/for-patients/financial-assistance			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

A

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? **24**

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 3b Eligibility for Discounted Care	Services eligible under the financial assistance policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination The basis for the amounts the hospital will charge patients qualifying for financial assistance is as follows Patients whose family income is above 200% but not more than 400% of the FPL are eligible to receive discounted services at amounts no greater than the amounts generally billed to the hospital's commercially insured or Medicare patients

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community Benefit Annual Report	SSM Health Cardinal Glennon Children's Hospital is part of the integrated health system known as SSM Health In an effort to strengthen its community benefit program, SSM Health plans for, measures, and communicates community benefits provided to persons who are low income, the unpaid costs of public programs and other activities that respond to community need, improve community health, or reach out to low income and vulnerable persons

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of Community Health (Continued)	E PACTS for Life/PALS PACTS for Life (Pediatric Advanced Cardiorespiratory and Trauma Sup port for life) was created by Cardinal Glennon emergency physician Anthony Scalzo, M D , a nd provides training for caregivers in emergency life support PALS (Pediatric Advanced Li fe Support) is the result of a collaboration between the American Heart Association (AHA) and the American Academy of Pediatrics The courses are designed to provide caregivers wit h skills which will enable them to both recognize the potential for respiratory and/or car diac arrest in infants and children, and intervene in an appropriate manner by providing a systemic approach to these patients The courses are offered to physicians, nurses, param edics, respiratory therapists, and other health care providers, and carry continuing educa tion credits F School Partnership Program Children who are hospitalized or who live with chronic illness benefit from keeping much of their regular routines from their lives outs ide 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, Cardinal Glennon has its very own school, the Shining Star School Shini ng Star School helps promote general academic development, social and emotional developmen t as well as the overall well-being of individual children and groups in the hospital sett ing G Community Education Cardinal Glennon provides education classes at various events throughout the area including School Tools for Nurses through the School Nurse Partnershi p and coordinating activities/presentations to outside special groups regarding child life , including coordinating service project volunteers, Rally Squirrel Safety Treehouse in th e Dan Dierdorf Emergency Center which provides tools to educate parents in the areas of en vironmental safety, home safety, disaster preparedness, and sports safety to decrease the risk of pediatric injury, H Dorothy and Larry Dallas Heart Center The Dorothy and Larry D allas Heart Center provides comprehensive heart care for children with heart defects and o ther problems Through advanced diagnosed imaging, heart experts can determine if a baby h as a heart problem while still in the womb and work with the family to determine the best course of action to treat the issue The Dallas Heart Center has the most advanced diagnos tic equipment to learn more about a child's heart through less invasive procedures Digita l echo technology and a cardiac ultrasound machine with advanced 3D imaging allow doctors to see 3D heart imaging in real time to make the most accurate diagnosis I St Louis Fet al Care Institute The St Louis Fetal Care Institute serves families across the country by offering the most comprehensive fetal care program in middle America A multi-disciplinar y team of pediatric and high-risk maternity experts are able to treat life-threatening con ditions in babies before birth Although many fetal conditions require only careful monito ring and preparation for the baby's birth, many conditions that threaten a baby's quality of life can be surgically corrected while the baby is still in the womb In conditions suc h as Twin-Twin Transfusion Syndrome, congenital diaphragmatic hernia, amniotic band syndro me and large tumors, physicians have been able to provide life-changing intervention to al low a baby to be born healthy Babies with Myelomeningocele, the most severe form of spina bifida, have been significantly helped through surgical intervention The internationally known MOMS Trial determined that babies who have their spina bifida addressed through sur gery in the womb have better function and do better as they age than babies who did not re ceive surgical intervention The St Louis Fetal Care Institute has become one of the only centers in the country to provide this type of life-changing surgery and has helped a num ber of children whose live would have otherwise been significantly different J Knights o f Columbus Developmental Center The Knights of Columbus Developmental Center is an 11,000- square-foot space dedicated to helping children with autism and other neurodevelopmental d isorders The facility enables experts to see children with special needs in a health care setting developed just for them, outside the distractions of the hospital The Knights of Columbus Developmental Center at SSM Cardinal Glennon helps children with autism and neur odevelopmental disorders to reach their highest potential through comprehensive evaluation , care, family guidance, education and innovative research Children with autism spectrum disorders receive innovative care to treat their complex diagnoses The multi-disciplinary provides applied behavioral analysis, speech and language therapy, occupational therapy a nd physical therapy as needed to children with aut

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of Community Health (Continued)	ism A PEERS Social Skill program teaches children with autism how to interact with others , which is often challenging for children on the autism spectrum disorder The Knights of Columbus Developmental Center also has a dog therapy program Trained therapy dog Higgins, a Goldendoodle, works with children to make them more comfortable with medical treatment and provide distraction during therapy sessions K Pediatric Research Institute The Pedia tric Research Institute operates to improve and assure the health and safety of children i n the greater St Louis area, promoting research that advances the knowledge and management of childhood health and diseases, a number of nationally known physician-scientists condu ct research that can be applied to the clinical setting to improve disease prevention and treatment Ongoing programs include the study of pediatric infections and vaccine developm ent, cardiac transplant rejection, liver disease, metabolic diseases and neonatal lung inf lammation L Community Outreach Cardinal Glennon supports numerous outreach programs thro ughout the community including Holding a free public flu clinic, sponsoring a Milk Depot or "drop Off" for mothers in the community that want to donate breast milk to the Milk Ban k, serving as Board members for organizations promoting community health related endeavors , providing funding for medication for children when families are unable to pay, donating medication to mission trips, providing meal tickets and cab fare to family members of pati ents, providing conference room space to organizations aligned with our mission/values M The Dan Dierdorf Emergency and Trauma Center The Dan Dierdorf Emergency and Trauma Center at SSM Health Cardinal Glennon Children's Hospital was the first Level I Pediatric Trauma Center in Missouri We are designated a Level I Pediatric Trauma Center by both Missouri and Illinois This means we can handle any type of emergency at any time of day N The Gl ennonKids Safety Program The GlennonKids Safety Program at SSM Cardinal Glennon Children's Medical Center and is dedicated to the prevention of childhood injuries It also serves a s the lead agency for Safe Kids St Louis, a local chapter of the national Safe Kids progr am Since its inception more than 20 years ago, the GlennonKids Safety Program has contrib uted to a 45 % national reduction in child fatalities resulting from unintentional injurie s, saving more than 38,000 lives We partner with Kohl's 4 Kids and West County EMS and Fi re Protection District to provide free car seat inspections/ installations by certified ch ild passenger safety (CPS) technicians and distribution of properly fitted bicycle helmets Nearly 41,000 children visit our Emergency and Trauma Center each year for all types of injuries and illness, ranging from sprains and asthma attacks to serious trauma injuries t hat may occur during car accidents Cardinal Glennon is nationally recognized and has been ranked among the country's top pediatric heart and neonatology programs in U S News and World Report's 2016 -17 Best Children's Hospitals rankings Cardinal Glennon ranked 35th i n gastroenterology and gastrointestinal surgery, 34th in cardiology and heart surgery and 49th in pediatric cancer Cardinal Glennon is expanding the Dana Brown Neonatal Intensive Care Unit from 60 to 65 all-private rooms, Cardinal Glennon has a Level IV NICU, the highe st designation available

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of Community Health (Continued)	Glennon also furthers its exempt purpose with the following activities * Operates an emergency room that is open to all persons regardless of ability to pay, * Has an open medical staff with privileges available to all qualified physicians in the area, * Has a governing body in which independent persons representative of the community comprise a majority * Engages in the training and education of health care professionals, * Participates in Medicaid, Medicare, Champus, Tricare, and/or other government-sponsored health care programs * Cardinal Glennon is committed to providing a high quality patient care delivery system which includes the reinvestment of surplus funds

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	Financial Assistance Methodology The cost of financial assistance is calculated in compliance with catholic health association (CHA) guidelines A cost to charge ratio calculated using the IRS worksheet 2, ratio of patient care cost to charges, was used to compute financial assistance at cost This is the ratio of total adjusted operating expense to total gross patient revenue The gross revenue amount is a gross amount - prior to contractual adjustments and bad debts Both gross revenue and costs are based on charges at date/time of service Unreimbursed Medicaid Costing Methodology The cost of unreimbursed Medicaid is calculated in compliance with Catholic Health Association (CHA) guidelines A cost to charge ratio calculated utilizing IRS Worksheet 2, Ratio of patient care cost to charges, was used to compute unreimbursed Medicaid costs This is the ratio of total adjusted operating expenses to total gross patient revenue The gross revenue amount is gross amount - prior to contractual adjustments and bad debts Both gross revenue and costs are based on charges at date/time of service Community health improvement services and community benefit operations costing methodology The costs for these programs were derived from the actual costs incurred in these areas Subsidized health services costing methodology The expenditures are determined based on actual invoices or dollar amounts spent and charged to these departments, reduced by any grant revenues restricted for these services, if any Research costing methodology Research expenses were taken from the income and expense statements for the research departments, derived from the accounting system Cash and In-Kind contributions to community groups costing methodology Contribution expenditures are based on actual invoices that were captured and reported for this program, derived from the accounting system

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	SSM Health Cardinal Glennon Children's Hospital participates in a wide array of community and civic organizations in the promotion of health care and community building activities Specific activities reported in Part II of Schedule H include the following Community Building - community health improvement advocacy hospital staff met with government and private organizations and advocated public policy issues related to healthcare, housing, safety, and education

