Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY



CliftonLarsonAllen LLP 600 Washington Avenue, Suite 1800 St. Louis, MO 63101-1312 314-925-4300 | fax 314-925-4350

CLAconnect.com

SHERI MISTRETTA THE WALKER SCOTTISH RITE CLINIC 3632 OLIVE STREET ST. LOUIS, MO 63108

DEAR SHERI:

ENCLOSED IS THE 2013 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2013 FORM 990

EACH ORIGINAL RETURN SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. CAREFULLY REVIEW ALL FILING INSTRUCTIONS. WHEN MAILING IS NECESSARY, WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POSTMARKED RECEIPTS FOR PROOF OF TIMELY FILING.

BE SURE TO REVIEW THE RETURNS PRIOR TO SIGNING AS YOU HAVE FINAL RESPONSIBILITY FOR ALL INFORMATION INCLUDED IN THE RETURNS. IF THERE IS ANYTHING ON THE RETURN YOU DO NOT UNDERSTAND, ASK US TO EXPLAIN. WE WANT YOU TO BE SATISFIED WITH THE ACCURACY OF YOUR RETURN BEFORE FILING. COPIES OF EACH RETURN SHOULD BE RETAINED FOR YOUR FILES.

WE ARE ENCLOSING ANY DOCUMENTS YOU GAVE US TO ASSIST IN THE PREPARATION OF THE RETURNS. WE DO NOT MAINTAIN ORIGINAL CLIENT DOCUMENTS IN OUR FILES.

FEDERAL INCOME TAX LAW STATES THAT IT IS THE TAXPAYER'S RESPONSIBILITY TO MAINTAIN TAX-RELATED DOCUMENTS, INCLUDING COPIES OF PREVIOUSLY FILED TAX RETURNS, FOR A SUFFICIENT PERIOD OF TIME. GENERALLY, THE INTERNAL REVENUE CODE STATUTE OF LIMITATIONS PERIOD, IN WHICH ITEMS ON A TAX RETURN CAN BE QUESTIONED, IS THREE YEARS FROM THE DATE THE RETURN IS FILED. MANY STATES HAVE A FOUR YEAR STATUTE OF LIMITATIONS.

WE GENERALLY RECOMMEND THAT YOU KEEP SUPPORTING DOCUMENTATION FOR A MINIMUM OF SIX YEARS; RECORDS THAT SUPPORT BASIS FOR ITEMS IN THE TAX RETURN SHOULD BE KEPT INDEFINITELY. WE ALSO RECOMMEND THAT A COPY OF THE ACTUAL TAX RETURN BE KEPT INDEFINITELY. WE BELIEVE KEEPING SUPPORTING DOCUMENTS FOR A SIX-YEAR PERIOD WILL PROTECT YOU FROM MOST CIRCUMSTANCES, INCLUDING LONGER STATUTE OF LIMITATION PERIODS THAT SOME



STATE OR OTHER REGULATORY AGENCIES MAY IMPOSE. AT THE SAME TIME, WE BELIEVE THIS POLICY WILL SAVE YOU FROM PAYING UNNECESSARY STORAGE COSTS.

AS A TAX RETURN PREPARER, WE ARE REQUIRED TO GIVE YOU A COPY OF YOUR TAX RETURN WHEN IT IS COMPLETED AND MAINTAIN A COPY IN OUR FILES FOR A MINIMUM OF THREE YEARS. WE HAVE AND WILL CONTINUE TO COMPLY WITH THIS FEDERALLY MANDATED REQUIREMENT. IF YOU HAVE ANY SPECIFIC QUESTIONS, PLEASE FEEL FREE TO CONTACT US.

IF WE HAVE PROVIDED YOU TAX ADVICE IN CONNECTION WITH THE PREPARATION OF YOUR U.S. FEDERAL TAX RETURN AND ASSOCIATED TAX PLANNING SERVICES, THIS ADVICE IS NOT INTENDED OR WRITTEN TO BE USED BY ANY TAXPAYER FOR THE PURPOSE OF AVOIDING PENALTIES THAT MAY BE IMPOSED ON THE TAXPAYER BY THE INTERNAL REVENUE SERVICE, AND IT CANNOT BE USED BY ANY TAXPAYER FOR SUCH PURPOSE.

WE VALUE OUR RELATIONSHIP WITH YOU AND THANK YOU FOR YOUR TRUST AND CONFIDENCE IN ALLOWING US TO SERVE YOU. IF YOU HAVE ANY QUESTIONS REGARDING THE RETURNS OR ANY OTHER SERVICES THAT WE CAN ASSIST YOU WITH, PLEASE DO NOT HESITATE TO CONTACT US.

REGARDS,

JOAN B. HUMES, CPA PRINCIPAL

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2013

Prepared for	SHERI MISTRETTA THE WALKER SCOTTISH RITE CLINIC 3632 OLIVE STREET ST. LOUIS, MO 63108
Prepared by	CLIFTONLARSONALLEN LLP 600 WASHINGTON AVENUE, SUITE 1800 ST. LOUIS, MO 63101 314-925-4300
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 17, 2014.

	IRS e-file Signature Authorization	Į	OMB No. 1545-1878
Form 8879-EO	for an Exempt Organization		0040
Department of the Treasury Internal Revenue Service	For calendar year 2013, or fiscal year beginning, 2013, and ending, ▶ Do not send to the IRS. Keep for your records. ▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form88		2013
Name of exempt organization		Employer i	identification number
	SH RITE CLINIC FOR CHILD		
LANGUAGE DISO	RDERS OF ST. LOUIS, INC.	43-14	443408
Name and title of officer EDWARD J. KEL CLINIC CHAIRM	AN		
	Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5 whichever is applicable, bi than 1 line in Part I.	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, france are below, and the amount on that line for the return being filed with this form was blank, ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	then leave l le line belov	line 1b, 2b, 3b, 4b, or 5b, v. Do not complete more
1a Form 990 check here		1D _	1,002,520.
2a Form 990-EZ check he 3a Form 1120-POL check		2D _ 3b	
4a Form 990-PF check he			
5a Form 8868 check here		-	
	· · · · · ·		
Part II Declarat	ion and Signature Authorization of Officer		
intermediate service provid (a) an acknowledgement of the date of any refund. If a debit) entry to the financia return, and the financial in 1-888-353-4537 no later th processing of the electron payment. I have selected a	nount in Part I above is the amount shown on the copy of the organization's electronic re- der, transmitter, or electronic return originator (ERO) to send the organization's return to of receipt or reason for rejection of the transmission, (b) the reason for any delay in proce- applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an I institution account indicated in the tax preparation software for payment of the organiz stitution to debit the entry to this account. To revoke a payment, I must contact the U.S. an 2 business days prior to the payment (settlement) date. I also authorize the financial ic payment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic re electronic funds withdrawal.	the IRS and ssing the re- electronic f ation's fede . Treasury F institutions d resolve is:	d to receive from the IRS eturn or refund, and (c) unds withdrawal (direct eral taxes owed on this financial Agent at involved in the sues related to the
Officer's PIN: check one	box only		
X I authorize CL	IFTONLARSONALLEN LLP	to enter my	y PIN 43408
	ERO firm name		Enter five numbers, but do not enter all zeros
is being filed wit	on the organization's tax year 2013 electronically filed return. If I have indicated within th h a state agency(ies) regulating charities as part of the IRS Fed/State program, I also aut the return's disclosure consent screen.		nat a copy of the return
indicated within	the organization, I will enter my PIN as my signature on the organization's tax year 2013 this return that a copy of the return is being filed with a state agency(ies) regulating char nter my PIN on the return's disclosure consent screen.		
Officer's signature 🕨	Date 🕨		
Part III Certifica	tion and Authentication		
	pur six-digit electronic filing identification		
	your five-digit self-selected PIN. do not enter all zeros		

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature 🕨	Date
	tain This Form - See Instructions m To the IRS Unless Requested To Do So
LHA For Paperwork Reduction Act Notice, see instructions ³²³⁰⁵¹ 10-01-13	Form 8879-EO (2013)