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	BAD DEBT EXPENSE IS REPORTED BASED ON THE ORGANIZATION'S FINANCIAL STATEMENT REPORTING

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	SSM Health Cardinal Glennon Children's Hospital did not make an estimate of the organization's bad debt attributable to patients eligible under the organization's financial assistance policy

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	SSM Health Cardinal Glennon Children's Hospital is part of the SSM Health consolidated audit The footnote that references bad debt expense in the December 31, 2016 consolidated audit is contained on page 18 and 19 of the attached financial statements

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	The cost of providing care to Medicare eligible patients is greater than the reimbursement that Medicare allows on the Medicare cost report SSM Health Cardinal Glennon Children's Hospital considers this shortfall as a component of community benefit because the reimbursement is not negotiated and services are provided regardless of the patients' ability to pay The Medicare costs reported on Line 6 were obtained from the 2016 Medicare cost report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	SSM Health Cardinal Glennon Children's Hospital has established a written credit and collection policy and procedures The billing and collection policies and practices reflect the mission and values of SSM Health, including our special concern for people who are poor and vulnerable, The Health Center embraces its responsibility to serve the communities in which it participates by establishing sound business practices The Health Center's billing and collection practices will be fairly and consistently applied All staff and vendors are expected to treat all patients consistently and fairly regardless of their ability to pay They respond to patients in a prompt and courteous manner regarding any questions about their bills and provide notification of the availability of financial assistance All uninsured patients will be provided a standard discount for medically necessary inpatient and outpatient services, including services provided at off-campus outpatient sites The hospital determined the amount of the discount based on the local managed care market, applicable statutory requirements and other relevant local circumstances The rate must be no less than the lowest effective discount rate and no greater than the highest effective discount rate for the current managed care contracts of the hospital Uninsured patients may also qualify for an additional discount based upon financial need under the system financial assistance policy All accounts due from the patient will receive a statement after discharge or after final adjudication from patient's insurance Generally the patient will receive 4 months (120 days) of in-house collection efforts (including early out vendors) and 12 months of bad debt collection efforts The hospital will make Reasonable Efforts to determine FAP eligibility including 1 The financial assistance summary will be included with each billing statement 2 Extraordinary Collection Activity (ECAs) may not occur until bad debt placement and only after the expiration of the notification period 3 ECAs must be suspended if a guarantor submits a FAP application during the application period 4 Reasonable measures must be taken to reverse ECAs if the application is approved which may include refunding any payments made in excess of amounts owed as an FAP-eligible individual 5 Bad Debt vendors will gain written approval from SSM prior to engaging in ECAs SSM will review the accounts and verify satisfactory completion of reasonable efforts during the notification and application period A waiver is not considered reasonable efforts Obtaining a signed waiver that an individual does not wish to apply for FAP assistance or receive FAP application information will not meet the requirement to make "reasonable efforts" to determine whether the individual is FAP-eligible before engaging in ECAs All outside collection agencies must comply with state and federal laws, comply with the association of credit and collection professional's code of ethics and professional responsibility and comply with SSM Health Cardinal Glennon Children's Hospital's collection and financial assistance policies

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	A - SSM Health Cardinal Glennon Children's Hospital Line 16a URL https //www ssmhealth com/for-patients/financial-assistance,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - SSM Health Cardinal Glennon Children's Hospital Line 16b URL https //www ssmhealth com/for-patients/financial-assistance,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - SSM Health Cardinal Glennon Children's Hospital Line 16c URL https //www ssmhealth com/for-patients/financial-assistance,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	SSM Health (SSMH) participates in Community Benefit according to our vision, Through our participation in the healing ministry of Jesus Christ, communities, especially those that are economically, physically, and socially marginalized, will experience improved health in mind, body, spirit and environment In the tradition of our founders, the Franciscan Sisters of Mary, caring for those in greatest need remains our organizational priority Today our System Board monitors Community Benefit efforts, and views achievement of our vision as a primary responsibility The purpose of SSMH's Community Benefit program is to assess and address community health needs Making our communities healthier in measurable ways is always our goal To fulfill this commitment, SSM's Community Benefit is divided into two parts 1) Community Health Needs Assessment (CHNA), and 2) Community Benefit Inventory for Social Accountability (CBISA) The CHNA is an assessment and prioritization of community health needs and the adoption and implementation of strategies to address those needs A CHNA is conduced every three years by each hospital according to the following steps * Assess and prioritize community health needs Gather CHNA data from secondary sources, obtain input from stakeholders representing the broad interests of the community through interviews and focus groups, use data to select top health priorities, and complete written CHNA * Develop, adopt, and implement strategies to address top-health priorities Establish strategies to address priorities, complete Strategic Implementation Plan, obtain Regional/Divisional Board approval, and integrate strategies into operational plan * Make CHNA widely available to the public Publish CHNA and summary document on hospital's website * Monitor, track, and report progress on top health priorities Collect data and evaluate progress, report to Regional/Divisional Board every six months and System Board every year, share findings with community stakeholders, and send results to finance for submission to the Internal Revenue Service (IRS) CBISA is the gathering, collecting, and reporting of all data relating to community benefit activities and programs across the System A CBISA is conducted every year by each hospital according to the following steps * Collect and enter data Send out emails reminding staff to submit activities, enter data into Lyon, and run reports to share with leaders * Finalize and report on prior year Enter all prior year data into Lyon by January 31, and communicate final prior year figures to IRS, System Board, and the community System Office staff and leaders oversee and monitor SSMH's Community Benefit Program, and ensure reporting is in compliance with IRS regulations In collaboration with community stakeholders and partner organizations, all hospital CHNAs were completed, approved, and integrated into the organization's strategic plan We continue to monitor and assess the progress of our local efforts in the spirit of caring for others and improving community health

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	All SSMH facilities will strive to provide exceptional health care services to all persons in need regardless of their ability to pay All billing and collection policies reflect the mission and values of SSMH, including our special concern for people who are poor and vulnerable SSMH facilities offer discounts for hospital services to all uninsured persons Self-pay discounts apply to everyone who does not have health insurance, no matter their ability to pay SSMH applies its charity care policies fairly and consistently Each person is treated as an individual with specific needs for assistance without regard to payment SSMH embraces its responsibility to serve the communities in which we participate by establishing sound business practices Charity care is provided to patients based on a sliding scale for household incomes up to four times the federal poverty level Patients whose household income is no more than two times the federal poverty level are eligible for free hospital services In addition, an exception to the sliding scale is provided for a patient's balance due if the amount is too large to be reasonably paid through an installment plan over four years given the family income and expenses Each entity providing medical service shall provide information to the public regarding its charity care policies and the qualification requirements for each of its facilities When standard system notices and communication regarding charity care are available, these must be used Modifications to the standard may be made to comply with state and local laws, as well as reflect culturally sensitive terminology for the policy All notices are easy to understand by the general public, culturally appropriate and available in those languages that are prevalent in the community They provide information about * The patient's responsibility for payment, * The availability of financial assistance from public programs and entity charity care and payment arrangements, * The entity's charity policy and application process, and * Who to contact to get additional information or financial counseling The following types of notices to the public are provided * Signs in the emergency department, outpatient and inpatient registration and public waiting areas * Brochures or fliers provided at time of registration and available in the financial counseling areas * Notices sent with or on patient bills or communications sent to patients and guarantors related to medical services * Applications provided to uninsured patients at the time of registration The application for charity care, together with any instructions, must clearly state the policies regarding charity care, including excluded services, eligibility criteria and documentation requirements Information about the entity's charity policies is also provided to public agencies

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	SSM Health Cardinal Glennon Children's Hospital defines its primary service area as the St Louis metropolitan statistical area, a 12 county region with an approximate population of 2 1 million in 2011 This includes 505,000 children (ages 0 - 17) who represent 24% of the region's population The pediatric population is projected to grow in St Louis City, with the biggest growth projected to occur in the 3-9 age group The number of children 0- 2 is projected to remain flat More than 80% of the pediatric population in the St Louis Metropolitan Statistical Area (MSA) are between the ages of 3 - 17 The median household income in the St Louis MSA is $69,077 and approximately 31% of the population has a bachelor's degree or greater Distribution of race/ethnicity in our community is white/Caucasian 74%, black/African-American 19%, Hispanic 3%, other 4% Demographics vary considerably across the St Louis Metropolitan area Because we support a wide range of local markets and constituencies, demographics are also evaluated for our individual service lines and clinical departments to ensure we focus on specific community health needs Additional information concerning the Cardinal Glennon service area can be found on pages 14 through 18 of the 2015 CHNA

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	SSM Health Cardinal Glennon Children's Hospital provides many community building activitie s to promote the health of the communities we serve in response to community identified ne eds Listed are the primary initiatives that we support and their impact A Perinatal Out reach Services The outreach program provides services to perinatal care providers in Misso uri and Illinois The Program is designed to improve outcomes for mothers and babies throu gh educational programs and quality improvement activities Programs for both physicians a nd nurses include topic presentations, case reviews, fetal monitoring classes, neonatal re suscitation program training, and the stable program, a course in the stabilization of sic k or preterm newborns The department also participates in community organizations and boa rds as requested A primary goal of the department is to assist health care professionals in developing quality care for mothers and babies for improved outcomes B Safe Kids Card inal Glennon is the Missouri sponsor of Safe Kids Worldwide, an organization dedicated to injury prevention for children birth to 14 years of age The parent organization, Safe Kid s Worldwide, coordinates over 400 coalitions in the United States and many others in vario us countries The primary focus of our local coalition is child passenger safety, because automobile crashes are the number one cause of child deaths in Missouri and the United Sta tes The local program comprises 55 agencies in St Louis City, St Louis County, Washington , Jefferson and Franklin Counties to provide car seat checks to caregivers and also to pro vide low-cost car seats for low-income families Beyond car seats, Safe Kids provides educ ational services as requested by communities for home safety, poison prevention, pedestria n safety, bicycle safety, and safe sleep The program conducts needs assessments to determ ine areas for the greatest impact for services, and also works closely with a number of pe diatric hospitals, pediatric hospital departments and multiple agencies to provide greater service to those in need C Footprints Footprints is a program of advocacy and support f or children living with serious, complex illness The mission of the program is to have ou r children, and their families live well along their journey We define "living well" for each family by facilitating care coordination for the child, by working with the family me mbers to develop a family centered plan of care for the child that focuses on the comfort of the child and respects the values and beliefs of the family, and by collaborating with the health care team to ensure the family goals are honored and supported by all those inv olved in caring for the child Footprints children are followed by our staff while in the hospital, during outpatient clinic visits, and at home by means of numerous phone calls an d at times, home visits For some children, "living well" means being at home with family and friends, pets, etc , living as close to "normal" a life as possible For others, it me ans having access to costly medical equipment or nursing services that are not covered by insurance, but are necessary to keep the child comfortable and "well" as possible And las tly, for others, it means relief of some of the extraordinary expenses related to caring l ong term for a child with serious illness Funds raised for the program allow us to addres s some of these needs Footprints staff provide education to the local, regional, and nati onal community around best practice pediatric palliative care A three year, on going part nership with others in children's hospital programs in the state has allowed us the opport unity to establish access to pediatric palliative care, similar to the footprints model, i n the Missouri cities of Springfield, Cape Girardeau, Columbia and other sites in St Louis D St Louis Cord Blood Bank The St Louis Cord Blood Bank, one of the largest public co rd blood banks in the world, received licensure approval from the U S Food and Drug Admin istration to manufacture and distribute cord blood-derived stem cell products in 2013 It was the first bank in the region and the fourth bank in the world to earn this high distin ction The Blood Bank works with more than 450 doctors at 37 hospitals throughout Eastern Missouri, Southern Illinois, and the Kansas City, Missouri region The St Louis Cord Bloo d Bank collects, processes and stores umbilical cord blood, providing a life-saving use fo r a birth by-product that would otherwise be discarded as medical waste Cord blood can be used to treat more than 80 diseases, including leukemia and sickle-cell anemia Since 199 5, over 180,000 families have donated their child's cord blood in the hope of saving the l ife of another unrelated person The bank has distributed nearly 2,700 of these cord blood units for transplant worldwide saving more than 1,900 lives since it began More than 31, 000 units remain in storage at the St Louis Cord

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	Blood Bank, available to treat patients with an appropriate match or provide the material to better understand the biology of stem cells and expand applications for more treatments

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	SSM Cardinal Glennon Hospital is a 501(c)(3) non profit corporation operating a children's hospital which serves a 12 county area surrounding the St Louis metropolitan area It is the only children's hospital in the integrated health care system known as SSM Health

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	MO

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 43-0738490
Name: SSM Cardinal Glennon Children's Hospital

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1 Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	SSM Health Cardinal Glennon Children's Hospital 1465 S GRAND BLVD ST LOUIS, MO 63104 WWW CARDINALGLENNON COM 429-17	X	X	X	X			X			A

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	Facility A, 1 - SSM Health Cardinal Glennon Children's Hospital SSM Health Cardinal Glennon Children's Hospital sought input from community stakeholders who represent the broad interest and diversity of St Louis including representatives from both the St Louis and the Missouri Health Departments Participants were invited to a collaborative focus group, which was conducted in cooperation with BJC Healthcare St Louis Children's Hospital A list of leaders who participated in the focus group are listed on page 21 of the CHNA Additional data was derived from a variety of sources including the Healthy Communities Institute (HCI)

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 1	Facility A, 1 - SSM Health Cardinal Glennon Children's Hospital PRIMARY DATA COLLECTION FOR THE CHNA INCLUDED USE OF COMMUNITY STAKEHOLDER FOCUS GROUP FEEDBACK BECAUSE CARDINAL GLENNON AND BJC HEALTH SYSTEM'S ST LOUIS CHILDREN'S HOSPITAL (SLCH) BOTH FOCUS ON ADDRESSING THE HEALTH NEEDS OF PEDIATRIC PATIENTS IN ST LOUIS CITY, THE TWO HOSPITALS COMBINED EFFORTS TO SEEK INPUT FROM COMMUNITY STAKEHOLDERS SSM Health Cardinal Glennon Children's Hospital WILL CONTINUE TO PARTNER WITH OTHER SSM HEALTH ST LOUIS HOSPITALS TO ADDRESS IDENTIFIED NEEDS AS WELL

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	Facility A, 1 - SSM Health Cardinal Glennon Children's Hospital SSM Health's mission stat ement is "Through our exceptional health care services, we reveal the healing presence of God " In 2015, in collaboration with our community partners, SSM Health Cardinal Glennon C hildren's Hospital conducted a Community Health Needs Assessment (CHNA) and developed a st rategic implementation plan for the 2016-2018 cycle The strategic priorities we will addr ess over the next three years include access to care, maternal/infant health, and asthma The SSM Health St Louis Regional Board approved this CHNA on November 23, 2015 SSM Heal th Cardinal Glennon Children's Hospital last conducted a CHNA in 2012 The 2015 SSM Health Cardinal Glennon Children's Hospital Community Health Needs Assessment revealed access to care as a concern for the hospital's service area, citing that while provider access is a dequate, the public perception indicates otherwise The Hospital realizes that there are u nique barriers to care in each community, mainly health literacy, inadequate insurance cov erage, affordability and location of services, and understanding of the important of regul ar health assessments and screenings In addition to significant investment of primary car e and specialty providers in the St Louis region, SSM Health and SSM Health Medical Group are continuously developing initiatives to increase the convenience, access, value, and q uality of services available to the community The following goals were achieved in 2016 t o address access to care Goal Improve overall Health Behaviors Ranking of St Louis Coun ty from 7 in 2015 to 6 in 2018, the Hospital was ranked 2 in 2016 Goal Improve Missouri Kids Count composite county rank in St Louis from 115 in 2014 to 110 by 2018, rank remain ed unchanged at 115 in 2016 The 2015 SSM Health Cardinal Glennon Children's Hospital Comm unity Health Needs Assessment indicated maternal and infant health as a top priority for t he community Infant death rates in parts of St Louis are worse than some third-world co untries and are affected by factors such as housing conditions, jobs, access to care, stre ss, education, and access to healthy foods In partnership with FLOURISH St Louis, a comm unity initiative addressing the challenges of infant mortality and birth defects, SSM Heal th Cardinal Glennon Children's Hospital is working to develop new paths to improve this he alth concern and better the health of women and babies in the area The following goals we re set in 2016 to address maternal and infant health Goal Decrease infant mortality in S t Louis City from 10 9 deaths per 1,000 live births to 10 5 deaths per 1,000 live births by 2018, current measures are 10 9 deaths per 1,000 live births Goal Reduce the percenta ge of preterm births in St Louis County from 12 4% in 2015 to the Healthy People 2020 goa l of 11 4% in 2018, rate was 10 5% in 2016 The 2015 SSM Health Cardinal Glennon Children' s Hospital Community Health Ne

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	eds Assessment revealed that Missouri has a significantly higher rate of children who have pediatric asthma as compared to the United States, 63% of children in Missouri versus 60 3% nationwide SSM Health Cardinal Glennon Children's Hospital partners with emergency ser vice providers and pediatricians to reduce the number of asthma episodes that require emer gency room or inpatient hospitalization intervention The following goals were achieved in 2016 to address asthma concerns Goal Decrease rate of pediatric asthma inpatient hospit alizations in St Louis from 57 6 hospitalizations per 10,000 population, as reported in 2 012, to 54 6 hospitalizations per 10,000 persons by 2018, in 2016 there were 50 5 hospital izations per 10,000 persons Goal Decrease St Louis rate of pediatric asthma emergency r oom visits from 336 7 visits per 10,000 persons in 2012 to 330 visits per 10,000 persons b y 2018 Goal Decrease number of asthma related 30-day readmissions at SSM Health Cardinal Glennon Children's Hospital from 3 1% in 2015 to 2 8% by 2018, readmissions rate in 2016 decreased to 2 4% The Cardinal Glennon Administrative team reviewed the final list of pri oritized pediatric health needs for St Louis City, considering magnitude of impact on the community and alignment with the SSM Mission and Strategic Plan The amount of resources r equired to address the issue and the hospital's ability to impact each issue were also con sidered The Cardinal Glennon team's final prioritization process and needs not addressed by Cardinal Glennon can be found on pages 20 and 22 of the 2015 CHNA