Forn	9	90	Return of Organization Exempt Fro Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co				OMB No. 1545-0047
Department of the Treasury Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.				Open to Public Inspection			
			ar year, or tax year beginning and endi		s.gov/form990.		Пэресноп
Bc	heck if oplicab]Addre]chang	le: C Name of WALK	organization ER SCOTTISH RITE CLINIC FOR CHILD UAGE DISORDERS OF ST. LOUIS, INC.		D Employer iden	tifica	tion number
Name Doing Business As			43-1443408				
	Initial returnNumber and street (or P.O. box if mail is not delivered to street address)Room/suiteETelephone numberTermin- ated3632 OLIVE STREET(314)5				533-7415		
	Amen return	Gity or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		5,314,148.
	Applie tion pendi	1 DT •	LOUIS, MO 63108		H(a) Is this a grou	p retu	
		F Name a	nd address of principal officer: EDWARD J. KELLOGG		for subordina		
<u> </u>			AS C ABOVE	507	H(b) Are all subordinat		
		empt status:	X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) or SRCLINIC.ORG	527	1		st. (see instructions)
		f organization:		L Voor (H(c) Group exemp		State of legal domicile: MO
	rt I	Summary					
Image: Second structure Briefly describe the organization's mission or most significant activities: THE WALKER SCOTTISH RITE CLINIC FOR CHILDHOOD LANGUAGE DISORDERS OF ST. LOUIS, INC. IS COMMITTED TO Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Image: A Number of independent voting members of the governing body (Part VI, line 1a) 4				TE CLINIC MITTED TO			
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)				I	3	15	
ۍ م	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)			15	
Activities &	5	Total number	of individuals employed in calendar year 2013 (Part V, line 2a)			12	
iviti	6		of volunteers (estimate if necessary)			6	200
Act	7 a	Total unrelated	d business revenue from Part VIII, column (C), line 12			7a	0.
_	b	Net unrelated	business taxable income from Form 990-T, line 34	·····		7b	0.
					Prior Year		Current Year
an	8		and grants (Part VIII, line 1h)		526,953		420,131.
Revenue	9	0	ce revenue (Part VIII, line 2g)		0.		549,580.
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d)		145,348		112,615.
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		846,552		1,082,326.
-	12 13		- add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)).	402,225.
	13 14		to or for members (Part IX, column (A), line 4)).	0.
ő					516,520	-	519,627.
Expenses	16a	Professional fi	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 91,447	···).	0.
per	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 91,447	91,447. 147,173.		-	
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)			3.	139,836.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		663,693	3.	1,061,688.
	19	-	expenses. Subtract line 18 from line 12		182,859	9.	20,638.
or ces					ginning of Current Ye		End of Year
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)		3,690,575		3,957,943.
t As Id Bi	21	Total liabilities	(Part X, line 26)		52,663		439,696.
	22		fund balances. Subtract line 21 from line 20		3,637,914	1.	3,518,247.
Pa	rt II	Signature	e 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	Signature of officer		Date	
Here	EDWARD J. KELLOGG, CLI	NIC CHAIRMAN		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	JOAN B. HUMES			self-employed P00943331
Preparer Firm's name CLIFTONLARSONALLEN LLP				'sEIN ▶ 41-0746749
Use Only	Firm's address 💊 600 WASHINGTON A	VENUE, SUITE 1800		
	ST. LOUIS, MO 63	101	Pho	ne no.314-925-4300
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
332001 10-2	9-13 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2013)
		A TANK MERCARA AND A TANK		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2013)LANGUAGE DISORDERS OF ST. LOUIS, INC.43-1443408t IIIStatement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE WALKER SCOTTISH RITE CLINIC FOR CHILDHOOD LANGUAGE DISORDERS OF
	ST. LOUIS, INC. IS COMMITTED TO TEACHING TWO- THROUGH SIX-YEAR-OLD
	CHILDREN WITH SPEECH AND LANGUAGE DISORDERS THE COMMUNICATIONS SKILLS
	NECESSARY TO SUCCEED IN SCHOOL AND THROUGHOUT THEIR LIVES. THIS GOAL
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	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 X 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 364,686. including grants of \$ 402,225.)(Revenue \$ KIDTALK PROGRAM - KIDTALK PROGRAM PROVIDES INDIVIDUAL THERAPY TAILORE TO MEET EACH CHILD'S SPECIFIC NEEDS. CHILDREN ARE TYPICALLY ENROLLED THERAPY FOR TWELVE TO EIGHTEEN MONTHS.
	THERAFT FOR TWELVE TO EIGHTEEN MONTHS.
	THE CLINICS PRIMARY SIGNIFICANT ACCOMPLISHMENT DURING 2013 WAS THE
	NUMBER OF CHILDREN IT WAS ABLE TO SERVE. DURING 2013 THE CLINIC WAS
	ABLE TO SERVE 861 CHILDREN, WITH A BREAKDOWN AS FOLLOWS: 105 CHILDREN
	IN KIDTALK & KIDTALK PREP, 34 CHILDREN THROUGH KIDTALK OUTREACH, 14
	CHILDREN THROUGH KIDSTART, 83 CHILDREN THROUGH ALL EARS PROGRAM AND 7
	CHILDREN THROUGH KIDSCREEN.
	KIDTALK OUTREACH PROGRAM - THIS PROGRAM SERVES TWO THROUGH SIX YEAR-O CHILDREN IN THREE MISSOURI TOWNS: ELSBERRY, CRYSTAL CITY/FESTUS, AND UNION.
40	(Code) (Engage 6 136.757 , including grants of 6) (Engage 6
4c	(Code:) (Expenses \$ 136,757. including grants of \$) (Revenue \$ KIDTALK PREP PROGRAM - PROGRAM PROVIDES GROUP THERAPY FOR TWO TO THRE YEAR-OLD CHILDREN WHO ARE GENERALLY NOT SPEAKING. BY WORKING IN A SMA
4c	KIDTALK PREP PROGRAM - PROGRAM PROVIDES GROUP THERAPY FOR TWO TO THRE YEAR-OLD CHILDREN WHO ARE GENERALLY NOT SPEAKING. BY WORKING IN A SMA GROUP, THESE CHILDREN LEARN HOW TO SOCIALIZE WITH THEIR PEERS AS THEI
4c	KIDTALK PREP PROGRAM - PROGRAM PROVIDES GROUP THERAPY FOR TWO TO THRE YEAR-OLD CHILDREN WHO ARE GENERALLY NOT SPEAKING. BY WORKING IN A SMA
	KIDTALK PREP PROGRAM - PROGRAM PROVIDES GROUP THERAPY FOR TWO TO THRE YEAR-OLD CHILDREN WHO ARE GENERALLY NOT SPEAKING. BY WORKING IN A SMA GROUP, THESE CHILDREN LEARN HOW TO SOCIALIZE WITH THEIR PEERS AS THEI
4c	KIDTALK PREP PROGRAM - PROGRAM PROVIDES GROUP THERAPY FOR TWO TO THRE YEAR-OLD CHILDREN WHO ARE GENERALLY NOT SPEAKING. BY WORKING IN A SMA GROUP, THESE CHILDREN LEARN HOW TO SOCIALIZE WITH THEIR PEERS AS THEI
4c	KIDTALK PREP PROGRAM - PROGRAM PROVIDES GROUP THERAPY FOR TWO TO THRE YEAR-OLD CHILDREN WHO ARE GENERALLY NOT SPEAKING. BY WORKING IN A SMA GROUP, THESE CHILDREN LEARN HOW TO SOCIALIZE WITH THEIR PEERS AS THEI
	KIDTALK PREP PROGRAM - PROGRAM PROVIDES GROUP THERAPY FOR TWO TO THRE YEAR-OLD CHILDREN WHO ARE GENERALLY NOT SPEAKING. BY WORKING IN A SMA GROUP, THESE CHILDREN LEARN HOW TO SOCIALIZE WITH THEIR PEERS AS THEI SPEECH AND LANGUAGE SKILLS ARE STIMULATED.
4d	KIDTALK PREP PROGRAM - PROGRAM PROVIDES GROUP THERAPY FOR TWO TO THRE YEAR-OLD CHILDREN WHO ARE GENERALLY NOT SPEAKING. BY WORKING IN A SMA GROUP, THESE CHILDREN LEARN HOW TO SOCIALIZE WITH THEIR PEERS AS THEI SPEECH AND LANGUAGE SKILLS ARE STIMULATED. Other program services (Describe in Schedule O.) (Expenses \$ 182,343. including grants of \$) (Revenue \$)
4c 4d 4e	KIDTALK PREP PROGRAM - PROGRAM PROVIDES GROUP THERAPY FOR TWO TO THRE YEAR-OLD CHILDREN WHO ARE GENERALLY NOT SPEAKING. BY WORKING IN A SMA GROUP, THESE CHILDREN LEARN HOW TO SOCIALIZE WITH THEIR PEERS AS THEI SPEECH AND LANGUAGE SKILLS ARE STIMULATED.

WALKER SCOTTISH RITE CLINIC FOR CHILD LANGUAGE DISORDERS OF ST. LOUIS, INC.