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

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

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

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

	Name and address	Type of Facility (describe)
1	CARDINAL GLENNON ER - SSM HEALTH ST JOSEPH HOSPITAL - LAKE SAINT LOUIS 100 MEDICAL PLAZA LAKE SAINT LOUIS, MO 63367	PEDIATRIC EMERGENCY ROOM
1	CARDINAL GLENNON SPECIALTY SERVICES - HW KOENIG BUILDING 400 MEDICAL PLAZA SUITE 220 LAKE SAINT LOUIS, MO 63367	OUTPATIENT PEDIATRIC CLINIC
2	CARDINAL GLENNON PEDIATRICS - SSM HEALTH ST JOSEPH HOSPITAL - LAKE SAINT LO UIS 300 MEDICAL PLAZA SUITE 310 LAKE SAINT LOUIS, MO 63367	OUTPATIENT PEDIATRIC CLINIC
3	CARDINAL GLENNON ER - SSM HEALTH ST JOSEPH HOSPITAL - ST CHARLES 300 FIRST CAPITOL DRIVE ST CHARLES, MO 63301	PEDIATRIC EMERGENCY ROOM
4	CARDINAL GLENNON NEONATOLOGY SERVICES - SSM HEALTH ST JOSEPH HOSPITAL - ST CHARLES 300 FIRST CAPITOL DRIVE ST CHARLES, MO 63301	NEONATOLOGY SERVICES
5	CARDINAL GLENNON PEDIATRICS - WALL STREET 1551 WALL STREET SUITE 400 ST CHARLES, MO 63303	OUTPATIENT PEDIATRIC CLINIC
6	CARDINAL GLENNON PEDIATRICS - TROY 132 PROFESSIONAL PARKWAY TROY, MO 63379	OUTPATIENT PEDIATRIC CLINIC
7	CARDINAL GLENNON PEDIATRICS - WARRENTON 511 ASHLAND SUITE A WARRENTON, MO 63383	OUTPATIENT PEDIATRIC CLINIC
8	CARDINAL GLENNON PEDIATRICS - SSM HEALTH DEPAUL HOSPITAL - ST LOUIS 12255 DEPAUL DRIVE SUITE 300 BRIDGETON, MO 63044	OUTPATIENT PEDIATRIC CLINIC
9	CARDINAL GLENNON ER - SSM HEALTH DEPAUL HOSPITAL - ST LOUIS 12303 DEPAUL DRIVE BRIDGETON, MO 63044	PEDIATRIC EMERGENCY ROOM
10	CARDINAL GLENNON SPECIALTY SERVICES - ST LUKE'S HOSPITAL 224 S WOODS MILL ROAD SOUTH MEDICAL BUILDING SUITE 640 CHESTERFIELD, MO 63017	OUTPATIENT PEDIATRIC CLINIC
11	CARDINAL GLENNON NEONATOLOGY SERVICES - SSM HEALTH ST MARY'S HOSPITAL - ST LOUIS 6420 CLAYTON ROAD RICHMOND HEIGHTS, MO 63117	NEONATOLOGY SERVICES
12	CARDINAL GLENNON PEDIATRICS - SSM HEALTH ST MARY'S HOSPITAL - ST LOUIS 1035 BELLEVUE AVENUE SUITE 400 RICHMOND HEIGHTS, MO 63117	OUTPATIENT PEDIATRIC CLINIC
13	CARDINAL GLENNON ER - SSM HEALTH ST CLARE HOSPITAL - FENTON 1015 BOWLES AVENUE FENTON, MO 63026	PEDIATRIC EMERGENCY ROOM
14	CARDINAL GLENNON NEONATOLOGY SERVICES - SSM HEALTH ST CLARE HOSPITAL - FENT ON 1015 BOWLES AVENUE FENTON, MO 63026	NEONATOLOGY SERVICES

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

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

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

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

	Name and address	Type of Facility (describe)
16	CARDINAL GLENNON PEDIATRICS - SSM HEALTH ST CLARE HOSPITAL - FENTON 1011 BOWLES AVENUE SUITE 300 FENTON, MO 63026	OUTPATIENT PEDIATRIC CLINIC
1	CARDINAL GLENNON PEDIATRICS - CROSS KEYS 14021 NEW HALLS FERRY RD FLORISSANT, MO 63033	OUTPATIENT PEDIATRIC CLINIC
2	CARDINAL GLENNON PEDIATRICS - FLORISSANT 4129 N HIGHWAY 67 FLORISSANT, MO 63034	OUTPATIENT PEDIATRIC CLINIC
3	SSM HEALTH CARDINAL GLENNON PEDIATRICS 9553 LACKLAND ROAD OVERLAND, MO 63114	OUTPATIENT PEDIATRIC CLINIC
4	SSM HEALTH CARDINAL GLENNON PEDIATRICS - SPECIALTY SERVICES 10296 BIG BEND ROAD SUITE 110 ST LOUIS, MO 63122	OUTPATIENT PEDIATRIC CLINIC
5	CARDINAL GLENNON NEONATOLOGY SERVICES - ST ANTHONY'S MEDICAL CENTER MEDICAL PLAZA BUILDING 10010 KENNER LY ROAD ST LOUIS, MO 63128	NEONATOLOGY SERVICES
6	CARDINAL GLENNON PEDIATRICS - RONNIE'S PLAZA 30 RONNIES PLAZA ST LOUIS, MO 63126	OUTPATIENT PEDIATRIC CLINIC
7	CARDINAL GLENNON PEDIATRICS - SUNSET HILLS 3555 SUNSET OFFICE DRIVE SUITE 101 SUNSET HILLS, MO 63127	OUTPATIENT PEDIATRIC CLINIC
8	CARDINAL GLENNON PEDIATRICS - ARNOLD 1296 JEFFCO BLVD ARNOLD, MO 63010	OUTPATIENT PEDIATRIC CLINIC
9	CARDINAL GLENNON PEDIATRICS - SSM HEALTH CARDINAL GLENNON CHILDREN'S HOSPIT AL DANIS PEDIATRICS 1465 S GRAND BLVD ST LOUIS, MO 63104	OUTPATIENT PEDIATRIC CLINIC
10	CARDINAL GLENNON PEDIATRICS - SSM HEALTH CARDINAL GLENNON CHILDREN'S HOSPIT AL DANIS PEDIATRICS MIDTOWN 4100 FOREST PARK AVE SUITE A ST LOUIS, MO 63108	OUTPATIENT PEDIATRIC CLINIC
11	CARDINAL GLENNON DEVELOPMENT SERVICES - KNIGHTS OF COLUMBUS DEVELOPMENTAL C ENTER PSYCHOLOGY PSYCHIATRY 3800 PARK AVE ST LOUIS, MO 63110	DEVELOPMENTAL SERVICES
12	CARDINAL GLENNON SPECIALTY SERVICES - ST MARY'S PEDIATRICS 3348 AMERICAN DRIVE JEFFERSON CITY, MO 65109	OUTPATIENT PEDIATRIC CLINIC
13	CARDINAL GLENNON SPECIALTY SERVICES - SOUTHEAST MISSOURI HOSPITAL 1723 BROADWAY SUITE 210 CAPE GIRARDEAU, MO 63703	OUTPATIENT PEDIATRIC CLINIC
14	CARDINAL GLENNON ER - HSHS ST ELIZABETH'S HOSPITAL 211 SOUTH THIRD STREET BELLEVILLE, IL 62220	PEDIATRIC EMERGENCY ROOM

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

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

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

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

	Name and address	Type of Facility (describe)
31	CARDINAL GLENNON NEONATOLOGY SERVICES - MEMORIAL HOSPITAL 4500 MEMORIAL DRIVE BELLEVILLE, IL 62226	NEONATOLOGY SERVICES
1	CARDINAL GLENNON SPECIALTY SERVICES - BELLEVILLE 2900 FRANK SCOTT PARKWAY WEST COPPE R BEND SOUTH SUITE 950 BELLEVILLE, IL 62223	OUTPATIENT PEDIATRIC CLINIC
2	CARDINAL GLENNON SPECIALTY SERVICES - SOUTHERN ILLINOIS HEALTHCARE FOUNDATI ON 6000 BOND AVENUE CENTREVILLE, IL 62207	OUTPATIENT PEDIATRIC CLINIC
3	CARDINAL GLENNON ER - ANDERSON HOSPITAL 6800 STATE ROUTE 162 MARYVILLE, IL 62062	PEDIATRIC EMERGENCY ROOM
4	CARDINAL GLENNON SPECIALTY SERVICES - ANDERSON HOSPITAL 2133 VADALABENE DRIVE MARYVILLE, IL 62062	OUTPATIENT PEDIATRIC CLINIC
5	CARDINAL GLENNON PEDIATRICS - MARYVILLE 6828 STATE ROUTE 162 MARYVILLE, IL 62062	OUTPATIENT PEDIATRIC CLINIC
6	CARDINAL GLENNON SPECIALTY SERVICES - MOUNT VERNON 1708 JEFFERSON AVENUE SUITE 240 MOUNT VERNON, IL 62864	OUTPATIENT PEDIATRIC CLINIC
7	CARDINAL GLENNON SPECIALTY SERVICES - JEFFERSON COUNTY HEALTH DEPARTMENT 1 DOCTORS PARK ROAD SUITE F MOUNT VERNON, IL 62864	OUTPATIENT PEDIATRIC CLINIC
8	CARDINAL GLENNON SPECIALTY SERVICES - JACKSON COUNTY HEALTH DEPARTMENT 415 HEALTH DEPARTMENT ROAD MURPHYSBORO, IL 62966	OUTPATIENT PEDIATRIC CLINIC
9	CARDINAL GLENNON PEDIATRICS - O'FALLON 604 PIERCE BOULEVARD OFALLON, IL 62269	OUTPATIENT PEDIATRIC CLINIC
10	CARDINAL GLENNON SPECIALTY SERVICES - FAYETTE COUNTY HEALTH DEPARTMENT 416 WEST EDWARDS STREET VANDALIA, IL 62471	OUTPATIENT PEDIATRIC CLINIC
11	CARDINAL GLENNON SPECIALTY SERVICES - JACKSON COUNTY HEALTH DEPARTMENT 101 EAST EDWARDSVILLE ROAD WOOD RIVER, IL 62095	OUTPATIENT PEDIATRIC CLINIC

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
SSM Cardinal Glennon Children's Hospital

Employer identification number
43-0738490

Part I General Information on Grants and Assistance

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

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

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 5

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) Bus Passes/taxi/parking passes for patients' family members		10,566			
(2) Provide meals to patients' family members			1,017	Book	Provide meals to patients' family members
(3) Car Seats/Booster Seats/Bike Helmets			75,161	Book	Car Seats/Booster Seats/Bike Helmets
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part III, Column (b)	MEAL TICKETS AND BUS PASSES/TAXI SERVICES/PARKING PASSES ARE GIVEN TO FAMILY MEMBERS WHOSE LOVED ONES ARE HOSPITALIZED AND WHO DO NOT HAVE THE FUNDS TO MEET THESE NEEDS THE ORGANIZATION DOES NOT KEEP TRACK OF THE NUMBER OF INDIVIDUALS SERVED UNDER THESE GRANTS
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	GRANTS ARE PROVIDED ONLY TO REGIONAL AND NATIONAL 501(C)(3) ORGANIZATIONS THESE ORGANIZATIONS ARE EXPECTED TO MAINTAIN ADEQUATE CONTROLS REGARDING THE USE OF GRANT FUNDS FOR THEIR INTENDED PURPOSE

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 43-0738490
Name: SSM Cardinal Glennon Children's Hospital

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
World Pediatric Project 7201 Glen Forest Drive Suite 304 Richmond, VA 23226	54-1953305	501(c)(3)	10,000				Support operations
JDRF International 26 Broadway 15th Floor New York, NY 10004	23-1907729	501(c)(3)	5,000				Support operations

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Crohn's & Colitis Foundation of America Inc 733 Third Avenue New York, NY 10017	13-6193105	501(c)(3)	5,000				Support operations
The Children's Heart Foundation PO Box 244 Lincolnshire, IL 60069	36-4077528	501(c)(3)	5,000				Support operations

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Ronald McDonald House Charities of Metro St Louis 3450 Park Avenue St Louis, MO 63104	43-1160478	501(c)(3)	5,000				Support operations

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SSM Cardinal Glennon Children's Hospital

Employer identification number
43-0738490

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	The following individual listed on Schedule J Part II received a tax indemnification/Gross up payment in 2016 The payment was included in their taxable compensation Timothy Reed
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	The organization'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 board or compensation committee
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 2016 Capital Accumulation Plan SSMH provides this supplemental nonqualified retirement plan to executive level employees The organization contributed a percentage of the employee's base salary into their choice of a select list of investments The deposits and earnings of the plan are owned by SSMH and are tax-deferred until a distribution is made to the employee In addition, the plan has special safeguards in place to protect the funds from contingencies, other than insolvency For contributions made to the plan in 2014 or after, the distribution will occur after the completion of four plan years for all executives that are still actively employed on the distribution date Any active participant 65 years or older will receive the contribution in the current year The following individuals listed on Part VII of the Form 990 received distributions from this plan in 2016 All distributions received from the plan in the current year were included in the individuals' taxable compensation William Thompson $294,066 June Pickett $18,727 Lynn Lenker $7,037 During 2016, the following individuals participated in a nonqualified retirement plan from the organization or a related organization The amounts reported below represent the change in accrued benefit for each individual Paula Friedman $276,866 Christopher Howard $257,997 Candace Jennings $4,443 William Thompson $3,108 Shane Peng, MD $9,669 James Bleicher $10,996 Damon Harbison $4,762 Shari Jackson ($1,884) June Pickett ($11,000) Karen Rewerts $197,164 Kris Zimmer $201,583 Kathleen Becker $7,322 Lynn Lenker $142,880 Kevin Todd Johnson $149,971 Terry Palmisano $2,916 Renee Roach $1,970 Susan Staub $111,416 Pushpa Patel $150,972 Pathma Ramesvara ($14,671) Timothy Reed $71,977 Yelena Podorozhansky $1,645 Christopher Wangard $6,113

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 43-0738490
Name: SSM Cardinal Glennon Children's Hospital

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 Paula Friedman Vice President, Senior VP-Strategic Development SSM Health	(I)	0	0	0	0	0	0	0
	(II)	705,000	114,197	121,493	368,230	-20,459	1,329,379	114,197
1 Christopher Howard Chair, Pres-Hospital Operations of SSM Health	(I)	0	0	0	0	0	0	0
	(II)	872,531	157,325	99,779	369,852	-34,474	1,533,961	157,325
2 Candace Jennings President, Regional Pres-Hospital Operations-St Louis	(I)	0	0	0	0	0	0	0
	(II)	647,409	93,067	42,554	89,471	-34,412	906,913	93,067
3 William Thompson Vice Chair, President/CEO of SSM Health	(I)	0	0	0	0	0	0	0
	(II)	1,010,243	384,123	338,069	221,076	-21,526	1,975,037	460,221
4 Shane Peng MD Pres-Physician & Ambulatory Services	(I)	0	0	0	0	0	0	0
	(II)	767,253	117,512	33,983	108,924	-38,550	1,066,222	117,512
5 James Bleicher MD Director	(I)	0	0	0	0	0	0	0
	(II)	518,963	52,250	13,243	77,956	-29,380	691,792	52,250
6 Kathleen Becker Former Officer	(I)	0	0	0	0	0	0	0
	(II)	491,170	54,189	57,676	52,598	-31,982	687,615	54,189
7 Damon Harbison Pt Yr Interim Hospital President	(I)	212,613	15,480	1,088	15,069	23,576	267,826	15,480
	(II)	0	0	0	0	-0	0	0
8 June Pickett Secretary	(I)	0	0	0	0	0	0	0
	(II)	229,851	19,802	31,890	10,977	-24,587	317,107	19,802
9 Karen Rewerts System VP Finance	(I)	0	0	0	0	0	0	0
	(II)	528,974	31,548	56,091	243,979	-33,509	894,101	31,548
10 Kris Zimmer Treasurer, Senior VP-Finance SSM Health	(I)	0	0	0	0	0	0	0
	(II)	870,802	148,371	86,204	310,798	-33,312	1,449,487	148,371
11 Steven Burghart Hospital President	(I)	0	0	0	0	0	0	0
	(II)	289,122	0	86,318	37,305	-21,942	434,687	0
12 Lynn Lenker Former Key Employee	(I)	0	0	0	0	0	0	0
	(II)	313,331	0	43,084	160,547	-30,157	547,119	0
13 Kevin Todd Johnson Reg VP - Medical Affairs	(I)	0	0	0	0	0	0	0
	(II)	624,492	42,889	73,462	204,995	-39,281	985,119	42,889
14 Terry Palmisano VP Nursing - CGCMC	(I)	203,943	14,682	5,617	11,257	14,163	249,662	14,682
	(II)	0	0	0	0	-0	0	0
15 Renee Roach System VP - HR SSMHC Stl	(I)	0	0	0	0	0	0	0
	(II)	328,435	21,125	20,887	31,643	-21,734	423,824	21,125
16 Susan Staub Exec Dir Maternal & Pediatric Services	(I)	166,752	0	1,087	121,042	23,556	312,437	0
	(II)	0	0	0	0	-0	0	0
17 Pushpa Patel Physician	(I)	282,694	0	4,088	154,947	12,405	454,134	0
	(II)	0	0	0	0	-0	0	0
18 Pathma Ramesvara Physician	(I)	261,290	0	22,845	10,696	26,657	321,488	0
	(II)	0	0	0	0	-0	0	0
19 Timothy Reed Physician	(I)	286,620	0	4,034	71,977	21,455	384,086	0
	(II)	0	0	0	0	-0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
21 Yelena Podorozhansky Physician	(I)	324,194	0	18,479	5,620	4,215	352,508	0
	(II)	0	0	0	0	0	0	0
1 Chnstopher Wangard Physician, Medical Director	(I)	272,003	0	2,818	9,975	27,671	312,467	0
	(II)	0	0	0	0	0	0	0

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
SSM Cardinal Glennon Children's Hospital

Employer identification number
43-0738490

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		26,742	Market value
5 Clothing and household goods	X		26,825	Market value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	12	3,397	Market value
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Toys)	X	152	87,597	Market value
26 Other ▶ (Airline passes)	X	1	20,000	Market value
27 Other ▶ (Medical equipment)	X	1	1,801	Cost
28 Other ▶ (Miscellaneous)	X	25	12,875	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

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		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 Explanation of reporting method for number of contributions	The amount in column (b) represents the number of contributions for all types of items

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
SSM Cardinal Glennon Children's Hospital