1 Its en organization described in sectors 51(k)(0) or 49/7(q)(1) (other than a private foundation)? 1 X 2 Its the organization required to complete Schedule <i>B</i> , Schedule of Cartibulors? 2 X 2 Its the organization required to complete Schedule <i>C</i> , <i>Part I</i> 3 X 3 Sectors 67(k)(2) organizations. Dt the organization orgage in tabbying activities, or have a suctors 501(h) duction in effect 4 X 5 Its the organization a sectors 501(k) (0) (0)(k) (510(k) (501(k) (501				Yes	No
2 Is the organization engage in direct political campaign activities on behalf of on in opposition to candidates for public office? If "Yes," compiles Schedule C, Part I 3 X 4 Section 501(E)(8) organizations. Do the organization engage in lobbying activities, or have a section 501(F) election in effect during the supervise Transfer organization action 501(F) election in effect during the supervise Transfer organization action 501(F)(election in effect during the supervise Transfer organization action 501(F)(election in effect during the supervise Transfer organization action 501(F)(election in effect during the supervise Transfer organization maintain any doner advised funds or any similar funds or accounts for which doners have the right to provide active on the distribution or investment of anounts in such Indio are accounts for Wes's complete Schedule D, Part I 6 X 7 X Bit the organization maintain collections of works of at, histocical treasures, or other similar assets? If "Yes," complete Schedule D, Part I 7 X 8 X In the organization report an amount in Part X, Ine 21, for secrory or custocial account liability, save as a custocian for amounts in such India Science (Science) D, Part V 8 X 10 Did the organization secret Transfer or ordia cord cursus ling, deb transgement, credit repair, or deb negatiation service? 9 X 10 Did the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V 10 X 11	1				
3 Dd the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public official "I Yes," complete Schedule C, Part II 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b) discription in effect during the tax year // if Yes, "complete Schedule C, Part II 4 X 5 Is the organization maximum any doorn advaces (0, 600 (c)) organization that receives membership dues, assessments, or similar amount as defined in Revenue Procedure B-1971 // Yes," complete Schedule C, Part II 6 X 7 Dd the organization newton any doorn advaces (d) funds or any similar funds or accounts? If Yes," complete Schedule D, Part II 7 X 8 Dd the organization newton any doorn advaces (d) cansenation contained schedule by part II. 7 X 9 Dd the organization maint on part X, line 21, for secrew or custodial account liability serve as a custodian for amounts on listed in Part X, or provide credit counseling, debt management, oredit repart, or debt regulation serves? If Yes," complete Schedule D, Part X 10 X 9 Did the organization any of the following questions is Yes, then complete Schedule D, Part V, UI, VII, VII, VI, X, VX 10 X 11 If the organization report an amount for westments - other securities in Yes," complete Schedule D, Part V 10 X	_	/ /			
public office <i>III</i> 'res,' complete Schedule <i>C</i> , <i>Part I</i> 3 X 4 Section 501(6)3 organizations. Dt the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year/ <i>II</i> 'res,' complete Schedule <i>C</i> , <i>Part II</i> 4 X 5 Is the organization ascients 501(c)(<i>I</i>), 501(c)(<i>D</i>), or 301(c)(<i>D</i>)			2	A	
4 Section 501(c)(3) or prives, "complete Schedule C, Part II 4 X 5 Is the organization a section 501(b) election in effect during the taxy year // "Yes," complete Schedule C, Part II 5 X 6 Did the organization matching and yobor avectore Binstore Three Schedule C, Part II 5 X 7 Did the organization matching and yobor avectore Binstore Schedule C, Part II 6 X 7 Did the organization matching and yobor avectore PI "Yes," complete Schedule D, Part II 7 X 8 Did the organization matching on the organization matching assemets hor previse avectore and avectore provide avectore of the avectore PI "Yes," complete Schedule D, Part II 7 X 8 Did the organization matching on the matching assemets hor previsore avectore association services? 7 X 9 Did the organization, directly provide avectore association avectore association services? 7 X 9 Did the organization avectore through a related organization, hold assets in temporarily restricted endowments, permanet 10 X 11 If the organization server to any of the following questions is "Yes," then complete Schedule D, Part V 11 X 12 If the organization's aswer to any of the following que	3				v
during the Lx year? If "Yes," complete Schedule C, Part II 4 X 5 Is the organization a section Stol(e), 501(c), 601(c) organization that receives membership due, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 X 6 Did the organization receive or hold a conservation essement, including essements to preserve open space. 6 X 7 Did the organization report an areas, or historics structures II "Yes," complete Schedule D, Part II. 7 X 8 Did the organization report an areas, or historics or structures II "Yes," complete Schedule D, Part II. 7 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, personal assets, or asset problem Schedule D, Part IV. 7 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, personal assets problem Schedule D, Part IV. 10 X 11 If the organization report an amount for investments - other securities in Part X, line 107 II "Yes," complete Schedule D, Part VI. 11 X 12 Did the organization report an amount for investments - other securities in Part X, line 107 II "Yes," complete Schedule D, Part XI. 11 X 13 Did the organization report an amount for investments - other secu	4		3		
5 Is the organization ascellon 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar mouts as defined in Revenue, Proceedings 4:001400 C, Part III 5 X 6 Did the organization receive or hold a conservation assement, including assements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II 6 X 7 X X 8 Did the organization metrics collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 7 X 9 Did the organization metrics collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 8 X 9 Did the organization is anown to anown the Part X, line 21, for secrow 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 10 X 9 Did the organization report an amount for law Schedule D, Part V 11 X 10 Ut the organization report an amount for law Schedule D, Part V 11 X 11 If the organization report an amount for law Schedule D, Part V 11 X 111 If th	4		4		x
similar amounts as defined in Revenue Procedure 98-1971 // Yes," complete Schedule 0, Part II 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which doners have the right to provide advice on the distribution or investment of amounts in such thats or accounts for which doners have the right to provide advice on the distribution or investment of amounts in such thats or accounts for which doners have the right to provide advice on the distribution or investment of amounts in such thats or accounts for which doners have the right to provide advice on the distribution or investment of amounts in such that organization receive or hold a conservation easement, including assements to preserve open space, the environment, historic land areas, or historic structures // W. res, "complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts on tisto of heart X, or provide credit counsaling, dobt management, credit repair, or dubt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, Press, "complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - order relate in Part X, line 107 If "Yes," complete Schedule D, Part V 11a X 12 Did the organization report an amount for views: other securities in Part X, line 107 If "Yes," complete Schedule D, Part X 11a X 13	5		4		
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 anounts in such funds or accounts for "Yes," complete Schedule D, Part II 7 Did the organization receive on fold a conservation assement, including assements to preserve open space, the environment, historic all areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for secrow 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? 9 X 10 Did the organization, directly of through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for law stements - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 11a X 12 Via the organization report an amount for live streaments - organization report in amount for live streaments of the tax yies? The Yes," complete Schedule D, Part V 11a X 13 Did the organization report an amount for other assets in Part X, line 12? If "Yes," com	Ŭ		5		x
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the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b X 13 Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 X 14 Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization report on Part IX, column (A), line 3, 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 II and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign 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 II and IV 16 X 17 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 II and IV 16<	е		11e		X
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, , , , , , , , , , , , , , , , , , , ,					<u> </u>
				990	(2013)

332003 10-29-13

Form 990 (2013)

Part IV Checklist of Required Schedules

WALKER SCOTTISH RITE CLINIC FOR CHILD LANGUAGE DISORDERS OF ST. LOUIS, INC.

Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
210	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		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		<u> </u>
U		24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		<u> </u>
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24u		<u> </u>
2 5a		25a		x
h	disqualified person during the year? If "Yes," complete Schedule L, Part I	258		- 23
D	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	25b		x
~~	Schedule L, Part I			
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 so,			v
	complete Schedule L, Part II	26		X
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			x
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	00		x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		<u> </u>
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		X
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		X
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	X	

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Form 990 (2013)

43-1443408 Page 4

4

WALKER SCOTTISH RITE CLINIC FOR CHILD LANGUAGE DISORDERS OF ST. LOUIS, INC.

43-1443408 Page 5

	990 (2013) LANGUAGE DISORDERS OF ST. LOUIS, INC. 43-1443	408	Р	age 5
Pa				
	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 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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 12		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u> </u>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	_		v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		├──
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	If "Yes," enter the name of the foreign country:			
F -	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5 -		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		<u> </u>
0a	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		<u> </u>
D		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	0.0		
	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		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			<u> </u>
•	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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:			
а	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	40	_	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand 13c	14-	_	X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		- 27
<u>u</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		990	(2013)
				10101

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	WALKER SCOTTISH RITE CLINIC FOR CHILD					
	990 (2013) LANGUAGE DISORDERS OF ST. LOUIS, INC.		43-1443			age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 the to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			"No" r	espon	se
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion 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	15			
	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	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?	-	-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		s, 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 bod	y befo	re filing the form?	11a	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cont	licts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," de	escribe			
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	ıl by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	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 arranger	nent w	ith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	ı's			
	exempt status with respect to such arrangements?			16h		

exempt status with respect to such arrangem Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website X Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 20 SHERI MISTRETTA - (314) 533-7415 63108 3632 OLIVE STREET, ST. LOUIS, MO Form **990** (2013) 332006 10-29-13 6

18080827 131843 098-01825000 2013.04020 WALKER SCOTTISH RITE CLINIC 098-8G
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			-		FOR CHILD DUIS, INC.	43-1443	408 Page 7				
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. Rep	oort c	ompens	sation for th	ne calendar year ending	with or within the orga	anization'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, and highest compensated employees who received more than \$100,000 of 											
reportable compensation from the organization a	nd any related	orga	nization	s	. ,						
 List all of the organization's former directo more than \$10,000 of reportable compensation fit 						tor or trustee of the or	ganization,				
List persons in the following order: individual trus and former such persons.	tees or directo	ors; in:	stitutior	al trustees	; officers; key employee	s; highest compensate	ed employees;				
Check this box if neither the organization n	or any related	orgar	nization	compensa	ted any current officer, o	director, or trustee.					
(A)	(B)		(C		(D)	(E)	(F)				
Name and Title	Average	(do n	Posit ot check n	tion nore than one	Reportable	Reportable	Estimated				
	hours per	box, ι	unless per	son is both an	compensation	compensation	amount of				
	week	<u> </u>	r and a dir	rector/trustee)	from	from related	other				
(list any 👸											
(list any hours for related5 aa athe b organizationorganizations (W-2/1099-MISC)compensation from the organization											
	hours for the related to and related to an and related to an and related to an										

	related organizations below line)	Individual trustee or	In stitutional trustee	Officer	Key employee	Highest compensate employee	Former	(W-2/1099-MISC)	(** 2/ 1000 ****000)	organization and related organizations
(1) EDWARD J KELLOGG, JR	1.00									
CHAIRMAN		Х		Х				Ο.	0.	0.
(2) HOWARD HURWITZ	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(3) GALE BENNINGTON	1.00									
DIRECTOR		Х						0.	0.	0.
(4) JOHN C CARAKER	1.00									
DIRECTOR		Х						0.	0.	0.
(5) ROBERT W COCKERHAM	1.00									
DIRECTOR		Х						0.	0.	0.
(6) G T COZAD III	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(7) RONALD H HARTOEBBEN	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(8) ERSIE C HARRIS	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(9) JOE A DALE	1.00									-
DIRECTOR		Х						0.	0.	0.
(10) JOHN W. SISCEL	1.00									
RECORDER		Х		Х				0.	0.	0.
(11) RANDALL H. WILSON	1.00									
DIRECTOR		Х						0.	0.	0.
(12) GREIG GATZERT	1.00									•
TREASURER		Х		X				0.	0.	0.
(13) SCOTT DENNEY	1.00								0	0
ASSISTANT TREASURER		X						0.	0.	0.
(14) PHILIP A. COLE	1.00								0	0
DIRECTOR		X						0.	0.	0.
(15) BRET A. AKERS	1.00								0	0
ADVISORY MEMBER		X						0.	0.	0.
(16) THOMAS ESCHEN	1.00								0	0
ADVISORY MEMBER	1	X						0.	0.	0.
(17) RICHARD KIRK HUTCHISON	1.00							~		•
DIRECTOR		Х						0.	0.	0.
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WALKER SCOTTISH RITE CLINIC FOR CHILD LANGUAGE DISORDERS OF ST. LOUIS INC.

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Form 990 (2013) LANGUAGE	DISORDI	ERS	5 ()F	SI	٢.	L	OUIS,	INC.	43-14	<u>443</u>	408	Pa	age 8
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensa	ated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box offic	not c , unle: cer an	Pos heck ss pe	rson i	than o is botl	h an	com	(D) portable pensation from	(E) Reportable compensatic from related	on d	an	(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		the anization 099-MISC)	organization (W-2/1099-MIS		fr org an	pensa om the anizat d relat anizati	e ion ed
(18) MICHAEL M O'TOOLE ADVISORY MEMBER	1.00	x							0.		0.			0.
(19) MYRTLE E WALKER DIRECTOR	1.00	x							0.		0.			0.
(20) SHERI MISTRETTA	37.50								0.		0.			••
EXECUTIVE DIRECTOR	57.50			x					64,510.		0.			0.
1b Sub-total									64,510.		0.			0.
c Total from continuation sheets to Part V									0.		0.			0.
d Total (add lines 1b and 1c)									64,510.		0.			0.
2 Total number of individuals (including but i	not limited to th	lose	liste	ed al	bove	e) wr	no re	eceived m	ore than \$100	0,000 of reportab	le			0
compensation from the organization													Yes	No
3 Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s				-		-		-	•			3		x
4 For any individual listed on line 1a, is the s	um of reportab	le co	ompe	ensa	ation	anc	d otl	her compe	ensation from	the organization				x
and related organizations greater than \$15Did any person listed on line 1a receive or												4		
rendered to the organization? If "Yes," con												5		Х
Section B. Independent Contractors														
1 Complete this table for your five highest co the organization. Report compensation for	•	•								-	npens	ation	from	
(A) Name and business	address	NC	ONE	3				D	(B) escription of s	services	С)) ompe		n
2 Total number of independent contractors (including but n	ot lii	mite	d to	tho	se lis	stec	d above) w	ho received n	nore than				
\$100,000 of compensation from the organ)								
												Form	990 (2	2013)

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WALKER S	COTTISH	RITE	CLINI	IC FOR	CHILD
LANGUAGE	DISORDI	ERS OF	ST.	LOUIS	INC.

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		1 /		RDERS OF	ST. LOUIS	, INC.	43-1443	408 Page 9
Pa	t VI	II Statement of Reven	nue					
		Check if Schedule O conta	ains a response	or note to any lir				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
a, o	с	Fundraising events	1c	113,844.				
ar T		Related organizations		41,688.				
ini,	е	Government grants (contributi	ions) 1e					
rion S	f	All other contributions, gifts, grant	is, and					
ibu		similar amounts not included abov	/e 1f	264,599.				
d t	g	Noncash contributions included in lines	1a-1f: \$	1,735.				
aCo	h	Total. Add lines 1a-1f		🕨	420,131.			
				Business Code				
e	2 a	1						
Program Service Revenue	b							
Senu	с	;						
ram eve	d	1						
<u>р</u> б Ц	е							
ā	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		🕨				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		►	192,441.			192,441.
	4	Income from investment of tax	k-exempt bond p	oroceeds 🕨				
	5	Royalties		🕨				
			(i) Real	(ii) Personal				
		Gross rents	()					
	b	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		🕨				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	4,515,520.					
	b	Less: cost or other basis						
		and sales expenses	4,158,381.					
		Gain or (loss)		•				
		Net gain or (loss)		▶	357,139.			357,139.
ne	8 a	Gross income from fundraising						
ven		including \$ 113						
Other Revenue		contributions reported on line	-	105 115				
her		Part IV, line 18		185,115. 73,441.				
₹		Less: direct expenses			111,674.			111,674.
		Net income or (loss) from fund	-	····· >	111,074.			111,074.
	9 a	Gross income from gaming ac						
	Ь	Part IV, line 19						
		 Less: direct expenses Net income or (loss) from gam 						
		Gross sales of inventory, less						
	10 a	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sales						
ł		Miscellaneous Revenue		Business Code				
	11 a	SUBLEASE AUDIOLOGY	0	531120	924.			924.
		MISCELLANEOUS		900099	17.			17.
	c				• • •			
		All other revenue						
		• Total. Add lines 11a-11d			941.			
	12	Total revenue. See instructions.			1,082,326.	0.	0.	662,195.
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WALKER SCOTTISH RITE CLINIC FOR CHILD LANGUAGE DISORDERS OF ST. LOUIS, INC.

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	rt IX Statement of Functional Expens	es	•									
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												
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to governments and											
	organizations in the United States. See Part IV, line 21	402,225.	402,225.									
2	Grants and other assistance to individuals in											
_	the United States. See Part IV, line 22											
3	Grants and other assistance to governments,											
	organizations, and individuals outside the United States. See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors,											
Ū	trustees, and key employees	68,055.	51,270.	7,628.	9,157.							
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	423,054.	327,314.	33,993.	61,747.							
8	Pension plan accruals and contributions (include											
	section 401(k) and 403(b) employer contributions)	1 1 1 1	0.0.0	0.00								
9	Other employee benefits	-1,175.	-906.	-269.	1 210							
10	Payroll taxes	29,693.	22,889.	2,485.	4,319.							
11	Fees for services (non-employees):											
	Management											
	Legal Accounting	16,512.	12,726.	3,786.								
d	Lobbying	10,0110										
	Professional fundraising services. See Part IV, line 17											
f	Investment management fees	4,167.		4,167.								
g	Other. (If line 11g amount exceeds 10% of line 25,											
	column (A) amount, list line 11g expenses on Sch 0.)	18,686.	18,686.									
12	Advertising and promotion	1,388.		139.								
13	Office expenses	6,859.	5,768.	1,091.								
14	Information technology											
15	Royalties	13,162.	11,846.	1,316.								
16		17,160.	17,160.	1,510.								
17 18	Travel Payments of travel or entertainment expenses	17,100.	17,100.									
10	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings											
20	Interest											
21	Payments to affiliates											
22	Depreciation, depletion, and amortization	10,656.	9,438.	1,218.								
23	Insurance	16,820.	15,138.	1,682.								
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 0.)											
а	SUPPORTING SERVICES - F	16,224.			16,224.							
b	SUPPLIES	6,736.	6,736.									
с	MISCELLANEOUS EXPENSE	6,286.	5,515.	771.								
d	CONTINUING EDUCATION	5,180.	4,662.	518.								
	·	1,061,688.	911,716.	58,525.	01 //7							
25	Total functional expenses. Add lines 1 through 24e	Τ, ΠΟΤ, ΟΟΟ.	JII,/10.	50,545.	91,447.							
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											

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Form 990 (2013)

Form **990** (2013)

Form 990 (2		
Part X	Balance	Sheet

WALKER SCOTTISH RITE CLINIC FOR CHILD

LANGUAGE DISORDERS OF ST. LOUIS, INC.

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Part X	Balance Sheet					
	Check if Schedule O contains a response or not	e to any lir	ne in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			300.	1	300.
2	Savings and temporary cash investments			191,009.	2	252,403
3	Pledges and grants receivable, net				3	34,518
4	Accounts receivable, net			2,767.	4	
5	Loans and other receivables from current and fo					
	trustees, key employees, and highest compensation	ated emplo	oyees. Complete			
	Part II of Schedule L				5	
6	Loans and other receivables from other disquali					
	section 4958(f)(1)), persons described in section					
	employers and sponsoring organizations of sect	ion 501(c)	(9) voluntary			
s S	employees' beneficiary organizations (see instr).	Complete	Part II of Sch L		6	
Assets	Notes and loans receivable, net				7	
× 8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			1,602.	9	1,688
10a	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	416,837.			
t I	b Less: accumulated depreciation	10b	261,225.	166,267.	10c	155,612
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line 1	1		3,328,632.	12	3,513,422
13	Investments - program-related. See Part IV, line	11			13	
14	Intangible assets			14		
15	Other assets. See Part IV, line 11		15			
16	Total assets. Add lines 1 through 15 (must equa	3,690,577.	16	3,957,943		
17	Accounts payable and accrued expenses		52,663.	17	439,696	
18	Grants payable		18			
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete I				21	
<u>s</u> 22	Loans and other payables to current and former					
	key employees, highest compensated employee	-				
	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines					
	Schedule D			52,663.	25	439,696
26	Total liabilities. Add lines 17 through 25			52,005.	26	439,090
	Organizations that follow SFAS 117 (ASC 958		ere 🕨 🖾 and			
Lund Balances 27 28 29 29	complete lines 27 through 29, and lines 33 an			2,366,361.	27	581,957
	Unrestricted net assets			18,585.	27	257,218
	Temporarily restricted net assets		Г	1,252,968.	20 29	2,679,072
	Permanently restricted net assets Organizations that do not follow SFAS 117 (A			1,252,500.	29	2,015,012
		50 950), 0				
	and complete lines 30 through 34.		20			
Net Assets of 30 30 31 32 30	Capital stock or trust principal, or current funds				30	
ÿ 31 ▼ 22	Paid-in or capital surplus, or land, building, or eq				31 32	
¥ 32 33	Retained earnings, endowment, accumulated in			3,637,914.	32	3,518,247
33	Total net assets or fund balances Total liabilities and net assets/fund balances			3,690,577.	33	3,957,943
				-,,		Form 990 (2013

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	WALKER SCOTTISH RITE CLINIC FOR CHILD									
_	1990 (2013) LANGUAGE DISORDERS OF ST. LOUIS, INC.	43-144	3408	Pa	ge 12					
Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI									
			4		~ ~					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,08							
2										
3	Revenue less expenses. Subtract line 2 from line 1 3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,63	7,9	14.					
5	Net unrealized gains (losses) on investments	5	-14	0,3	05.					
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			0.					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,									
	column (B))	10	3,51	8,2	47.					
Pa	rt XII Financial Statements and Reporting				_					
	Check if Schedule O contains a response or note to any line in this Part XII				X					
				Yes	No					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	Х						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,								
	consolidated basis, or both:									
	X Separate basis Consolidated basis Both consolidated and separate basis									
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,								
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х						
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit								
	Act and OMB Circular A-133?		3a		Х					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b							

Form **990** (2013)