Employer identification number

43-0738490

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Description of Program Service	Briefly describe the organization's mission Since it was founded in 1872 by Catholic sist ers, SSM Health (SSMH) has existed to meet the health needs of the communities it serves SSMH is a Catholic, not-for-profit health system serving the comprehensive health needs of communities across the Midwest through one of the largest integrated delivery systems in the nation With care delivery sites in Illinois, Missouri, Oklahoma, and Wisconsin, SSMH includes 19 acute care hospitals, one children's hospital, more than 60 outpatient care si tes, a pharmacy benefit company, an insurance company, two long-term care facilities, comp rehensive home care and hospice services, a technology company, and two Accountable Care O rganizations The health system employs more than 31,000 people and is affiliated with mor e than 8,500 physicians making it one of the largest employers in every community it serve s SSMH is sponsored by SSM Health Ministries, an independent 8-member body comprised of t hree Franciscan Sisters of Mary and five lay people who collectively hold certain reserved powers over SSMH In the tradition of its founding sisters, SSMH strives to fulfill its m ission by providing exceptional health care to everyone who comes to its hospitals, regard less of their ability to pay About SSM Cardinal Glennon Children's Hospital SSM Health C ardinal Glennon Children's Hospital is a 190-bed inpatient and outpatient pediatric medica l center that treats children from Missouri, Illinois and around the world Cardinal Glenn on also operates 43 Close to Home locations in the bi-state area bringing the excellence o f the medical center's care to your community Cardinal Glennon specializes in neonatology , cardiology, pediatric and fetal surgery, and cancer services Cardinal Glennon Children' s Hospital is home to the Bob Costas Cancer Center, where world-class expertise allows us to offer the latest in innovative and investigational treatments for children The day hos pital at the Bob Costas Cancer Center provides a comfortable setting for children to recei ve ongoing treatments, such as chemotherapy, transfusions, or other drug treatment, withou t being admitted to the hospital Children can also undergo minor procedures under sedatio n in the comfort of the day hospital Comforts such as the day hospital allow children to spend more time at home or school, continuing their daily routine and keeping life as norm al as possible US News and World Report has consistently ranked Cardinal Glennon as a top children's hospital nationally In 2017, the hospital was ranked in three specialties ca rdiology and heart surgery (#45), gastroenterology and GI surgery (#44), and nephrology (# 48) Describe the organization's approach to providing community benefit SSM Health (SSM) participates in Community Benefit according to our vision, Through our participation in t he healing ministry of Jesus Christ, communities, especially those that are economically, physically, and socially margi

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Description of Program Service	nalized, will experience improved health in mind, body, spirit and environment In the tra dition of our founders, the Franciscan Sisters of Mary, caring for those in greatest need remains our organizational priority Today our System Board monitors Community Benefit eff orts, and views achievement of our vision as a primary responsibility The purpose of SSM' s Community Benefit program is to assess and address community health needs Making our co mmunities healthier in measurable ways is always the goal To fulfill this commitment, SSM 's Community Benefit is divided into two parts 1) Community Health Needs Assessment (CHNA), and 2) Community Benefit Inventory for Social Accountability (CBISA) First, CHNA is th e assessment and prioritization of community health needs and the adoption and implementat ion of strategies to address those needs A CHNA is conducted every three years by each ho spital according to the following steps * Assess and prioritize community health needs G ather CHNA data from secondary sources, obtain input from stakeholders representing the br oad interests of the community through interviews and focus groups, use data to select top health priorities, and complete written CHNA * Develop, adopt, and implement strategies to address top-health priorities Establish strategies to address priorities, complete Str ategic Implementation Plan, obtain Regional/Divisional Board approval, and integrate strat egies into operational plan * Make CHNA widely available to the public Publish CHNA and summary document on hospital's website * Monitor, track, and report progress on top healt h priorities Kick-off meeting conducted and updated toolkit distributed, and periodic mee tings scheduled to evaluate and monitor progress Data collected and report made to Region al/Divisional Board every six months and System Board every year, share findings with comm unity stakeholders, and send results to finance for submission to the Internal Revenue Ser vice (IRS) Next, CBISA is the gathering, collecting, and reporting of all data relating t o community benefit activities and programs across the System A CBISA is conducted every year by each hospital according to the following steps * Collect and enter data Kick-off meeting conducted and updated toolkit distributed, new staff complete Lyon web-based cour se, and periodic meetings scheduled to evaluate and monitor progress Emails sent remindin g staff to submit activities, occurrences entered into Lyon, and reports are produced and shared with leaders * Finalize and report on prior year All prior year data entered into Lyon by January 31, and communicate final prior year figures to IRS, System Board, and th e community System Office staff and leaders oversee and monitor SSM's Community Benefit P rogram, and ensure reporting is in compliance with IRS regulations In collaboration with community stakeholders and partner organizations, all hospital CHNAs were completed, appro ved, and integrated into the o

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Description of Program Service	rganization's strategic plan We continue to monitor and assess the progress of our local efforts in the spirit of caring for others and improving community health Describe the CH NA community benefit programs For more information on CHNA community benefit programs pro vided by Cardinal Glennon Children's Hospital, please see Schedule H, Part V Organization description for tax exemption In addition to its CHNA community benefit activities, SSM Cardinal Glennon Children's Hospital provides many community building activities to promot e the health of the communities we serve in response to community identified needs Listed are the primary initiatives that we support and their impact A Perinatal Outreach Servi ces B Safe Kids C Footprints D St Louis Cord Blood Bank E PACTS for Life/PALS F Scho ol Partnership Program G Community Education H Dorothy and Larry Dallas Heart Center I St Louis Fetal Care Institute J Knights of Columbus Developmental Center K Pediatric Re search Institute L Community Outreach M Nationally Recognized N Dan Dierdoff Emergency and Trauma Center O GlennonKids Safety Program Additional information on these programs c an be found on Schedule H, Part VI Glennon also furthers its exempt purpose with the foll owing activities * Operates an emergency room that is open to all persons regardless of a bility to pay, * Has an open medical staff with privileges available to all qualified phys icians in the area, * Has a governing body in which independent persons representative of the community comprise a majority * Engages in the training and education of health care p rofessionals, * Participates in Medicaid, Medicare, Champus, Tricare, and/or other governm ent-sponsored health care programs * Cardinal Glennon is committed to providing a high qua lity patient care delivery system which includes the reinvestment of surplus funds Descri be the corporation's financial assistance policies or programs (i e Charity Care, discoun ting) for low-income persons and how they are communicated to the public For information on the financial assistance polices provided by Cardinal Glennon Children's Hospital, plea se see Schedule H Quantifiable Uncompensated Care The following is a list of the types o f programs and services that could be included as uncompensated care Traditional Charity Care $ 1,827,322 Cost of Other Means-Tested Government Programs $ 1,035,574 Cost of Bad De bts $ 1,082,608 Total Quantifiable Uncompensated Care $ 3,945,504

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 1a Common Paymaster	SSM HEALTH CARE CORPORATION, EIN 46-6029223, SERVES AS THE COMMON PAYING AGENT FOR THE FILING ORGANIZATION, SSM Cardinal Glennon Children's Hospital, EIN 43-0738490 THEREFORE, ALL APPLICABLE 1099 AND 1096 IRS TAX FILINGS ARE REPORTED BY SSM HEALTH CARE CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	THE SOLE MEMBER OF THE CORPORATION IS SSM HEALTH CARE ST LOUIS SSM HEALTH CARE ST LOUIS IS A NONPROFIT 501(C)(3) ORGANIZATION THAT OPERATES SIX HOSPITALS BOTH SSM CARDINAL GLENNON CHILDREN'S HOSPITAL AND SSM HEALTH CARE ST LOUIS ARE PART OF THE INTEGRATED HEALTH CARE SYSTEM KNOWN AS SSM HEALTH

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	THE MEMBER HAS THE POWER TO APPOINT ADDITIONAL, SUCCESSOR OR REPLACEMENT MEMBERS provided that the appointment of one or more additional members shall required the written consent of Saint Louis University (SLU) and TO APPOINT AND REMOVE THE individuals serving on the Board, other than the SLU Designated Directors who will be subject to designation for appointment and removal by SLU

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	The member has the following powers a to establish and change the mission, philosophy an d values of the Corporation, except to the extent limited by Approval of any material agre ement between the Corporation and SSM Health Care Corporation (SSMHCC) or any other subsid iary of SSMHCC which is at variance from the agreed standards for intercompany contracting set forth in the Master Agreement, b to appoint additional, successor or replacement mem bers of the Corporation, provided, that the appointment of one or more additional members of the Corporation shall require the written consent of ST Louis University (SLU), c to a ppoint and remove the individuals serving on the Board, other than the SLU Designated Dire ctors who will be subject to designation for appointment and removal by SLU and as to whom SSMSL shall follow and implement the written instructions of SLU regarding the appointmen t and removal of the SLU Designated Directors, provided, however, that SSMHCC may remove S LU Designated Directors who violate the conflict of interest policy and other Board polici es of the Corporation, as the same may be amended from time to time, upon prior written no tice to SLU, d to appoint and remove the President of the Corporation and the chief execu tive officer of any Health Care Operating Division, provided, that SSMHCC shall consult wi th SLU in connection with hiring certain senior employees e to approve amendments to the Articles of Incorporation of the Corporation, but subject to SLU's prior written consent, f to approve amendments to these Bylaws, but subject to SLU's prior written consent excep t that SLU's prior written consent is not required for non-material changes required by ap plicable law, regulation or any applicable accrediting entity g to approve the dissolutio n of the Corporation, but subject to SLU's prior written consent, h to approve the format ion of a Controlled Subsidiary or a Remotely Controlled Subsidiary, provided, that any dev iation from the requirements set forth elsewhere in the Bylaws shall require the prior wri tten consent of SLU, I to approve the acquisition or disposition by the Corporation of an other legal entity or an interest in another legal entity, provided, that the Corporation shall obtain the written consent of SLU before divesting of, or admitting another Person a s a member of, the Corporation or any other Section 3 1 Subsidiary (as defined in the SSMS L Bylaws) whose assets include the assets comprising CGCH, j to authorize or approve the acquisition or disposition by the Corporation of real property or any interest in real pro perty, provided, that the Corporation shall obtain the written consent of SLU before dispo sing of any real property or any interest in real property comprising a substantial portio n of the operating assets of CGCH, except that the written consent of SLU shall not be req uired for the granting of utility easements or access easements which do not materially ad versely affect the use of such