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(Form 99	DULE A 90 or 990-EZ) of the Treasury nue Service	Comple	te if the organization is 4947(a)(1) no ► Attach to but Schedule A (Form 990	2 Ope	No. 1545-0 013 n to Pub spection	B llic						
Name of t	the organizati		SCOTTISH RIT						mployer	identific	ation nu	umber
	0		E DISORDERS							3-14		
Part I	Reason		ity Status (All organiz					ructions.		-		
The organ			because it is: (For lines 1									
1 🗂			s, or association of chur									
2			'0(b)(1)(A)(ii). (Attach Sc									
3			tal service organization of			170(b)(1))(A)(iii).					
4			operated in conjunction					(b)(1)(A)(i	i ii). Enter	the hosp	ital's nar	ne,
	city, and stat		. ,						•			,
5	•		benefit of a college or ur	niversity o	wned or o	perated b	y a governi	mental ur	it describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)	-								
6	A federal, sta	te, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	oort from a	governm	ental unit c	or from the	e general	public d	escribed	in
	section 170(b)(1)(A)(vi). (Comple	ete Part II.)									
8	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	s support f	rom contr	ributions, m	nembersh	ip fees, a	nd gross	receipts	s from
	activities rela	ted to its exempt fu	nctions - subject to certa	ain excepti	ions, and (2) no mor	e than 33 1	1/3% of it	s support	from gro	oss inves	stment
	income and ι	inrelated business t	axable income (less sect	tion 511 ta	ax) from bu	isinesses	acquired b	y the org	anization	after Jur	ne 30, 19	75.
	See section	509(a)(2). (Complete	e Part III.)									
10	An organizati	on organized and o	perated exclusively to te	st for publ	lic safety. S	See secti	on 509(a)(4	4).				
11 📖	An organizati	on organized and o	perated exclusively for th	ne benefit	of, to perfo	orm the fu	inctions of,	or to car	ry out the	purpose	es of one	or
			ations described in section				2). See sec	ction 509	(a)(3). Ch	eck the l	box that	
			organization and comple									
	a 🛄 Type I				nctionally	•			be III - No			•
e 📖			at the organization is not									
			han one or more publicly						9(a)(1) or	section	509(a)(2)	
f	•		tten determination from t									
		ganization, check th										📖
g	-		organization accepted ar			-		÷ .			Vee	
			lirectly controls, either al								Yes	No
			upported organization?									+
	• • •	-	n described in (i) above? I person described in (i) d		 ^?					<u>11g</u> 11g		+
h			about the supported or							[119		<u> </u>
	i tovide trie i	bilowing information	about the supported of	ganization	(3).							
	e of supported anization	(ii) EIN		in col. (i) li:	organization sted in your document?	organiza	ou notify the tion in col. Ir support?	(vi) I organizati (i) organi U.S	s the ion in col. zed in the 5.?		ount of mo support	onetary
				Yes	No	Yes	No	Yes	No			
							+					
			1	1	1	1	1	1	1			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Total

WALKER SCOTTISH RITE CLINIC FOR CHILD

Schedule A (Form 990 or 990-EZ) 2013 LANGUAGE DISORDERS OF ST. LOUIS, INC. 43-1443408 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	229,917.	484,300.	718,430.	526,953.	410,666.	2,370,266.				
2	Tax revenues levied for the organ-										
	ization'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	229,917.	484,300.	718,430.	526,953.	410,666.	2,370,266.				
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)						902,667.				
6	Public support. Subtract line 5 from line 4.						1,467,599.				
	ction B. Total Support				L		, ,				
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
	Amounts from line 4	229,917.	484,300.	718,430.	526,953.	410,666.	2,370,266.				
	Gross income from interest,										
-	dividends, payments received on										
	securities loans, rents, royalties										
	and income from similar sources	72,873.	84,361.	134,477.	170,877.	192,441.	655,029.				
9	Net income from unrelated business		-								
Ŭ	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
10	or loss from the sale of capital										
	assets (Explain in Part IV.)	477.	478.	603.	900.	934.	3,392.				
11	Total support. Add lines 7 through 10						3,028,687.				
	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,047,196.				
	First five years. If the Form 990 is for		,	d fourth or fifth ta	ax vear as a sectio						
	organization, check this box and stor				-						
Sec	ction C. Computation of Publ		rcentage								
	Public support percentage for 2013 (column (f))		14	48.46 %				
	Public support percentage from 2012					15	46.39 %				
	33 1/3% support test - 2013. If the o										
	stop here. The organization qualifies	-									
b	33 1/3% support test - 2012. If the c										
	and stop here. The organization qual	•									
1 7a											
	17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization										
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization										
h	b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or										
~	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the										
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization										
18	Private foundation. If the organization										
				, , , e		dule A (Form 990					

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

Page 3

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

 Calendar year (or fiscal year beginning in) ▶ 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 	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
 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 						
 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 bus- iness under section 513 4 Tax revenues levied for the organ- ization'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 						
 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 						
 merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 						
 3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 4 Tax revenues levied for the organ- ization'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 						
 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 						
 iness 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 						
 ization'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 						
 ization'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 						
 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 						
 the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 						
 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 						1
 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 				1		
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
3 received from disqualified persons				1	1	
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					<u>.</u>	
Calendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for t	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
check this box and stop here						
Section C. Computation of Public	c Support Pe	rcentage				
15 Public support percentage for 2013 (lir	ne 8, column (f) d	ivided by line 13,	column (f))		15	9
16 Public support percentage from 2012	Schedule A, Part	III, line 15			16	9
Section D. Computation of Inves	tment Incom	e Percentage)			
17 Investment income percentage for 201	13 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	9
18 Investment income percentage from 2	012 Schedule A,	Part III, line 17			18	9
19a 33 1/3% support tests - 2013. If the c	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3% , and line [.]	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2012. If the c	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	k this box and s	top here. The org	anization qualifies	as a publicly supp	oorted organization	
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
332023 09-25-13			15	Sc	hedule A (Form 99	0 or 990-EZ) 201

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

332024 09-25-13				Schedule	Δ (Form 00)	0 or 990-EZ) 2013
	2012 04000	16	0.00mm= 0			
80827 131843 098-01825000	2013.04020	WALKER	SCOTTISH	RTLE	CLINIC	U98-8GQ1

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Schedule A

Identification of Excess Contributions Included on Part II, Line 5

43-1443408

2013

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
SCOTTISH RITE FOUNDATION OF MO	274,051.	213,477
SAIGH FOUNDATION	85,000.	24,426
MISSOURI FOUNDATION FOR HEALTH	112,875.	52,301
MELBA A KREHMEYER MARITAL TRUST	673,037.	612,463
otal Excess Contributions to Schedule A, Part II, Line 5		902,667

SC	HEDULE D	Supplement	al Financial Statemen	ts		OMB No. 1545-0047		
	n 990)	Complete if the org	anization answered "Yes," to Form 99	0,		2013		
Depart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1 Attach to Form 990.	12b.		Open to Public		
Interna	Revenue Service	► Information about Schedule D (For	rm 990) and its instructions is at _{WWW}	.irs.gov/f				
Nam	e of the organizati		TE CLINIC FOR CHILD OF ST. LOUIS, INC.		Emp	bloyer identification number $43 - 1443408$		
Pa	rt I Organiza	ations Maintaining Donor Advise	-	ds or A	CCOL			
l u		on answered "Yes" to Form 990, Part IV, lin						
	0.9424.10		(a) Donor advised funds	(b) Fun	ds and other accounts		
1	Total number at e	nd of year						
2		outions to (during year)						
3	Aggregate grants	from (during year)						
4		t end of year						
5	-	on inform all donors and donor advisors in	-					
6		on's property, subject to the organization's				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 priv				-	Yes No		
Pa		ation Easements. Complete if the or						
1	Purpose(s) of con	servation easements held by the organizat	ion (check all that apply).					
	Preservation	n of land for public use (e.g., recreation or e	education) Preservation of an H	nistorical	ly impo	ortant land area		
		of natural habitat	Preservation of a ce	ertified hi	storic	structure		
_		n of open space						
2	•	through 2d if the organization held a quali	fied conservation contribution in the for	m of a co	onserva	ation easement on the last		
	day of the tax yea	r.				Held at the End of the Tax Year		
2	Total number of c	onservation easements			2a	neiu al lile cilu of lile tax feat		
b		ricted by conservation easements			2b			
c		vation easements on a certified historic st			2c			
d		vation easements included in (c) acquired						
		nal Register			2d			
3	Number of conser	vation easements modified, transferred, re	leased, extinguished, or terminated by t	he orgar	nizatior	ו during the tax		
	year 🕨							
4		where property subject to conservation ea		-				
5	•	tion have a written policy regarding the pe forcement of the conservation easements				Yes No		
6	,	er hours devoted to monitoring, inspecting,						
7		ses incurred in monitoring, inspecting, and						
8		vation easement reported on line 2(d) abo				·		
	and section 170(h)(4)(B)(ii)?				Yes No		
9	In Part XIII, descri	be how the organization reports conservat	on easements in its revenue and expen	se stater	nent, a	and balance sheet, and		
		ole, the text of the footnote to the organiza	tion's financial statements that describe	es the org	ganizat	ion's accounting for		
Da	conservation ease	ements. ations Maintaining Collections o	f Art Historical Trassuras or	Othor	Simil	ar Accoto		
Fa		f the organization answered "Yes" to Form		Other	Simi	ai Assels.		
1a		elected, as permitted under SFAS 116 (As		ement a	nd bala	ance sheet works of art		
. ca	0	s, or other similar assets held for public ex						
		tnote to its financial statements that descr				,, , , ,		
b	If the organization	elected, as permitted under SFAS 116 (As	SC 958), to report in its revenue stateme	ent and b	alance	sheet works of art, historical		
	treasures, or othe	r similar assets held for public exhibition, e	ducation, or research in furtherance of p	oublic se	rvice, p	provide the following amounts		
	relating to these it							
	(i) Revenues incl		\$					
~		ed in Form 990, Part X				\$		
2	-	received or held works of art, historical tre		biai gain,	provid	e		
а	-	unts required to be reported under SFAS 1 d in Form 990, Part VIII, line 1				\$		
	a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X 							
						·		
		eduction Act Notice, see the Instruction	s for Form 990.		;	Schedule D (Form 990) 2013		
33205 09-25-	1 13		<u>.</u>					
			24					

		SCOTTISH R						
Sche	dule D (Form 990) 2013 LANGUAG	E DISORDER	S OF ST. L	OUIS, INC	C. 4	3-1443	<u>3408</u>	Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, or O	ther Simila	r Assets	continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are	a significant u	se of its col	lection	items
	(check all that apply):							
а	Public exhibition	d		hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's c	ollections and explair	n how they further t	he organization's	exempt purpos	se in Part XI	II.	
5	During the year, did the organization solicit of	or receive donations of	of art, historical trea	sures, or other sir	nilar assets			
	to be sold to raise funds rather than to be m						/es	No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes	" to Form 990,	Part IV, line	9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributior	ns or other assets	not included			
	on Form 990, Part X?					Y	/es	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
						Ar	mount	
с	Beginning balance				1c			
	Additions during the year							
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?			Y	/es	No No
b	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" to Fo	rm 990, Part IV, li	ne 10.			
		(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three ye	ars back (e	;) Four <u>y</u>	/ears back
1 a	Beginning of year balance	3,030,607.	2,285,675.	1		6,918.	1,	456,684.
b	Contributions	325,322.	631,734.	· · · ·		4,000.		
С	Net investment earnings, gains, and losses	405,078.	364,587.	-29,56	0. 22	3,052.		290,234.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses	247,584.	251,389.	199,79	9. 12	4,008.		10,000.
g	End of year balance	3,513,423.	3,030,607.	2,285,67	5. 2,05	9,962.	1,	736,918.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment	18.00	%					
	Permanent endowment 6.00	%						
с	Temporarily restricted endowment 7	<u>6.0</u> 0 %						
	The percentages in lines 2a, 2b, and 2c show							
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held a	and administered f	or the organiza	ation		
	by:					_	`	Yes No
	(i) unrelated organizations						3a(i)	X
							3a(ii)	X
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	n Schedule R?			Г	3b	
4	Describe in Part XIII the intended uses of the	e organization's endo	wment funds.					
Par	t VI Land, Buildings, and Equipm	nent.						
	Complete if the organization answere	d "Yes" to Form 990	, Part IV, line 11a. S	ee Form 990, Par	t X, line 10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other () Accumulated	i (d) Book	value
		basis (investn	nent) basis	(other)	, depreciation			
1a	Land							
	Buildings		İ					
	Leasehold improvements			1,542.	223,71		147	,825.
	Equipment			5,295.	37,50			,787.
	Other			İ	-			
	Add lines 1a through 1e. (Column (d) must e		X, column (B). line 1	10(c).)			155	,612.
					s	chedule D		
					•		•	, /0

332052 09-25-13

WALKER SCOTTISH RITE CLINIC FOR CHILD LANGUAGE DISORDERS OF ST. LOUIS, INC.

43-1443408 Page 3

Schedule D (Form 990) 2013 LANGUAGE] Part VII Investments - Other Securities.

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

Complete in the organization answered Tes	to ronn 990, Fart IV, line	TID. See FOITI 990, Fait A, IIIe 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) MONEY MARKET FUNDS	139,394.	END-OF-YEAR MARKET VALUE		
(B) EQUITY SECURITIES	2,624,569.	END-OF-YEAR MARKET VALUE		
(C) BONDS	437,394.	END-OF-YEAR MARKET VALUE		
(D) UNIT TRUSTS	282,413.	END-OF-YEAR MARKET VALUE		
(E) MUNICIPAL BONDS	29,652.	END-OF-YEAR MARKET VALUE		
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,513,422.			

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" to 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" to 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 in	come taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b)) must equal Form 990, Part X, col. (B) line 25.)		

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

Schedule D (Form 990) 2013

332053 09-25-13

	WALKER SCOTTISH RITE CLINIC FOR CHILD								
Sche	Schedule D (Form 990) 2013 LANGUAGE DISORDERS OF ST. LOUIS, INC. 43-1443408 Page 4								
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.								
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.								
1	Total revenue, gains, and other support per audited financial statements		1	963,947.					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	Net unrealized gains on investments	2a							
b	Donated services and use of facilities	2b	26,100.						
с	Recoveries of prior year grants	2c							
d	Other (Describe in Part XIII.)	2d							
е	Add lines 2a through 2d			2e	26,100.				
3	Subtract line 2e from line 1			3	937,847.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,167.						
b	Other (Describe in Part XIII.)	4b	140,312.						
С	Add lines 4a and 4b	4c	144,479.						
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,082,326.					
Pa	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.								
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				1 000 014				
1	Total expenses and losses per audited financial statements			1	1,083,614.				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		0.6 1.0.0						
а	Donated services and use of facilities		26,100.						
b	Prior year adjustments								
С	Other losses								
d	Other (Describe in Part XIII.)				06 100				
е	Add lines 2a through 2d			2e	26,100.				
3	Subtract line 2e from line 1			3	1,057,514.				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		4 1 6 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b		4,167.						
b	Other (Describe in Part XIII.)		7.		A 1 17 A				
	Add lines 4a and 4b			4c	4,174.				
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	1,061,688.				
Pa	t 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.

PART X, LINE 2:

EXPLANATION: THE CLINIC ADOPTED ACCOUNTING STANDARDS CODIFICATION (ASC)
740-10, INCOME TAXES, AS IT RELATES TO UNCERTAIN TAX POSITIONS AND HAS
EVALUATED THEIR TAX POSITIONS TAKEN FOR ALL OPEN TAX YEARS. CURRENTLY, THE
2010 TO 2012 TAX YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL
REVENUE SERVICE. HOWEVER, THE CLINIC IS NOT CURRENTLY UNDER AUDIT NOR HAS
THE CLINIC BEEN CONTACTED BY THE IRS.

BASED ON THE EVALUATION OF THE CLINIC'S INCOME TAX POSITIONS, MANAGEMENT

BELIEVES ALL POSITIONS TAKEN WOULD BE UPHELD UNDER AN EXAMINATION.

THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS

	ORDED AS	OF	DECEMBER	31,	2013.		
332054 09-25-13						27	Schedule D (Form 990) 2013

WALKER SCOTTISH RITE CLINIC FOR CHILD

43-1443408 Page 5

140,305.

140,312.

7.

7.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

NET UNREALIZED LOSSES

NEGATIVE BALANCE IN SOFTWARE SUPPORT

TOTAL TO SCHEDULE D, PART XI, LINE 4B

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SOFTWARE SUPPORT

FORM 990, PART V, LINE 1G

EXPLANATION: ENDOWMENT FUNDS RETURN OBJECTIVES AND RISK PARAMETERS:

ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR RESTRICTED INVESTMENTS THAT

THE ORGANIZATION MUST HOLD IN PERPETUITY AS WELL AS BOARD-DESIGNATED

INVESTMENTS. THE CLINIC HAS ADOPTED A POLICY OF INVESTING ENDOWMENT FUNDS

IN SECURE INSTRUMENTS IN ORDER TO ENSURE THE FUTURE OPERATIONS OF THE

CLINIC.

Schedule D (Form 990) 2013

332055 09-25-13

SCHEDULE G	Supplama	ntal Information Desarding	Eun	droio	ing or Coming	A ativ	(ition	OMB No. 1545-0047
(Form 990 or 990-FZ)1		ental Information Regarding e organization answered "Yes" to F						2013
Department of the Treasury	-	organization entered more than \$1 Attach to Form 990	5,000	on Fo	rm 990-EZ, line 6a.			Open To Public
Internal Revenue Service	Information a	bout Schedule G (Form 990 or 990-EZ)	and its	instru	ctions is at www.irs.c	ov/fo	rm 990.	Inspection
		SCOTTISH RITE CLIN					Employer i 43-144	dentification number
Euro ducicio a		E DISORDERS OF ST. Complete if the organization answe			-	ine 17		
Part I Fundraising required to com								
	anization rais	sed funds through any of the followir	-					
a Mail solicitations	il solicitations			-	overnment grants nment grants			
c D Phone solicitation	าร	g 🗔 Special		-	-			
d 🗌 In-person solicita								
•		or oral agreement with any individual Part VII) or entity in connection with p		•				es No
		ividuals or entities (fundraisers) purs			-			
compensated at least \$	-			5				
(i) Norma and address of i	e aliviale a l		(iii)	Did			Amount paid	
(i) Name and address of i or entity (fundraise		(ii) Activity	have c or cor	ustody itrol of	(iv) Gross receipts from activity	Ìf	r retained by undraiser	/) to (or retained by) organization
	-		contrib	utions?		list	ed in col. (i)	organization
			Yes	No				
		I	1	I				
3 List all states in which the or licensing.	ie organizatio	on is registered or licensed to solicit o	contrik	outions	s or has been notified	d it is	exempt fron	registration
LHA For Paperwork Reduc	tion Act Not	ice, see the Instructions for Form	990 or	990-l	EZ. S	ched	ule G (Form	990 or 990-EZ) 2013
332081								
09-12-13			29					