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	real property, k to (i) establish centralized employee benefit, insurance, investment, f inancing, corporate responsibility, performance assessment and improvement and other opera tional and support programs, (ii) require the participation of the Corporation and any Con trolled Subsidiary or Remotely Controlled Subsidiary in such programs, and (iii) authorize the opening and closing of bank accounts and investment accounts in the name of the Corpo ration and any Controlled Subsidiary or Remotely Controlled Subsidiary in connection with such programs, provided that SSMHCC has determined in its reasonable discretion that such actions are not inconsistent with and do not violate the terms of the Members' Agreement, the Master Agreement, the Academic Affiliation Agreement, the SSMSL Bylaws and these Bylaw s, l to approve the strategic, financial and human resources plan of the Corporation, sub ject to SLU's rights set forth in the Bylaws, m to appoint the auditor and corporate coun sel for the Corporation, n subject to SLU's rights in the bylaws, to authorize and approv e borrowing money and entering into financial guaranties by the Corporation and any Contro lled Subsidiary or Remotely Controlled Subsidiary, including actions relating to the forma tion, joining, operation, withdrawal from and termination of a credit group or an obligate d group and the granting of security interests in the property of the Corporation and any Controlled Subsidiary or Remotely Controlled Subsidiary, provided, that SSMHCC has determi ned in its reasonable discretion that such actions are not inconsistent with and do not vi olate the terms of the Members' Agreement, the Master Agreement, the Academic Affiliation Agreement, the SSMSL Bylaws and these Bylaws, o to require the Corporation and any Contro lled Subsidiary or Remotely Controlled Subsidiary to transfer assets, including but not li mited to cash, to the SSMHCC or to any entity exempt from federal income tax as an organiz ation described in Section 501(c)(3) of the Internal Revenue Code, or the corresponding pr ovision of any future United States Internal Revenue Law, which is controlled by SSMHCC, t o the extent necessary to accomplish the mission, goals and objectives of SSMHCC as determ ined by SSMHCC, provided, that SSMHCC has determined in its reasonable discretion that any such transfer would not reasonably be likely to result in a failure of the Corporation or such subsidiary to fulfill its commitments under the Members' Agreement, the Master Agree ment or the Academic Affiliation Agreement, p subject to SLU's rights in the bylaws, to a pprove the transfer of assets by the Corporation to any entity other than SSMHCC (other th an transfers made in the ordinary course of operations of the Corporation, which will not require approval by the Member), and q to determine the extent to which and the manner in which the powers described in this section which are reserved to SSMHCC with respect to t he Corporation are to be inclu

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	ded in the governing documents of any Controlled Subsidiary, Remotely Controlled Subsidiar y or Non-Controlled Subsidiary and exercised with respect to any Controlled Subsidiary, an y Remotely Controlled Subsidiary or any Non-Controlled Subsidiary, provided, that SSMHCC h as determined in its reasonable discretion that any such determination or action is not in consistent with and does not violate the terms of the Members' Agreement or the terms of t he Master Agreement or the Academic Affiliation Agreement

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	ACCOUNTING/FINANCE PERSONNEL AT EACH SSMH (SSM HEALTH SYSTEM) ENTITY, IN CONJUNCTION WITH SYSTEM 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 SYSTEM OFFICE, WHERE SSMH PERSONNEL PREPARE THE FORM 990 THE RETURN IS THEN REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM WHO SIGNS AS PAID PREPARER THE RETURN IS PROVIDED TO ENTITY MANAGEMENT PERSONNEL FOR FINAL REVIEW PRIOR TO FILING THE COMPLETE FORM 990 IS PROVIDED ELECTRONICALLY TO ALL BOARD MEMBERS AT THE NEXT REGULARLY SCHEDULED BOARD MEETING

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE YEAR-END AUDITED CONSOLIDATED FINANCE STATEMENTS AND UNAUDITED QUARTERLY CONSOLIDATED FINANCIAL STATEMENTS FOR THE SSM HEALTH SYSTEM ARE MADE AVAILABLE TO THE PUBLIC ON SSM HEALTH'S WEBSITE THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE AVAILABLE ON THE MISSOURI SECRETARY OF STATE'S WEBSITE COPIES OF THE FORM 990 AND THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Net sales of inventory - Total Revenue 91256, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 91256,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 5 Compensation of current officers, directors, trustees, and key employees	THE AMOUNTS REPORTED ON FORM 990, PART IX, LINE 5, COLUMNS (B) AND (C), INCLUDE COMPENSATION FOR INDIVIDUALS THAT ARE PAID BY A RELATED ORGANIZATION BUT WHOSE COMPENSATION AMOUNTS ARE ALLOCATED TO THE FILING ORGANIZATION FOR THIS REASON, THE AMOUNTS ON PART IX, LINE 5, WILL NOT TIE BACK TO FORM 990, PART VII, SECTION A, COLUMN (D)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Medical Physician, Practitioner, Psychiatrist, Resident, and Therapist - Total Expense 48319530, Program Service Expense 48306642, Management and General Expenses 12888, Fundraising Expenses , Recruitment, Consulting, Administrative, and PBS Fees - Total Expense 18236180, Program Service Expense 17368688, Management and General Expenses 867492, Fundraising Expenses , Medical Lab, Radiology, Transportation - Total Expense 6941197, Program Service Expense 6941197, Management and General Expenses , Fundraising Expenses ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Change in Beneficial Interest in Foundation - 10966868, Transfers to Affiliates - -6240759,

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, DOING BUSINESS AS	SSM CARDINAL GLENNON CHILDREN'S HOSPITAL CURRENTLY CONDUCTS BUSINESS UNDER THE FOLLOWING REGISTERED NAMES 1 SSM Cardinal Glennon Pediatric Sleep & Research Center 2 SSM Health Cardinal Glennon Children's Hospital 3 Glennon Care Professional Services 4 Missouri Poison Center 5 SSM Glennon Care for Kids 6 SSM Glennon Care Pediatrics 7 St Louis Cord Bank 8 SSM Health Cardinal Glennon Pediatrics 9 SSM Cardinal Glennon Children's Medical Center 10 Cardinal Glennon Children's Hospital ACC Pharmacy 11 Cardinal Glennon Children's Hospital Ambulatory Care Center Pharmacy 12 SSM Cardinal Glennon Children's Hospital Ambulatory Care Center Pharmacy

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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.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
SSM Cardinal Glennon Children's Hospital

Employer identification number
43-0738490

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

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Cardinal Glennon Children's Foundation	C	6,106,404	Cost
(2) Cardinal Glennon Children's Foundation	P	3,068,720	Cost

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 43-0738490
Name: SSM Cardinal Glennon Children's Hospital