	WALKER	SCOTTISH	RITE	CLINIC	C FOR	CHILD		
Schedule G (Form 990 or 990-EZ) 2013	LANGUAG	E DISORD	ERS OF	' ST. 1	LOUIS,	INC.	43-1443408	Page 2
Part II Fundraising Events.	Complete if th	ne organization ar	nswered "Y	es" to Form	990, Part	IV, line 18, o	r reported more than \$15,	000
	and the second second second			Distant March 1			and a second started and a start started	ME 000

		of fundraising event contributions and gro	USS INCOME ON FORMUSS		5	J
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			KIDTALK	CHARITY GOLF		(add col. (a) through
			CELEBRATION	OUTING	2	col. (c)
ъ			(event type)	(event type)	(total number)	COI. (C))
revenue						
ě	1	Gross receipts	175,380.	85,426.	30,483.	291,289
-					4	
	2	Less: Contributions	108,019.	3,955.	1,870.	113,844
				01 471	00 (1)	
	3	Gross income (line 1 minus line 2)	67,361.	81,471.	28,613.	177,445
			220	0	0	220
	4	Cash prizes	320.	0.	0.	320
	_		0.	4,142.	777.	4,919
2	5	Noncash prizes	0.	4,142.	111•	4,919
lse	~		0.	0.	0.	
D C	6	Rent/facility costs	0.	0.	0.	
Ulrect Expenses	-		14,024.	666.	832.	15,522
D D	1	Food and beverages	14,024.	000.	052.	13,322
ן כ	•		8 221	Ο.	0.	8,221
	8	Entertainment		25,149.	3,196.	40,917
	9 10	Other direct expenses Direct expense summary. Add lines 4 through				69,899
		Net income summary. Subtract line 10 from li				107,546
	rti			990 Part IV line 19 or r		107,540
-		\$15,000 on Form 990-EZ, line 6a.		000,1 4111, 1110 10, 011		
Т				(b) Pull tabs/instant		(d) Total gaming (add
b			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
222	1	Gross revenue				
	1	Gross revenue				
	_					
	_	Gross revenue				
	_	Cash prizes				
	2					
Lect Expenses Revenue	2	Cash prizes				
	2	Cash prizes				
	2	Cash prizes Noncash prizes Rent/facility costs				
	2	Cash prizes	Yes %	Yes %	Yes %	
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs	Yes%	└── Yes% └── No	└── Yes % └── No	
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses				
	2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	No		□ No	
	2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No	No	□ No	
	2 3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No	No No	<u>No</u> No	
	2 3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No	No No	<u>No</u> No	
	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	5 in column (d)	No No	<u>No</u> No	
	2 3 4 5 6 7 8 Ent	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization opera	No No from line 1, column (d) tes gaming activities:	No	□ No ►	
	2 3 4 5 6 7 8 Ent	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization opera the organization licensed to operate gaming ac	No No No No No No No No No No No No No N	No No	□ No ►	
	2 3 4 5 6 7 8 Ent	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization opera	No No No No No No No No No No No No No N	No No	□ No ►	
	2 3 4 5 6 7 8 Ent	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization opera the organization licensed to operate gaming ac	No No No No No No No No No No No No No N	No No	□ No ►	
	2 3 4 5 6 7 8 Ent Ist If "	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization opera the organization licensed to operate gaming ac No," explain:	No No	No	No	Yes No
	2 3 4 5 6 7 8 Enf Is t Is t If "	Cash prizes	No No no 5 in column (d)	No states? orminated during the tax y	No	Yes No
	2 3 4 5 6 7 8 Enf Is t Is t If "	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization opera the organization licensed to operate gaming ac No," explain: ere any of the organization's gaming licenses re	No No no 5 in column (d)	No states? orminated during the tax y	No	YesN
	2 3 4 5 6 7 8 Enf Is t Is t If "	Cash prizes	No No no 5 in column (d)	No states? orminated during the tax y	No	YesN
) a b b b	2 3 4 5 6 7 8 Enti Is t Is t If " We If "	Cash prizes	No No no 5 in column (d)	No states? orminated during the tax y	No ►	YesN

Sch	edule G (Form 990 or 990-EZ) 2013 LANGUAGE DISORDERS OF ST. LOUIS, INC. 43-1	443	408	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \blacktriangleright \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	.Ш	Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Ра	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, li 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	nes 9,	9b, 10)b, 15b,
3320	33 09-12-13 Schedule G (Form	י 990 ו	or 990	-EZ) 2013
	31			

SCHEDULE I (Form 990)		Compl Compl	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ^{Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22}	er Assistand d Individuals answered "Yes"	ce to Organ s in the Uni to Form 990, Pau	izations, ted States t IV, line 21 or 22.		OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service		 Informati 	 Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www irs pow/form 990. 	Attach to Form 990. Form 990) and its instru	n 990. instructions is a	t www.irs.aov/form.99	0	Open to Public Inspection	
Name of the organization	WALKER LANGUAC	SCOTTISH RITE JE DISORDERS OI	TE CLINIC FOR OF ST. LOUIS,	FOR CHILD JUIS, INC.		D		Employer identification number 43-1443408	
Part I General Info	General Information on Grants and Assistance	id Assistance							
1 Does the organizat	ion maintain records to	o substantiate th∈	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	or assistance, the	grantees' eligibilit	y for the grants or ass	istance, and the selec	[
criteria used to awa	criteria used to award the grants or assistance?	tance?	criteria used to award the grants or assistance? Describe in Day 1V the occanization's procedures for monitoring the use of grant funds in the United States	betin Pat in the l	l Ctatae			Yes X No	
art II	Other Assistance to G		Gent at twine organizations procedures for monitoring the use or grant runds in the Onited States. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990. Part IV line 21 for any	United States. Co	omplete if the ord	anization answered "Y	es" to Form 990. Part	IV line 21 for any	
	t received more than \$	5,000. Part II can	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	onal space is need	ed.			14, III (4 1, 101 all)	
1 (a) Name and address of organization or government	ess of organization rnment	(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	
MARYVILLE UNIVERSITY OF ST 650 MARYVILLE UNIVERSITY DR ST LOUIS, MO 63141	FY OF ST LOUIS ERSITY DR	43-0653369	170(B)(1)(A)(II)	402,225.	0.	PRESENT VALUE CALCULATION		SCHOLLARSHIP	
2 Enter total number 3 Enter total number	Enter total number of section 501(c)(3) and government organiza Enter total number of other organizations listed in the line 1 table	id government or, listed in the line -	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table						
	For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instruction	ions for Form 990.					Schedule I (Form 990) (2013)	

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332101 10-29-13

Schedule I (Form 990) (2013) LANGUAGE DISORD	DERS OF S	T. LOUIS,	INC.		43-1443408 Page 2
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	iited States. Com	nplete if the organiz:	ation answered "Yes	to Form 990, Part IV, line 22.	
(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
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	quired in Part I, lin	e 2, Part III, column	(b), and any other a	lditional information.	
332102 10-29-13		33			Schedule I (Form 990) (2013)

WALKER SCOTTISH RITE CLINIC FOR CHILD

Form 990) For certain Offices, Directors, Trustees, Key Employees, and Highest Compensation answered "Yes" on Form 990, Part IV, line 23. Additional Compensation answered "Yes" on Form 990, Part IV, line 23. Information about Schedule J Form 990, Part IV, line 23. Information about Schedule J Form 990, Part IV, line 24. Information about Schedule J Form 990, Part IV, line 24. Information about Schedule J Form 990, Part IV, line 24. Information about Schedule J Form 990, Part IV, line 24. Information about Schedule J Form 990, Part IV, line 24. Information about Schedule J Form 990, Part IV, line 24. Information about Schedule J Form 990, Part IV, line 24. Information about Schedule J Form 990, Part IV, line 34. Information about Schedule J Form 990, Part IV, line 34. Information about Schedule J Form 990, Part IV, line 34. Information about Schedule J Form 990, Part IV, line 34. Information about Schedule J Form 990, Part IV, line 34. Information about Schedule J Form 990, Part IV, line 34. Information about Schedule J Form 990, Part IV, line 34. Information and gross-up payments Payments for business use of personal use of personal use of personal residence Taxin Adminification and gross-up payments Payments for business use of personal residence Taxin Adminification and gross-up payments Payments for business use of personal residence In travel for companions Taxin Adminification and gross-up payments Personal services (e.g., maid, chauffeur, chef) Indicate which, if any, of the following the EOC/Executive Director, regarding the tens checkeld in line 13? Indicate which, if any, of the following the filling organization to establish the compensation committee Indicate which, if any, of the following the iling organization to establish the compensation committee Indicate which, if any, of the following the filling organization to establish and thom 990, Part VII, Section A, line 1a,	SCHEDULE	J Compensation Information	OM	B No. 1	545-004	47		
Complete if the organization areaved? Yes' on Form '990, Part IV, line 23. Indemnia Network (1997) In the organization areaved? Yes' on Form '990, Part IV, line 23. Indemnia Network (1997) In the organization areaved? Yes' on Form '990, Part IV, line 23. Indemnia Network (1997) In the organization areaved? Yes' on Form '990, Part IV, line 23. Indemnia Network (1997) In the organization areaved (1997) In the organization is at work in gov/familiat. Indemnia Network (1997) In the organization provided any of the following to or for a person listed in Form '990, Part IV, school A, line 1a, complete Part III to provide any other information organization (1998) In the organization provided any of the following to or for a person listed in Form '990, Part VI, School A, line 1a, complete Part III to provide any other information organization (1998) In the organization provided any other information organization (1998) In the organization and poss-up payments in the Health or social dub dues or inflation fees Descretionary spending account increases used of personal residence in the theorem of providen and gross-up payments in the each or social dub dues or inflation fees Descretionary spending account increases used on the organization resonal services (e.g., maid, chauffeur, chef) If any of the boxs on line 1a are checked, did the organization follow at write poly Part III (accurate) Independent compensation comultant increases used or the organization to eastabilish the compensation or the compensation committee Independent compensation comparison in the III (2007) Payment? Independent compensation comultant Independent compensation comultant Independent compensation compared in the fail, line in the intervence of the organization is a service of study of the organization in the set or the generation in the set or the organization is a service of the organization in the set or the organization in the set or the generation committee Independent compensation		-			10	,		
Department from search and the form 990. See separate instructions. Department instructions is at your is gov/ifem 990. Name of the organization WALKER SCOTTISH RITE CLINIC FOR CHILD Employer identification number LANUAGE DISORDERS OF ST. LOUIS, INC. Employer identification number LANUAGE DISORDERS OF ST. LOUIS, INC. See separate instructions is at your is gov/ifem 990. Part UI, Section A, line 1a. Complete Part III to provide any of the following to of ra person listed in Form 990. Part UI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part out a gross on that travel Part entropy of the organization provided any of the following to see of personal use Part and for companions Part and for companions Part and for companions Descretionary spending account Part entropy of the low of all of the expense described above? I'ms, complete Part III to provide any other spending these items. Descretionary spending account Part entropy of the following the filling organization to each other any to be personal residence is e.g., maid, chauffeur, chef If any of the boas on line 1 are checked, did the organization to ace do establish the compensation of the organization or gov/organization to ace do establish the compensation of the organization to ace do establish the compensation of the organization to establish compensation committee Independent compensation comsultant Compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or arisation grainization used to establish the compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or arisation grainization searce organization to mometation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with	(10111 330)	Compensated Employees		2 U	15)		
Internation about Schedule J Form 390 and its instructions is at unity in growthmost of the organization Inspection Name of the organization Inspection Engloyer identification number Autom of the organization LANKER S COTTISH RITE CLINIC FOR CHILD Engloyer identification number Part II. Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First class or charter travel Yes No Part VI. 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 Payments for business use of personal residence Discretionary spending account Personal services (e.g., maid, chauffeur, cheft) I I I flary of the boxes on line 1a are checked, did the organization follow any relevant information sequences and the organization regure substantiation prior to reimburing or allowing expenses incurred by all directors, trustees, and offices, including the CEO/Executive Director, regarding the items checked in line 1a? I I 2 I det enganization regure substantiation office any powers for mathods used by a related organization to establish the compensation committee I I 3 Indicate which, if any, of the following the filling organization used to establish the compensation committee I I I 4 Ouring the			Or	on to	Publi	ic		
Name of the organization WALKER SCOTTISH RITE CLINIC FOR CHILD Employer identification number 43 - 144 3 408 Part I Questions Regarding Compensation 43 - 144 3 408 Part I Questions Regarding Compensation 10 - 144 3 408 Part I Questions Regarding Compensation Yes No Part I Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these terms. Train information and gross up payments Health or social club dues or initiation reset Payments for business use of personal residence No I fair informitication and gross up payments Health or social club dues or initiation reset Personal services (e.g., maid, chauffeur, chef) Initiation reset Personal services (e.g., maid, chauffeur, chef) I fair of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain. Initiation reset Personal services (e.g., maid, chauffeur, chef) Initiation reset Participate in Compensition for the organization to establish compensation of the CEO/Executive Directry, turk splain in Part III. Initiation reset Participate in Cornel and the Directry, but splain in Part III. Initiation reset Participate in, or reave payment from, a quiptibabead compensation arrangement? Inititiation reset		Attach to Form 990. See separate instructions.				Ŭ		
LANGUAGE DISORDERS OF ST. LOUIS, INC. 43-1443408 Part II Questions Regarding Compensation ************************************		anization WALKER SCOTTISH RITE CLINIC FOR CHILD	nployer identi	ficatio	n nur	mber		
Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these terms. Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these terms. Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these terms. Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these terms. Image: Section A, line 1a, complete Part III to explain 2. b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursing or allowing expenses incured by all directors, trustees, and officers, including the CEO/Executive Director, regarding the terms checked in line 1a? 1 c Did the organization require substantiation prior to reimbursing or allowing expenses incured by all directors, trustees, and officers, including the CEO/Executive Director, tox establish compensation of the organization to establish compensation consultant 1 W Compensation committee Withen employment contract 2 Indicate which, if any, of the following the filing organization used to establish contract contract 2 2 c During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a releted organization: 2 2 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
1a Check the appropriate box(as) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No 1a Check the appropriate box(as) if the organization provided any relevant information regarding these items. Image: Check the appropriate box(as) if the organization for boxiness use of personal residence Image: Check the appropriate box(as) if the organization for boxiness use of personal residence Image: Check the appropriate box(as) if the organization for boxiness use of personal residence Image: Check the appropriate box(as) if the organization for boxiness use of personal residence Image: Check the appropriate box(as) if the organization for boxines use of personal residence Image: Check the appropriate box(as) if the organization is the oscilation for the organization require substantiation pror to reimbursing or allowing expenses incurred by all directors. Image: Check the organization of all of the expenses described abov(2)? If 'No', complete Part III to provide any person isot on the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation oromittee Image: Check the filling organization to astablish the organization isot on sensition to astablish compensation committee Image: Check the filling organization isot on the CEO/Executive Director. Dut explain IP Part III. Image: Check the filling organization is are origonal to approve the payment or henese the payment from, a supplemental nonqualified retirement plan? Image: Check the filling organization is a created organization is center the organization?<	Part I Q							
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5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" to line 5a or 5b, describe in Part III. 5b X 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6a X b Any related organization? 6b X if "Yes" to line 6a or 6b, describe in Part III. 7 X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 I	Only sect	501(c)(3) and $501(c)(4)$ organizations must complete lines 5-9						
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b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? contingent on the net earnings of: 6a a The organization? b Any related organization? contingent on the form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	0			52		x		
If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?								
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6 X a The organization? 6a X b Any related organization? 6b X If "Yes" to line 6a or 6b, describe in Part III. 6b X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9				55				
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b Any related organization? 6b X If "Yes" to line 6a or 6b, describe in Part III. 6b X 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	-	-		60		x		
If "Yes" to line 6a or 6b, describe in Part III. 7 7 8 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in								
 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 				00				
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Regulations section 53.4958-6(c)? 9			·····	ŏ		Λ		
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WALKER Schedule J (Form 990) 2013 LANGUA(WALKER SCOTTISH RITE (LANGUAGE DISORDERS OF	CLINI ST.	IC FOR CHILD	43-1443408	408		Page 2
s, Trustee	ployees, and Highest	Compensated Empl	loyees. Use duplica	te copies if additional s	pace is needed.		
	reported in Schedule orm 990, Part VII.	J, report compensati	on from the organiz	ation on row (i) and fror	n related organization	is, described in the inst	ructions, on row (ii).
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.	individual must equal	the total amount of F	orm 990, Part VII, S	ection A, line 1a, applic	able column (D) and ((E) amounts for that inc	lividual.
	(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denerits	(CI)-(I)(BI)	reported as deferred in prior Form 990
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Page 3											990) 2013
43-1443408	this part for any additional information.										Schedule J (Form 990) 2013
Schedule J (Form 990) 2013 LANGUAGE DISORDERS OF ST. LOUIS, INC. 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.										

WALKER SCOTTISH RITE CLINIC FOR CHILD

OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O 3 Complete to provide information for responses to specific questions on (Form 990 or 990-EZ) Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. **Open to Public** Department of the Treasury Inspection Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 WALKER SCOTTISH RITE CLINIC FOR CHILD Employer identification number Name of the organization LANGUAGE DISORDERS OF ST. LOUIS, INC. 43-1443408 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TEACHING TWO-THROUGH SIX-YEAR-OLD CHILDREN WITH SPEECH AND LANGUAGE DISORDERS THE COMMUNICATION SKILLS NECESSARY TO SUCCEED IN SCHOOL AND THROUGHOUT THEIR LIVES. THIS GOAL IS ACHIEVED THROUGH EARLY IDENTIFICATION AND LONG-TERM THERAPY AND BY TRAINING PARENTS IN TECHNIQUES TO USE WITH THEIR CHILDREN. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IS ACHIEVED THROUGH EARLY IDENTIFICATION AND LONG-TERM THERAPY AND BY TRAINING PARENTS IN TECHNIQUES TO USE WITH THEIR CHILDREN AT HOME. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROGRAMS INCLUDE THE KIDSCREEN PROGRAM, THE ALL EARS PROGRAM AND THE KIDSTART PROGRAM. EXPENSES \$ 182,343. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: WITHIN 30 DAYS PRIOR TO THE DATE THE FORM IS FILED, ALL MEMBERS OF THE BOARD OF DIRECTORS WILL BE PROVIDED A COPY OF THE IRS FORM 990. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: ANNUALLY, A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS FURNISHED TO THE WALKER SCOTTISH RITE CLINIC BY EACH BOARD MEMBER AND MANAGEMENT STAFF MEMBER. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013)

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Schedule O (Form 990 or 990-EZ) (2013)	Page 2							
Name of the organization WALKER SCOTTISH RITE CLINIC FOR CHILD	Employer identification number							
LANGUAGE DISORDERS OF ST. LOUIS, INC.	43-1443408							
FORM 990, PART VI, SECTION B, LINE 15:								
EXPLANATION: THE PERFORMANCE OF THE EXECUTIVE DIRECTOR WI	LL BE REVIEWED BY							
THE BOARD ON AN ANNUAL BASIS, ON OR NEAR THE ANNIVERSARY	OF THE DATE OF							
HIRE. THE REVIEW WILL BE CONDUCTED BY THE BOARD CHAIRMAN,	AND A COMMITTEE							
AS HE/SHE DIRECTS. THE REVIEW WILL BE DOCUMENTED IN WRITI	NG AND WILL							
INCLUDE AN ASSESSMENT OF BOTH STRENGTHS AND AREAS FOR GRO	WTH AND WILL BE							
BASED UPON DATA COLLECTED WITH RESPECT TO THE FOLLOWING:	PROGRESS REPORT ON							
THE EXECUTIVE DIRECTOR'S GOALS AND OBJECTIVES AND MOST RE	CENT							
ORGANIZATIONAL PERFORMANCE REVIEW.								
THERE WILL BE MAXIMUM OF A 3% COMPENSATION INCREASE ANNUA	LLY UNLESS							
OTHERWISE PRESCRIBED BY THE BOARD, BASED UPON THEIR DISCR	ETION.							

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE POLICIES OF THE CLINIC ARE ALWAYS OPEN TO ALL WHO WISH OR REQUEST THIS INFORMATION. WE ARE CURRENTLY LOOKING AT EXPANDING OUR WEBSITE AND WOULD MOST LIKELY INCLUDE THIS INFORMATION.

FORM 990, PART XII, LINE 2C:

EXPLANATION: THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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Schedule O (Form 990 or 990-EZ) (2013)