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) 10101 Woodfield Lane St Louis, MO 63132 46-6029223	Health Care	MO	501(c)(3)	Type I	SSM Health Ministries		No
(1) 10101 Woodfield Lane St Louis, MO 63132 43-6331003	Insurance	MO	501(c)(3)	Type I	SSM Health Care Corporation		No
(2) 10101 Woodfield Lane St Louis, MO 63132 43-1473657	Health Care	MO	501(c)(3)	Type I	SSM Health Care Corporation		No
(3) 10101 Woodfield Lane St Louis, MO 63132 43-1788151	Health Care	MO	501(c)(4)		SSM Health Care Corporation		No
(4) 10101 Woodfield Lane St Louis, MO 63132 43-1825256	Management	MO	501(c)(3)	Type I	SSM Health Care Corporation		No
(5) 10101 Woodfield Lane St Louis, MO 63132 43-1754347	Fundraising	MO	501(c)(3)	7	SSM Cardinal Glennon Children's Hospital	Yes	
(6) 10101 Woodfield Lane St Louis, MO 63132 43-1776109	Fundraising	MO	501(c)(3)	7	SSM Health Care St Louis		No
(7) 10101 Woodfield Lane St Louis, MO 63132 43-1591556	Fundraising	MO	501(c)(3)	7	SSM Health Care St Louis		No
(8) 10101 Woodfield Lane St Louis, MO 63132 43-1273310	Fundraising	MO	501(c)(3)	7	SSM Health Care St Louis		No
(9) 10101 Woodfield Lane St Louis, MO 63132 43-1552945	Fundraising	MO	501(c)(3)	7	SSM Health Care St Louis		No
(10) 10101 Woodfield Lane St Louis, MO 63132 73-0657693	Health Care	OK	501(c)(3)	3	SSM Health Care Corporation		No
(11) 10101 Woodfield Lane St Louis, MO 63132 73-6104300	Fundraising	OK	501(c)(3)	7	SSM Health Care of Oklahoma		No
(12) 10101 Woodfield Lane St Louis, MO 63132 43-0688874	Health Care	WI	501(c)(3)	3	SSM Health Care Corporation		No
(13) 10101 Woodfield Lane St Louis, MO 63132 39-1613292	MOB	WI	501(c)(2)		SSM Health Care of Wisconsin		No
(14) 10101 Woodfield Lane St Louis, MO 63132 43-1940686	Fundraising	WI	501(c)(3)	7	SSM Health Care of Wisconsin		No
(15) 10101 Woodfield Lane St Louis, MO 63132 43-1940683	Fundraising	WI	501(c)(3)	7	SSM Health Care of Wisconsin		No
(16) 2802 Walton Commons Lane Madison, WI 53718 39-1539827	Health Care	WI	501(c)(3)	10	SSM Health Care of Wisconsin		No
(17) 2802 Walton Commons Lane Madison, WI 53718 39-1776340	Health Care	WI	501(c)(3)	10	SSM Health Care of Wisconsin		No
(18) 2802 Walton Commons Lane Madison, WI 53718 39-1705111	Health Care	WI	501(c)(3)	10	SSM Health Care of Wisconsin		No
(19) 2802 Walton Commons Lane Madison, WI 53718 39-1839309	Fundraising	WI	501(c)(3)	Type I	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) 10101 Woodfield Lane St Louis, MO 63132 44-0579850	Health Care	MO	501(c)(3)	3	SSM Health Care Corporation		No
(1) 10101 Woodfield Lane St Louis, MO 63132 43-1099253	Fundraising	MO	501(c)(3)	7	SSM Regional Health Services		No
(2) 10101 Woodfield Lane St Louis, MO 63132 43-1575307	Fundraising	MO	501(c)(3)	Type II	SSM Regional Health Services		No
(3) 10101 Woodfield Lane St Louis, MO 63132 43-0653587	Health Care	IL	501(c)(3)	3	SSM Regional Health Services		No
(4) 10101 Woodfield Lane St Louis, MO 63132 36-4170833	Health Care	IL	501(c)(3)	Type I	SSM Regional Health Services		No
(5) 10101 Woodfield Lane St Louis, MO 63132 26-2884795	Fundraising	IL	501(c)(3)	7	St Mary's - Good Samaritan Inc		No
(6) 10101 Woodfield Lane St Louis, MO 63132 36-4636691	Fundraising	IL	501(c)(3)	7	St Mary's - Good Samaritan Inc		No
(7) 400 N Pleasant Centralia, IL 62801 23-7126345	Fundraising	IL	501(c)(3)	10	St Mary's Hospital Foundation		No
(8) 10101 Woodfield Lane St Louis, MO 63132 43-1333488	Health Care	MO	501(c)(3)	10	SSM Health Care Corporation		No
(9) 10101 Woodfield Lane St Louis, MO 63132 43-1343281	Health Care	MO	501(c)(3)	3	SSM Health Care Corporation		No
(10) 10101 Woodfield Lane St Louis, MO 63132 23-7408025	MOB	IL	501(c)(3)	Type II	SSM Regional Health Services		No
(11) 2901 Landmark PL Ste 300 Madison, WI 53713 27-3439133	Fundraising	WI	501(c)(3)	7	SSM Health Care of Wisconsin		No
(12) 3221 McKelvey Road Suite 107 St Louis, MO 63044 43-1012492	Religious Organization	MO	501(c)(3)	1	NA		No
(13) 10101 Woodfield Lane St Louis, MO 63132 73-1279603	MOB	OK	501(c)(3)	Type I	SSM Health Care of Oklahoma		No
(14) 10101 Woodfield Lane St Louis, MO 63132 30-0012246	Fundraising	MO	501(c)(3)	7	SSM Health Businesses		No
(15) 100 St Marys Medical Plaza Jefferson City, MO 65101 43-6049878	Fundraising	MO	501(c)(3)	Type II	NA		No
(16) 1 Good Samaritan Way Mt Vernon, IL 62864 23-7049599	Fundraising	IL	501(c)(3)	Type III-FI	NA		No
(17) 1000 N Lee Ave Oklahoma City, OK 73102 45-5055149	Health Care	OK	501(c)(3)	3	SSM Health Care of Oklahoma		No
(18) 10101 Woodfield Lane St Louis, MO 63132 43-1550298	Health Care	MO	501(c)(3)	3	SSM Regional Health Services		No
(19) 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 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) 10101 Woodfield Lane St Louis, MO 63132 37-0662580	Health Care	IL	501(c)(3)	3	SSM Regional Health Services		No
(1) 10101 Woodfield Lane St Louis, MO 63132 47-4196634	Health Care	MO	501(c)(3)	3	SSM Health Care St Louis		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SSM St Joseph Endoscopy Center LLC 10101 Woodfield Lane St Louis, MO 63132 27-0046559	Surgery Services	MO	NA	N/A	0	0			0			0 %
(1) St Clare Imaging Services 707 14th Street Suite A Baraboo, WI 53913 20-0122365	Diag Services	WI	NA	N/A	0	0			0			0 %
(2) Mt Vernon Radiation Therapy Center LLC 10101 Woodfield Lane St Louis, MO 63132 20-1382620	Radiation Therapy	IL	NA	N/A	0	0			0			0 %
(3) Sleep & Neurology Center of S Illinois LLC 10101 Woodfield Lane St Louis, MO 63132 20-8468195	Diag Services	IL	NA	N/A	0	0			0			0 %
(4) ChowSMGSI Office Building LLC 10101 Woodfield Lane St Louis, MO 63132 37-1383861	MOB	IL	NA	N/A	0	0			0			0 %
(5) Oza Cancer Center LLC 10101 Woodfield Lane St Louis, MO 63132 20-1382727	MOB	IL	NA	N/A	0	0			0			0 %
(6) Shawnee Real Estate Holdings LLC 1000 N Lee Ave Oklahoma City, OK 73102 45-5458304	MOB	OK	NA	N/A	0	0			0			0 %
(7) SSM Health Pharmacy LLC 10101 Woodfield Lane St Louis, MO 63132 26-4031708	Pharmacy	MO	NA	N/A	0	0			0			0 %
(8) 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	0	0			0			0 %
(9) Wisconsin Integrated Information Technology and Telemedicine Systems LLC 1808 West Beltline Highway Madison, WI 53713 39-2016715	Information Technology Services	WI	NA	N/A	0	0			0			0 %
(10) Dean Health Holdings LLC 1277 Deming Way Madison, WI 53717 26-1594709	Support Services	WI	NA	N/A	0	0			0			0 %
(11) Wingra Building Group 1808 West Beltline Highway Madison, WI 53713 39-0237060	MOB	WI	NA	N/A	0	0			0			0 %
(12) Janesville Riverview Clinic Building Partnership 1808 West Beltline Highway Madison, WI 53713 39-6220698	MOB	WI	NA	N/A	0	0			0			0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) SSM Managed Care Organization LLC 10101 Woodfield Lane St Louis, MO 63132 43-1708511	Health Promotion	MO	NA	C Corporation					No
(1) FPP Inc 10101 Woodfield Lane St Louis, MO 63132 43-1465174	Health Care	MO	NA	C Corporation					No
(2) Diversified Health Services Corp 10101 Woodfield Lane St Louis, MO 63132 43-1369305	Medical Equipment	MO	NA	C Corporation					No
(3) SSM Cardio and Thoracic Services Inc 10101 Woodfield Lane St Louis, MO 63132 26-0286559	Health Care	MO	NA	C Corporation					No
(4) SSM Properties Inc 10101 Woodfield Lane St Louis, MO 63132 43-1462486	Property Services	MO	NA	C Corporation					No
(5) SSM Depaul Medical Group Inc 10101 Woodfield Lane St Louis, MO 63132 43-1715106	Health Care	MO	NA	C Corporation					No
(6) SSM St Charles Clinic Med Group Inc 10101 Woodfield Lane St Louis, MO 63132 43-0626408	Physician Offices	MO	NA	C Corporation					No
(7) Health First Phys Management 10101 Woodfield Lane St Louis, MO 63132 73-1534336	Medical Services	OK	NA	C Corporation					No
(8) SSMHCS Liability Trust II 10101 Woodfield Lane St Louis, MO 63132 81-6128118	Insurance	MO	NA	C Corporation					No
(9) SSM Neurosciences Inc 10101 Woodfield Lane St Louis, MO 63132 26-3413981	Health Care	MO	NA	C Corporation					No
(10) SSM Medical Group Inc 10101 Woodfield Lane St Louis, MO 63132 43-1664107	Physician Offices	MO	NA	C Corporation					No
(11) SSMHC Insurance Company 10101 Woodfield Lane St Louis, MO 63132 03-0310431	Insurance	CA	NA	C Corporation					No
(12) SSM Orthopedic Inc 10101 Woodfield Lane St Louis, MO 63132 27-1557033	Health Care	MO	NA	C Corporation					No
(13) SSM Cancer Care Inc 10101 Woodfield Lane St Louis, MO 63132 27-1557324	Health Care	MO	NA	C Corporation					No
(14) 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?	
								Yes	No
(16) Dean Health Systems Inc 1808 West Beltline Highway Madison, WI 53713 39-1128616	Physician Offices	WI	NA	C Corporation					No
(1) Dean Health Insurance Inc PO Box 56099 Madison, WI 53705 39-1830837	Insurance	WI	NA	C Corporation					No
(2) Dean Health Plan Inc PO Box 56099 Madison, WI 53705 39-1535024	Insurance	WI	NA	C Corporation					No
(3) St Marys Dean Ventures Inc 1808 West Beltline Highway Madison, WI 53713 39-1628491	Physician Offices	WI	NA	C Corporation					No
(4) Dean Retail Services Inc 1808 West Beltline Highway Madison, WI 53713 39-1717636	Property Services	WI	NA	C Corporation					No
(5) Navitus Holdings LLC 1808 West Beltline Highway Madison, WI 53713 80-0968174	Pharmacy Benefits	WI	NA	C Corporation					No
(6) Oza Oncology Inc 4117 Veterans Memorial Drive Mt Vernon, IL 62804 37-1343746	Physician Offices	IL	NA	C Corporation					No